



CARBAPENEM RESISTANT ORGANISM QUESTIONNAIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62709 (9-2026)

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RISK QUESTIONS

Patient Name		Date of Birth
Did patient have an indwelling device at the 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 CRO 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?		
Does patient work in a healthcare facility? ☐ No ☐ Yes		If Yes, Facility Name
Is the patient a direct patient caregiver? ☐ No ☐ Yes		
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		

Is Cystic Fibrosis part of the patients past medical history?		☐ No ☐ Yes
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 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	

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 culture?		☐ No ☐ Yes
If Yes, Treatment Start Date	List Drug Name, Dose and Route	