


## Annex 2. Validation survey – resident questionnaire

	Healthcare-associated infections and antimicrobial use in European long-term care facilities (HALT-3)	Resident study number in validation study: _____
	Validation Study – Resident Questionnaire	

One form has to be completed for every resident recorded on the ward list provided by the primary PPS team

Complete at the start of the day:	Facility study number (allocated by national survey coordinator) _____ Resident study number in primary PPS: _____
Complete when assessing the resident:	Birth year: ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Resident considered eligible by validation team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Complete at the end of the day:	Resident considered eligible by primary PPS team? <input type="checkbox"/> Yes <input type="checkbox"/> No The PPS primary team completed a questionnaire for this resident <input type="checkbox"/> Yes <input type="checkbox"/> No Tick box if validation team <u>not</u> able to assess resident for the validation study <input type="checkbox"/>

### PART A: ANTIMICROBIAL TREATMENT

Is the resident receiving at least one antimicrobial agent on the day of the PPS? ☐ Yes ☐ No

### PART B: HEALTHCARE-ASSOCIATED INFECTIONS

		INFECTION 1	INFECTION 2	INFECTION 3	INFECTION 4
INFECTION CODE		_____	_____	_____	_____
If 'OTHER', PLEASE SPECIFY		.....	.....	.....	.....
PRESENT AT (RE-)ADMISSION		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
DATE OF ONSET (DD/MM/YY)		____/____/____	____/____/____	____/____/____	____/____/____
ORIGIN OF INFECTION		<input type="checkbox"/> Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	<input type="checkbox"/> Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	<input type="checkbox"/> Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	<input type="checkbox"/> Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown
A. NAME OF ISOLATED MICROORGANISM (PLEASE USE CODE LIST)  B. TESTED ANTIMICROBIAL(S) <sup>1</sup> AND RESISTANCE <sup>2</sup>  ONLY FOR STAAUR, ENC***, ACIBAU, PSEAER OR ENTEROBACTERIACEAE (CIT***, ENB***, ESCCOL, KLE***, MOGSPP, PRT***, SER***)	1. A	_____	_____	_____	_____
	B	_____ _____	_____ _____	_____ _____	_____ _____
	2. A	_____	_____	_____	_____
	B	_____ _____	_____ _____	_____ _____	_____ _____
	3. A	_____	_____	_____	_____
	B	_____ _____	_____ _____	_____ _____	_____ _____

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



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

## Validation Study – Resident Questionnaire

Resident study  
number in  
validation study:

## RESIDENT DATA

Resident study number in primary PPS

**ADDITIONAL NOTES (tick all that apply)**

- ☐ No problems were encountered during validation of this resident
- ☐ Attending physician directly assisted the validation of this resident
- ☐ Incomplete health records made it impossible to answer some questions for this resident
- ☐ Signs/symptoms incompletely documented AND an infection diagnosed by an attending physician
- ☐ Signs/symptoms no longer present AND signs/symptoms not documented AND infection treated with antimicrobials

VT comments regarding this resident form.

*(Please provide any details that will be useful for those interpreting the information on this resident form, particularly the national team. The HALT-3 team will also read this information but will not be analyse it systematically).*