CARBAPENEM RESISTANT ENTEROBACTERIACEAE (CRE) QUESTIONNAIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62708 (9-2026)

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RISK QUESTIONS

Patient Name	Date of Birth

Did patient receive medical care outside the United States in the past twelve months? ◯ No ◯ Yes

If Yes, Enter Where the Medical Care was Received

Notes on Dates, Healthcare Received, Inpatient/Outpatient, Reason for Care, Procedures

Did patient receive antibiotics in the past three months? ◯ No ◯ Yes

Did patient have an indwelling device at time of culture? ◯ No ◯ Yes

If yes, select all devices that apply:

☐ Central Line ☐ Peripheral Line ☐ Foley Catheter ☐ Dialysis Catheter

☐ Endotracheal Tube ☐ Tracheostomy ☐ Other - Specify: _____

Was patient receiving hemodialysis at time of culture? ◯ No ◯ Yes

If Yes, Type of Access	Name of Facility

Did patient receive Respiratory Therapy services at time of culture? ◯ No ◯ Yes | Date of RT Services

If yes, select all Respiratory Therapy (RT) services that apply.

☐ Nebulizer ☐ Ventilator ☐ Tracheostomy ☐ CPAP ☐ BiPAP

☐ Other- Specify: _____

Did patient perform self-catheterization at time of culture? ◯ No ◯ Yes

If patient performed self-catheterization, select one.

◯ Uses new catheter each time ◯ Reuse Catheters

Did patient receive wound care in the three months prior to CRE diagnosis? ◯ No ◯ Yes

Did patient have an endoscopic procedure using a duodenoscope or similar complex medical device in the three months prior to this diagnosis? ◯ No ◯ Yes

If yes, what endoscopic procedure?

Did patient have hospitalization in the three months prior to this diagnosis? ◯ No ◯ Yes	
If Yes, Facility Name	Dates of Facility Stay

Does patient work in a healthcare facility? ◯ No ◯ Yes	If Yes, Facility Name
Is the patient a direct patient caregiver? ◯ No ◯ Yes	

Did patient travel out of state **OR** out of the country during the infectious period? ◯ No ◯ Yes	
If Yes, Dates of Travel	City, State and Country of Travel
Mode of Travel, Examples: Car, Plane, Bus, Train	Original Location if Plane, Train or Bus Taken

Did patient have a previous positive CRE? ◯ No ◯ Yes	
If Yes, Date of Previous Positive	Facility Name

Did patient have a previous negative CRE? ◯ No ◯ Yes	
If Yes, Date of Previous Negative	Facility Name

Has patient been positive for any other Multi-drug Resistant Organism (MDRO)? ◯ No ◯ Yes	
If Yes, Type of MDRO	Date of Positive MDRO
Facility Name	

Has patient had any of the following past medical history? Select all that apply

- ☐ Urinary Tract Infection (UTI)
- ☐ Malignancy
- ☐ HIV/AIDS
- ☐ Chronic Lung Disease
- ☐ Chronic Kidney Disease
- ☐ Liver Disease
- ☐ Cystic Fibrosis
- ☐ Transplant Recipient
- ☐ Diabetes, Insulin Dependent
- ☐ Immunocompromised
- ☐ Other - Specify: _____

Other Medical Risks

Has patient been in the Intensive Care Unit (ICU) in the past three months? ◯ No ◯ Yes If Yes, Facility Name
Has patient had surgery in the past three months? ◯ No ◯ Yes If Yes, Facility Name

Clinical Questions For This Stay

Was the culture obtained due to an infection? ◯ No ◯ Yes If Yes, Type of Infection	
Was the patient hospitalized? ◯ No ◯ Yes	
If Yes, Facility Name	Dates of Facility Stay
Where was the patient admitted from?	Where was the patient discharged to?
Primary Care Provider	
Was the patient admitted to the ICU? ◯ No ◯ Yes If Yes, Dates of ICU Stay	
Was the patient on antibiotics at the time of culture? ◯ No ◯ Yes	
If Yes, Antibiotics Start Date	List Antibiotic Name, Dose and Route
List other antibiotics with doses, routes and start dates if on at time of culture:	
Was treatment changed after identification of CRE/KPC? ◯ No ◯ Yes	
If Yes, Treatment Start Date	List Drug Name, Dose and Route