Form Approved
OMB No. **0920-0852**
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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA)
FORM 3d: UTI

CDC ID: ☐☐-☐☐☐☐☐ **Date:** ☐☐/☐☐/☐☐ **Data collector initials:** _____

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 ☐Frequency ☐Costovertebral angle (CVA) pain or tenderness
☐Nausea or vomiting ☐Visible blood in urine ☐Suprapubic pain, swelling or tenderness
☐Urgency ☐Abdominal pain ☐Mental status changes or functional decline
☐Rigors ☐Urinary incontinence ☐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	____ / ____ / ____ ☐Unk	☐IV ☐IM

			☐PO ☐ INH		☐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 <u>in the hospital</u> during the POA UTI treatment period?

☐Yes—complete table below in 7b. ☐No ☐Unknown

7b. Other antimicrobial drugs given <u>in the hospital</u> (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) <u>to treat POA UTI or for other reasons</u>?

☐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

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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path2: ☐≥10^5 CFU/ml or similar ☐<10^5 or similar ☐ Unk Path3: ☐≥10^5 CFU/ml or similar ☐<10^5 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 "≥10^5 CFU/ml or similar" if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc;. Check "<10^5 or similar" if quantity of growth in the culture is reported to be <10^5 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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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

CDCID: ___ / ___ / ___ -

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:** ☐

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*****