**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA)**

Form Approved

OMB No. **0920-0852**

Exp. Date 03/31/2025

**FORM 3d: UTI**

**CDC ID:** - **Date:** // **Data collector** **initials: \_\_\_\_\_**

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| **Clinical information** | | |
| **1. Check any of the following ICD-10 codes that were present on admission for this patient:** None Unknown  N10 N11.0 N11.1 N11.8 N11.9 N12  N15.1 N15.9 N16 N28.84 N28.85 N28.86 N30.00 N30.01 N30.10 N30.11 N30.20 N30.21  N30.30 N30.31 N30.40 N30.41 N30.80 N30.81 N30.90 N30.91 N34.0 N34.1 N34.2  N39.0  R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify): **\_\_\_\_\_\_\_\_\_\_** | | |
| **2. UTI onset date (mm/dd/yy):** \_\_\_ / \_\_\_ /\_\_\_ or  Prior to survey hospitalization but specific date unknown Unable to determine | | |
| **3. UTI signs and symptoms in first 2 hospital days; check all that apply:** None | | |
| Fever  Nausea or vomiting  Urgency  Rigors | Frequency  Visible blood in urine  Abdominal pain  Urinary incontinence | Costovertebral angle (CVA) pain or tenderness  Suprapubic pain, swelling or tenderness  Mental status changes or functional decline  Pain or burning with urination |
| **4. Did the patient have an indwelling urinary catheter in place for ≥2 days on the day of UTI onset or on the day prior to UTI onset (or if onset date unknown, on the day of survey hospital admission)?**  Yes No Unknown | | |
| **4a. If yes, were any of the following done within 5 days after UTI onset date (or if onset date unknown, within 5 days after survey hospital admission)?**  Catheter changed Catheter removed Catheter neither changed nor removed Unknown | | |
| **Antimicrobial treatment** | | |
| **5. Was the patient receiving antimicrobial treatment for this UTI before the survey hospitalization?**  Yes No Unknown | | |
| **6. Present-on-admission (POA) UTI treatment during the survey hospitalization:**  **First date (mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or Unknown **Last date** **(mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or Unknown | | |
| **7. Complete the table for all antimicrobial drugs given to treat POA UTI during the survey hospitalization:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Drug name\*** | **First date (mm/dd/yy)** | **First route** | **Last date (mm/dd/yy)** | **Last route** | | 1 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | *2* |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 3 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 4 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 5 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH |   **More than 5 antimicrobial drugs were given to treat POA UTI:** | | |

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| **Antimicrobial treatment** |
| **7a. Did the patient receive other antimicrobial drugs in the hospital during the POA UTI treatment period?**  Yes—complete table below in 7b. No Unknown  **7b. Other antimicrobial drugs given in the hospital (during the UTI treatment period defined by the dates in #6):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Drug name\*** | **First date (mm/dd/yy)** | **First Route** | **Last date (mm/dd/yy)** | **Last Route** | | 1 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | *2* |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 3 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 4 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | 5 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Unk | IV IM  PO INH | | **\*Enter separate records for vancomycin IV and vancomycin PO.**  **More drugs than fit in the table:** | | | | | | |
| **8. Were antimicrobial drugs prescribed at hospital discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge) to treat POA UTI or for other reasons?**  Yes No Unknown  **8a. Antimicrobial drugs prescribed at discharge for POA UTI or other reasons (enter POA UTI drugs first):**   |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Drug name** | **Route (check all that apply)** | **Indication (check all that apply)** | | 1 |  | IV IM PO INH Unk | POA UTI Other Unk | | 2 |  | IV IM PO INH Unk | POA UTI Other Unk | | 3 |  | IV IM PO INH Unk | POA UTI Other Unk | | 4 |  | IV IM PO INH Unk | POA UTI Other Unk | | 5 |  | IV IM PO INH Unk | POA UTI Other Unk |   **More drugs than fit in the table:**  **8b. If antimicrobial drugs were prescribed at discharge for POA-UTI, what was the total duration of the post-discharge POA UTI treatment?**  \_\_\_\_\_ days, OR the prescription end date is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, OR Duration is unknown |

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| **Laboratory testing** |
| **9. Complete table below for POSITIVE cultures collected in the first 5 hospital days (\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_): No positive cultures:  Culture data unknown:** |
| | **No.** | **Specimen** | **Collect date (mm/dd/yy)** | **Culture result final date (mm/dd/yy)** | **Pathogens identified**  **(insert codes)** | **Culture growth quantity\* for urine cultures only** | **Antimicrobial drugs given on the DAY AFTER the test result was final** | **Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?** | | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 2 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 3 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 4 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 5 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 6 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 7 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 8 | Urine CC Lower resp  Urine cath Stool  Urine other Blood  Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: ≥105 CFU/ml or similar <105 or similar Unk  Path2: ≥105 CFU/ml or similar <105 or similar Unk  Path3: ≥105 CFU/ml or similar <105 or similar Unk | Drug1 \_\_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U |   **More positive cultures than fit in the table:**  Urine CC=urine clean catch. Urine cath=urine collected from an indwelling urinary catheter. Urine other=urine collected via other or unspecified means.  \*Check “≥105 CFU/ml or similar” if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc;. Check “<105 or similar” if quantity of growth in the culture is reported to be <105 CFU/ml or as follows: few, scarce, scant, rare, etc.Check “unknown” if no organism quantity is noted in the culture report. |

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| **10. Complete the table for NEGATIVE cultures collected in the first 5 hospital days:**  **No negative cultures:**  **Culture data unknown:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **No.** | **Collect date**  **(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** |  | **No.** | **Collect date**  **(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 6 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | | 2 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 7 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | | 3 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 8 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | | 4 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 9 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | | 5 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 10 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Urine Stool  Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |   **More negative cultures than fit in the table:** |
| **11. Complete the table for urinalyses collected in the first 5 hospital days:**  **No urinalyses done:  Unknown whether urinalyses were done:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **No.** | **Urinalysis date**  **(mm/dd/yy)** | **Pyuria**  **(>5 WBCs / hpf)** | **Nitrites** | **Leukocyte esterase** | **Bacteria** | **Yeast** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Y N Unk | Y N Unk | Y N Unk | Y N Unk | | 2 | \_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Y N Unk | Y N Unk | Y N Unk | Y N Unk | | 3 | \_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Y N Unk | Y N Unk | Y N Unk | Y N Unk | | 4 | \_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Y N Unk | Y N Unk | Y N Unk | Y N Unk | | 5 | \_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Y N Unk | Y N Unk | Y N Unk | Y N Unk | |
| **12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect Date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** |

**\*\*\*FORM IS COMPLETE\*\*\***