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Healthcare-associated infections and antimicrobial use in European long-term care facilities (HALT-4)

RESIDENT QUESTIONNAIRE

RESIDENT DATA

GENDER	<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>Female</i>				
BIRTH YEAR	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> (YYYY)					
LENGTH OF STAY IN THE FACILITY	<input type="checkbox"/> <i>Less than one year</i>	<input type="checkbox"/> <i>One year or longer</i>				
ADMISSION TO A HOSPITAL IN THE LAST 3 MONTHS	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
SURGERY IN THE PREVIOUS 30 DAYS	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
PRESENCE OF:						
URINARY CATHETER	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
VASCULAR CATHETER	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
INCONTINENCE (URINARY AND/OR FAECAL)	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
WOUNDS						
- PRESSURE SORE	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
- OTHER WOUNDS	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
DISORIENTATION (IN TIME AND/OR SPACE)	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>				
MOBILITY	<input type="checkbox"/> <i>Ambulant</i>	<input type="checkbox"/> <i>Wheelchair</i> <input type="checkbox"/> <i>Bedridden</i>				

On the day of the survey, the resident:

- RECEIVES SYSTEMIC ANTIMICROBIAL AGENT(S)** → **COMPLETE PART A**
*This includes: (i) Residents receiving prophylactic antimicrobials
 OR (ii) Residents receiving therapeutic antimicrobials*
- PRESENTS CONFIRMED OR PROBABLE INFECTION(S)** → **COMPLETE PART B**
Residents with infection(s) AND resident not receiving antimicrobials
- BOTH: ANTIMICROBIAL AGENTS AND INFECTION(S)** → **COMPLETE PART A & B**
*This includes: (i) Residents with infection(s) AND receiving antimicrobials today (whether or not linked to same infection site)
 OR (ii) Residents whose signs/symptoms of an infection have resolved but who are still receiving antimicrobials for that infection*

PART A: ANTIMICROBIAL USE

	ANTIMICROBIAL 1	ANTIMICROBIAL 2	ANTIMICROBIAL 3	ANTIMICROBIAL 4
ANTIMICROBIAL NAME
ADMINISTRATION ROUTE <i>PARENTERAL = IM, IV OR SC</i>	<input type="checkbox"/> Oral <input type="checkbox"/> Parenteral <input type="checkbox"/> Other			
END DATE / REVIEW DATE OF TREATMENT KNOWN?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
TYPE OF TREATMENT	<input type="checkbox"/> Prophylactic <input type="checkbox"/> Therapeutic			
ANTIMICROBIAL GIVEN FOR	<input type="checkbox"/> Urinary tract <input type="checkbox"/> Genital tract <input type="checkbox"/> Skin or wound <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Eye <input type="checkbox"/> Ear, nose, mouth <input type="checkbox"/> Surgical site <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Systemic infection <input type="checkbox"/> Unexplained fever <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Urinary tract <input type="checkbox"/> Genital tract <input type="checkbox"/> Skin or wound <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Eye <input type="checkbox"/> Ear, nose, mouth <input type="checkbox"/> Surgical site <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Systemic infection <input type="checkbox"/> Unexplained fever <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Urinary tract <input type="checkbox"/> Genital tract <input type="checkbox"/> Skin or wound <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Eye <input type="checkbox"/> Ear, nose, mouth <input type="checkbox"/> Surgical site <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Systemic infection <input type="checkbox"/> Unexplained fever <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Urinary tract <input type="checkbox"/> Genital tract <input type="checkbox"/> Skin or wound <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Eye <input type="checkbox"/> Ear, nose, mouth <input type="checkbox"/> Surgical site <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Systemic infection <input type="checkbox"/> Unexplained fever <input type="checkbox"/> Other (specify)
WHERE PRESCRIBED?	<input type="checkbox"/> In this facility <input type="checkbox"/> In the hospital <input type="checkbox"/> Elsewhere	<input type="checkbox"/> In this facility <input type="checkbox"/> In the hospital <input type="checkbox"/> Elsewhere	<input type="checkbox"/> In this facility <input type="checkbox"/> In the hospital <input type="checkbox"/> Elsewhere	<input type="checkbox"/> In this facility <input type="checkbox"/> In the hospital <input type="checkbox"/> Elsewhere

PART B: HEALTHCARE-ASSOCIATED INFECTIONS

		INFECTION 1	INFECTION 2	INFECTION 3	INFECTION 4
INFECTION CODE		_____	_____	_____	_____
<i>IF 'OTHER', PLEASE SPECIFY</i>	
DATE OF ONSET (DD/MM/YY)		___/___/___	___/___/___	___/___/___	___/___/___
A. NAME OF ISOLATED MICROORGANISM (PLEASE USE CODE LIST) B. TESTED ANTIMICROBIAL(S) AND RESISTANCE <small>ONLY FOR STAAUR, ENC***, ACIBAU, PSEAEER OR ENTEROBACTERALES (CIT***, ENB***, ESCCOL, KLE***, MOGSPP, PRT***, SER***)</small>	1. A	_____	_____	_____	_____
	B	____ _ ____ _	____ _ ____ _	____ _ ____ _	____ _ ____ _
	2. A	_____	_____	_____	_____
	B	____ _ ____ _	____ _ ____ _	____ _ ____ _	____ _ ____ _
	3. A	_____	_____	_____	_____
	B	____ _ ____ _	____ _ ____ _	____ _ ____ _	____ _ ____ _

¹Tested antibiotic(s): STAAUR: oxacillin (OXA) or glycopeptides (GLY); ENC***: GLY only; *Enterobacteriales*: 3rd-gen cephalosporins (C3G) or carbapenems (CAR); PSEAEER and ACIBAU: CAR only. ² Resistance: S=susceptible, standard dosing regimen, I=susceptible, increased exposure, R=resistant, U=unknown