



Short patient form: Complete one row for each patient not receiving antimicrobial prescriptions during the survey

Unit name*				Room name		
Unique patient ID* ¹	Survey number* ²	Sex*	Age group*	Presenting symptoms or main reason(s) for consultation on the day of the survey* (multiple choice, max. 6 options)	Ordered test* ⁴ (multiple choice) (include only tests related to infection parameters & microbiology)	Admission status* (only for emergency /observation units)
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	<input type="radio"/> Adult (≥18 years) <input type="radio"/> Child (<18 years) <input type="radio"/> Neonate (<1 month)	<input type="checkbox"/> Temperature ≥38.3°C/≥101°F <input type="checkbox"/> Sub-febrile temperature ≤38.3°C/≤101°F <input type="checkbox"/> Sneezing/nasal congestion/runny or stuffy nose <input type="checkbox"/> Acute cough <input type="checkbox"/> Chronic cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Dyspnoea, difficult breathing <input type="checkbox"/> Ear discharge <input type="checkbox"/> Chest pain <input type="checkbox"/> Headache <input type="checkbox"/> Musculoskeletal pain <input type="checkbox"/> Fatigue/lethargy/general body weakness <input type="checkbox"/> General body pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Seizures <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Bloody diarrhoea <input type="checkbox"/> Painful/frequent urination <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Toothache/gum swelling <input type="checkbox"/> Limb swelling/warmth erythema <input type="checkbox"/> Itch or other symptoms of genitals/anus <input type="checkbox"/> Skin lesions/spots <input type="checkbox"/> Wound/ulcer/burns <input type="checkbox"/> Trauma <input type="checkbox"/> Other symptom(s) <input type="checkbox"/> Unknown <input type="checkbox"/> None, other reason	<input type="checkbox"/> Lab-based pathogen test <input type="checkbox"/> Point-of-Care pathogen test <input type="checkbox"/> Infection parameter (biomarker/other lab analysis) <input type="checkbox"/> Unknown <input type="checkbox"/> None	<input type="radio"/> Already admitted <input type="radio"/> Suspected admission <input type="radio"/> Referral other facility <input type="radio"/> Home <input type="radio"/> Unknown
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	<input type="radio"/> Adult (≥18 years) <input type="radio"/> Child (<18 years) <input type="radio"/> Neonate (<1 month)	<input type="checkbox"/> Temperature ≥38.3°C/≥101°F <input type="checkbox"/> Sub-febrile temperature ≤38.3°C/≤101°F <input type="checkbox"/> Sneezing/nasal congestion/runny or stuffy nose <input type="checkbox"/> Acute cough <input type="checkbox"/> Chronic cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Dyspnoea, difficult breathing <input type="checkbox"/> Ear discharge <input type="checkbox"/> Chest pain <input type="checkbox"/> Headache <input type="checkbox"/> Musculoskeletal pain <input type="checkbox"/> Fatigue/lethargy/general body weakness <input type="checkbox"/> General body pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Seizures <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Bloody diarrhoea <input type="checkbox"/> Painful/frequent urination <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Toothache/gum swelling <input type="checkbox"/> Limb swelling/warmth erythema <input type="checkbox"/> Itch or other symptoms of genitals/anus <input type="checkbox"/> Skin lesions/spots <input type="checkbox"/> Wound/ulcer/burns <input type="checkbox"/> Trauma <input type="checkbox"/> Other symptom(s) <input type="checkbox"/> Unknown <input type="checkbox"/> None, other reason	<input type="checkbox"/> Lab-based pathogen test <input type="checkbox"/> Point-of-Care pathogen test <input type="checkbox"/> Infection parameter (biomarker/other lab analysis) <input type="checkbox"/> Unknown <input type="checkbox"/> None	<input type="radio"/> Already admitted <input type="radio"/> Suspected admission <input type="radio"/> Referral other facility <input type="radio"/> Home <input type="radio"/> Unknown
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* Mandatory variables ¹**Patient Identifier**: The unique patient identifier from your facility (cannot be entered online). ²**Survey Number**: A unique non-identifiable number is assigned in the online tool. Write down this number after the patient data has been recorded in the online database, to be able to add any missing information later.