Annex 3. Resident questionnaire

Healthcare-associated infections and antimicrobial use in European long-term care facilities (HALT-3)

RESIDENT QUESTIONNAIRE

RESIDENT DATA

GENDER	☐ *Male*	☐ *Female*	
BIRTH YEAR	|__|__|__|__| *(YYYY)*		
LENGTH OF STAY IN THE FACILITY	☐ *Less than one year*	☐ *One year or longer*	
ADMISSION TO A HOSPITAL IN THE LAST 3 MONTHS	☐ *Yes*	☐ *No*	
SURGERY IN THE PREVIOUS 30 DAYS	☐ *Yes*	☐ *No*	
PRESENCE OF:			
URINARY CATHETER	☐ *Yes*	☐ *No*	
VASCULAR CATHETER	☐ *Yes*	☐ *No*	
INCONTINENCE (URINARY AND/OR FAECAL)	☐ *Yes*	☐ *No*	
WOUNDS - PRESSURE SORE	☐ *Yes*	☐ *No*	
- OTHER WOUNDS	☐ *Yes*	☐ *No*	
DISORIENTATION (IN TIME AND/OR SPACE)	☐ *Yes*	☐ *No*	
MOBILITY	☐ *Ambulant*	☐ *Wheelchair*	☐ *Bedridden*

On the day of the survey, the resident:

☐ *RECEIVES AN **ANTIMICROBIAL AGENT*** → ***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 USE** 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 *PARENTERAL = IM, IV OR SC*	☐ *Oral* ☐ *Parenteral* ☐ *Other*	☐ *Oral* ☐ *Parenteral* ☐ *Other*	☐ *Oral* ☐ *Parenteral* ☐ *Other*	☐ *Oral* ☐ *Parenteral* ☐ *Other*
END DATE / REVIEW DATE OF TREATMENT KNOWN?	☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*
TYPE OF TREATMENT	☐ *Prophylactic* ☐ *Therapeutic*	☐ *Prophylactic* ☐ *Therapeutic*	☐ *Prophylactic* ☐ *Therapeutic*	☐ *Prophylactic* ☐ *Therapeutic*
ANTIMICROBIAL GIVEN FOR	☐ *Urinary tract* ☐ *Genital tract* ☐ *Skin or wound* ☐ *Respiratory tract* ☐ *Gastrointestinal* ☐ *Eye* ☐ *Ear, nose, mouth* ☐ *Surgical site* ☐ *Tuberculosis* ☐ *Systemic infection* ☐ *Unexplained fever* ☐ *Other (specify)*	☐ *Urinary tract* ☐ *Genital tract* ☐ *Skin or wound* ☐ *Respiratory tract* ☐ *Gastrointestinal* ☐ *Eye* ☐ *Ear, nose, mouth* ☐ *Surgical site* ☐ *Tuberculosis* ☐ *Systemic infection* ☐ *Unexplained fever* ☐ *Other (specify)*	☐ *Urinary tract* ☐ *Genital tract* ☐ *Skin or wound* ☐ *Respiratory tract* ☐ *Gastrointestinal* ☐ *Eye* ☐ *Ear, nose, mouth* ☐ *Surgical site* ☐ *Tuberculosis* ☐ *Systemic infection* ☐ *Unexplained fever* ☐ *Other (specify)*	☐ *Urinary tract* ☐ *Genital tract* ☐ *Skin or wound* ☐ *Respiratory tract* ☐ *Gastrointestinal* ☐ *Eye* ☐ *Ear, nose, mouth* ☐ *Surgical site* ☐ *Tuberculosis* ☐ *Systemic infection* ☐ *Unexplained fever* ☐ *Other (specify)* ....
WHERE PRESCRIBED?	☐ *In this facility* ☐ *In the hospital* ☐ *Elsewhere*	☐ *In this facility* ☐ *In the hospital* ☐ *Elsewhere*	☐ *In this facility* ☐ *In the hospital* ☐ *Elsewhere*	☐ *In this facility* ☐ *In the hospital* ☐ *Elsewhere*

PART B: HEALTHCARE-ASSOCIATED INFECTIONS					
		INFECTION 1	INFECTION 2	INFECTION 3	INFECTION 4
INFECTION CODE		__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __
IF 'OTHER', PLEASE SPECIFY		....	....	....	....
PRESENT AT (RE-)ADMISSION		☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*	☐ *No* ☐ *Yes*
DATE OF ONSET (DD/MM/YY)		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
ORIGIN OF INFECTION		☐ *Current LTCF* ☐ *Other LTCF* ☐ *Hospital* ☐ *Unknown*	☐ *Current LTCF* ☐ *Other LTCF* ☐ *Hospital* ☐ *Unknown*	☐ *Current LTCF* ☐ *Other LTCF* ☐ *Hospital* ☐ *Unknown*	☐ *Current LTCF* ☐ *Other LTCF* ☐ *Hospital* ☐ *Unknown*
A. NAME OF ISOLATED MICROORGANISM (PLEASE USE CODE LIST) B. TESTED ANTIMICROBIAL(S)[1] AND RESISTANCE[2] ONLY FOR STAAUR, ENC***, ACIBAU, PSEAER OR ENTEROBACTERIACEAE (CIT***, ENB***, ESCCOL, KLE***, MOGSPP, PRT***, SER***)	1. A	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __
	B	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
	2. A	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __
	B	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
	3. A	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __
	B	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __

*[1]Tested antibiotic(s): STAAUR: oxacillin (OXA) or glycopeptides (GLY); ENC***: GLY only; Enterobacteriaceae: 3^{rd}-gen cephalosporins (C3G) or carbapenems (CAR); PSEAER and ACIBAU: CAR only. [2] Resistance: S=sensitive, I=intermediate, R=resistant, U=unknown*