**Supplementary Materials**

**Supplementary material 5.9.** Baseline questionnaires for residents.

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| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Baseline Questions**  **ALL Residents** | **Identification code: \_\_\_\_ \_\_\_\_ \_\_\_\_**  **Date of assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_**  **Name of the study staff: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Form to be Completed by the Researcher** |

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| **Demographic data** |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Admission date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_   D M Y |

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| 1. Location before admission?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Home/ Private residence * Health-care facility * Hospital * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Date of birth: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_   D M Y |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Sex:  * Female * Male |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Marital status:  * Never married * Married * Widow * Separated * Divorced |

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| 1. Highest **education attainment**?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |    Primary or below 小學或以下   Lower secondary (S1-S3) 初中(中一至中三)   Upper secondary (S4-S6)/ Matriculation高中(中四至中六)/ 預科   Non-degree tertiary專上教育(非學位)   Bachelor專上教育(學位)   Master or above碩士學位或以上 |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Smoking status:  * Non-smoker * Regular smoker  |  | | --- | | * Years of regular smoking: \_\_\_\_\_\_ * Number of cigarettes/day: \_\_\_\_\_\_\_ (20 cigarettes/pack) * The type(s) of product you usually take: * Cigarettes 香煙 * Cigars 雪茄 * Pipes 煙斗 * Chewing 嚼煙 * Chinese prepared tobacco 中國熟煙 * E-cigarettes 電子煙 * Hookah/Shisha 水煙 |  * Social smoker  |  | | --- | | * Years of social smoking: \_\_\_\_\_\_ * Number of cigarettes/month: \_\_\_\_\_\_\_ * The type(s) of product you usually take: * Cigarettes 香煙 * Cigars 雪茄 * Pipes 煙斗 * Chewing 嚼煙 * Chinese prepared tobacco 中國熟煙 * E-cigarettes 電子煙 * Hookah/Shisha 水煙 |  * Ex-smoker  |  | | --- | | * Years of smoking: \_\_\_\_\_\_\_\_ * Years of quitting:\_\_\_\_\_\_\_\_ * Number of cigarettes/day or week\* before quitting:\_\_\_\_\_\_\_\_\_\_\_\_ (20 cigarettes/pack) \*please circle the appropriate | |

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| 1. Food allergies:  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Not known * Fish * Shellfish * Milk * Egg * Peanuts * Tree nuts * Soy * Wheat * Others; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Drug allergies:  * Not known * Penicillin group of antibiotics; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Antibiotic containing sulfonamides (sulfa drug); specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Anticonvulsants; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Aspirin, ibuprofen and other nonsteroidal anti-inflammatory drugs (NSAIDs); specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Chemotherapy drug; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Others; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Ethnicity  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Chinese * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Residing room type  * Private * 2 persons * 3 persons * 4 persons * 5 persons * 6 persons * 7 persons * 8 persons * Open area * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Residing room partition type  * Fixed * Partitioned * Not applicable * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In receipt of Comprehensive Social Security Assistance (CSSA) 綜援?  * No * Yes |

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| 1. Height: \_\_\_\_\_\_\_\_ cm  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 | |

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| 1. Weight: \_\_\_\_\_\_\_\_ kg  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Blood pressure DBP: \_\_\_\_\_\_\_\_ mmHg; SBP: \_\_\_\_\_\_ mmHg |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Body temperature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_℃ |

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| **Activities of Daily Living Data (ADL Index) – MDS 3.0** |

1. Please indicate the level of ADL for the resident:

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| **Activity** | **Occurrence times** | | | **Level** | | | | |
|  | 0 | 1-2 | ≥3 | 0 | 1 | 2 | 3 | 4 |
| Bed mobility (moves to and from lying position) 床上移動（上下移動） |  |  |  |  |  |  |  |  |
| Transfer (bed to chair and back) 調動 (來回床及椅子) |  |  |  |  |  |  |  |  |
| Walk in room 在房間走動 |  |  |  |  |  |  |  |  |
| Walk in corridor on unit 在樓層內走廊走動 |  |  |  |  |  |  |  |  |
| Locomotion on unit (moves between his/her room and adjacent corridor on same floor; If in wheelchair, self-sufficiency once in chair) 樓層內活動（在同一層樓的房間和走廊走動; 如果用輪椅，在椅子上能自給自足） |  |  |  |  |  |  |  |  |
| Locomotion off unit (areas set aside for dining, activities or treatment; If facility has only one floor, moves to and from distant areas on the floor) 樓層外活動 （用餐，活動和治療的區域；如果只有一層樓，去到該樓層較遠的地方） |  |  |  |  |  |  |  |  |
| Dressing (including buttons, zips, laces, etc.) 能自行穿脫衣服 (包括扣衫鈕，拉拉鏈，綁鞋帶等) |  |  |  |  |  |  |  |  |
| Eating (including intake of nourishment by tube feeding, total parenteral nutrition, IV fluids administered) 進食（包括通過管飼攝入營養，腸胃外營養，靜脈輸液） |  |  |  |  |  |  |  |  |
| Toilet use (on/off toilet, cleaning, dressing, changing pad) 如廁（開/合廁板，清潔，換藥，換尿布） |  |  |  |  |  |  |  |  |
| Personal hygiene (combing hair, brushing teeth, shaving) 個人衛生（能自行洗臉、梳頭髮、刷牙及剃鬚 |  |  |  |  |  |  |  |  |
| Instructions: *Based on 7-day look-back period, code the highest code when an activity occur 3 or more times at multiple levels, except 4 (Total dependence); Code 3 (Extensive assistance) when there is a combination of full staff performance, and extensive assistance; Code 2 (Limited assistance) when there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code; Otherwise, code 1 (Supervision). When an activity occurred 2 or fewer times, code 4 (Total dependence)*  **+0 (Independent):** no help  **+1 (Supervision):** oversight, encouragement or cueing  **+2 (Limited assistance):** resident highly involved in activity with **non-weight-bearing assistance** from staff  **+3 (Extensive assistance):** resident involved in activity with **weight-bearing assistance** from staff  **+4 (Total dependence):** full staff performance every time | | | | | | | | |

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| **Heath Data** |

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| 1. As of **TODAY**, has the resident been diagnosed by doctors of having chronic disease 慢性疾病?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

1. If **YES**, what is/are the chronic illness(es)? *(can choose more than one answer)*

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| * Diseases of the Blood or Blood forming organs血液和造血器官疾病 | * Anemia貧血 * Congenital hematologic disease (e.g., thalassemia, hemophilia) 遺傳性血科病 （例如地中海貧血症、血友病） * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Circulatory system循環系統疾病 | * Congestive heart failure (CHF) 慢性心臟衰竭 * Hypertension (High blood pressure) 高血壓 * Myocardial infarct (MI) 心肌梗塞 (EKG changes) * Peripheral vascular disease循環系統病 (e.g., History of gangrene壞疽記錄, untreated thoracic aneurysm未經處理胸腔主動脈瘤, past bypass for chronic arterial insufficiency慢性動脈供血不足記錄, etc.) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Digestive system消化系統疾病 | * Chronic hepatitis (viral B) 乙肝 [mild liver disease] * Chronic hepatitis (viral C) 丙肝 [mild liver disease] * Cirrhosis without hypertension 肝硬化不伴有高血壓 [mild liver disease] * Cirrhosis and portal hypertension with variceal bleeding history 肝硬化合併食道靜脈曲張出血 [severe liver disease] * Cirrhosis and portal hypertension but no variceal bleeding history 肝硬化合併食道 沒有 靜脈曲張出血 [moderate liver disease] * Irritable bowel syndrome慢性反覆性腸道發炎 * Gastroesophageal reflux disease (GERD) 胃食道逆流疾病 * Liver failure肝功能衰竭 [severe liver disease] * Peptic ulcer disease 消化性潰瘍病 (e.g., History of treatment for ulcer disease 有過潰瘍性疾病治療史, History of ulcer bleeding 有過潰瘍性出血史) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Immune system免疫系統疾病 | * Scleroderma 硬皮病 * Systemic Lupus Erythematosus (SLE) 系統性紅斑狼瘡 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the musculoskeletal system or connective tissue肌肉骨骼系统疾病 | * Osteoarthritis (OA) 關節炎 * Osteoporosis骨質疏鬆 * Rheumatoid arthritis (RA) 類風濕關節炎 * Sciatica 腰背痛 * Connective tissue disease 結締組織病 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Nervous system神經系統疾病 | * Cerebrovascular accident (CVA) 腦血管意外 (e.g. Stroke – ischemic/ hemorrhagic) * Epilepsy 癲癇 * Hemiplegia 偏癱 (e.g., Paralysis of one side of the body caused by brain damage/ spinal cord injury腦部損傷/脊髓損傷導致身體一側麻痺) * Parkinson’s disease 柏金遜病 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of Respiratory system呼吸系統疾病 | * Asthma 哮喘 * Chronic pulmonary disease慢性阻塞性肺病 (e.g. Chronic obstructive pulmonary disease (COPD) 慢性阻塞性肺病) * Emphysema, chronic bronchitis, bronchiectasis肺氣腫、慢性支氣管炎、支氣管擴張 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Skin皮膚病 | * Eczema 濕疹 * Psoriasis 牛皮癬 * Dermatitis 皮膚炎 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Urinary system泌尿系統疾病 | * Benign prostate hypertrophy前列腺肥大 * Cystitis 膀胱炎 * Elevated Creatinine (i.e., > 3mg/dL or 0.27 mmol/L) * On dialysis血液透 * History of kidney transplant 曾接受腎臟移植 * Kidney failure * Uremia尿毒症 (high level of urea in blood – check blood report血液中尿素含量高–檢查血液報告 ) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Visual system 視覺系統疾病 | * Blindness失明 * Glaucoma青光眼 * Cataract白內障 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Endocrine, nutritional or metabolic diseases內分泌，營養或代謝性疾病 | * Diabetes mellitus (mild) 糖尿病（輕度）(e.g., On medication服藥, Uncomplicated 沒有拼發症) * Diabetes mellitus with Hypertension/ heart disease 高血壓/心臟疾病 * Diabetes mellitus with Eye disease眼疾 * Diabetes mellitus with Kidney disease (nephropathy) 腎病 * Diabetes mellitus with Nerve damage (neuropathy) 神經系統疾病 * Diabetes mellitus with Joint/ foot problems (e.g., ulcers) 關節/足部問題 * Diabetes mellitus with Skin infection 皮膚感染 * Hyperlipidemia (High lipid level) 高脂血症 * Hypercholesterolemia (High cholesterol) 高膽固醇 * Hyperthyroidism甲狀腺功能亢進症 * Hypothyroidism甲狀腺機能低下症 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Infectious and parasitic diseases | * AIDS/ HIV positive * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Malignant neoplasms | * Solid tumor (localized) 實質固態瘤（局部性）,   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Solid tumor (metastatic) 實質固態瘤（轉移性）,   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Interviewer note: exclude those who diagnosed with non-melanoma skin cancer, but ask if they are currently receiving treatment for cancer under Medical use section)*   * Leukemia 白血病 * Lymphoma 淋巴瘤 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Mental, behavioral or neurodevelopmental disorders精神，行為或神經發育障礙 | * Anxiety 焦慮症 * Dementia認知障礙症 (e.g., Chronic cognitive deficit慢性認知功能障礙, Alzheimer’s disease阿滋海默氏症) * Depression 抑鬱症 * Psychotic disorders思覺失調 * Schizophrenia 精神分裂 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Substance abuse 物質濫用 | * Alcohol abuse 酗酒 * Drug abuse 藥物濫用 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other symptoms其他症狀 | * Hearing loss 失聰 * Tinnitus耳鳴 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Presence of indwelling device(s) 保留性導管**TODAY**?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, what is/are the device(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Central Venous catheter (CVC) 中央靜脈導管 * Endotracheal tube 氣管插管 * Enteral feeding tube 腸內飼管 – e.g., nasogastric(NG tube)鼻胃管, Nasoduodenal tube (ND tube) 鼻腸管, Nasojejunal tube (NJ tube), Gastrostomy tube胃造廔口管, Jejunostomy tube空腸 造廔口管, etc., * Hemodialysis vascular access 血液透析病人動靜脈瘻管 * Intravenous peripheral line (IV line) 外周靜脈導管（用於一般靜脈輸液） * Percutaneous endoscopic gastrostomy (PEG) tube經皮膚內視鏡胃口導 * Peripherally inserted central catheters (PICC line) 週邊插入主靜脈導管 (在肩膀上的靜脈處插入了一根細軟的導管, 通常用於需要接受數週或數月的藥物和營養輸液的院友) * Suprapubic catheter恥骨上導尿管 * Peritoneal dialysis腹膜透析 * Tenckhoff catheter (for peritoneal dialysis)腹膜透析導管 (植入腹部的腹腔內的導管， 常見於需要接受腹膜透的院友) * Tracheostomy tube氣管造口導管 (植入頸部氣管內的入氣管) * Urethral catheter 尿道導尿管 * Wound drain傷口引流 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Presence of open wound(s) 開放性傷口?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, What is/are the types of wound(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Accidental wound意外傷口 * Pressure sore/ bedsore壓瘡 * Surgical wound手術傷口 * Vascular ulcer血管性潰瘍 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. If **YES**, What is/are the types of stoma(s) 造口? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Colostomy結腸造口（假肛） * Jejunostomy腸造口 * Tracheostomy 氣管造口 * Ileostomy迴腸造口 * Urostomy 泌尿造口 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. As of **TODAY**, presence of any type of infection?  * No * Yes |
| 1. If **YES**, What is/are the infection(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Bloodstream infection * Eye infection * Gastrointestinal tract infection * Oral infection * Lower respiratory tract infection e.g., pneumonia * Skin and soft tissue infection * Surgical site infection * Upper respiratory tract infection e.g., pharyngitis, tonsillitis, laryngitis, etc. * Urinary tract infection * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. As of **TODAY**, is the resident on peritoneal dialysis腹膜透析（洗肚）?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| 1. As of **TODAY**, is the resident on hemodialysis血液透析?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| **Medication and Vaccination Data** |

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| 1. As of **TODAY**, is the resident on any long-term medication?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, is that a kind of western medicine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / |  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. If **YES**, is that a kind of Chinese medicine?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In the **PAST YEAR**, had the resident received any antibiotic?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Prophylactic (Y/N)** | **Dosage** | **Freq** | **Route** | **Start date** | **End date** | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In the **PAST YEAR**, had the resident received any antiviral therapy *(e.g., Oseltamivir (Tamiflu), Peramivir (Rapivab), Zanamivir (Relenza), or Baloxavir (Xofluza), etc.)*?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In the **PAST YEAR**, had the resident received any anti-tuberculosis agent *(e.g., Isoniazid, Rifamycin, Streptomycin, Pyrazinamide, or Ethambutol, etc..)*?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In the **PAST YEAR**, had the resident received corticosteroid 類固醇in any forms that may suppress your body’s ability to fight infection (e.g., drugs used to treat cancer or drugs for autoimmune diseases such as lupus, prednisolone, betamethasone, dexamethasone, hydrocortisone, methylprednisolone, or deflazacort, etc.)?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| 1. Had the resident received the **2020/2021** Seasonal Influenza Vaccine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes, Sep 2020 * Yes, Oct 2020 * Yes, Nov 2020 * Yes, Dec 2020 * Yes, Jan 2021 * Yes, Feb 2021 * Yes, Mar 2021 * Yes, Apr 2021 * Yes, May 2021 * Yes, Jun 2021 * Yes, Jul 2021 * Yes, Aug 2021 |
| 1. If **YES**, Please report if there are any **adverse effects** that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| 1. Had the resident received the **2019/2020** Seasonal Influenza Vaccine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| 1. Had the resident received the **2018/2019** Seasonal Influenza Vaccine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. In the **PAST YEAR**, had the resident received Pneumococcal Vaccine?  * No * Yes |
| 1. If **YES,** which type of Pneumococcal Vaccine had the resident receive?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  | | --- | --- | | 7-valent pneumococcal conjugate vaccine (PCV7) |  No  Yes | | 10-valent pneumococcal conjugate vaccine (PCV10) |  No  Yes | | 13-valent pneumococcal conjugate vaccine (PCV13) |  No  Yes | | 23-valent pneumococcal polysaccharide vaccine (PPV23) |  No  Yes | |
| 1. Please report if there are any the **adverse effects** that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| 1. In the **PAST YEAR**, had the resident received **Shingles Vaccine**?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, Please report if there are any adverse effects that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| **Medication and Vaccination Data** |

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| 1. Had the resident EVER received Bacille Calmette-Guerin (BCG) Vaccine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes * Not sure |
| 1. If **NOT SURE**, is there a scar on the skin over the deltoid, in a location consistent with BCG vaccination?  * No * Yes |

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| **Infection and Hospitalization Data** |

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| 1. In the **PAST** **YEAR,** had the resident been hospitalized?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, how long had the resident been hospitalized and provide ICD10 code for each hospitalization episode?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  | | --- | --- | --- | --- | | **Episode** | **Admission date** | **Discharge date** | **ICD10 code** | | 1 | / / | / / |  | | 2 | / / | / / |  | | 3 | / / | / / |  | | 4 | / / | / / |  | | 5 | / / | / / |  | |
| 1. In the **PAST** **YEAR,** had the resident **EVER** been admitted to the Intensive Care Unit (ICU)?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, how long had the resident stayed in the ICU and provide ICD10 code for each hospitalization episode.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  | | --- | --- | --- | --- | | **Episode** | **Admission date** | **Discharge date** | **ICD10 code** | | 1 | / / | / / |  | | 2 | / / | / / |  | | 3 | / / | / / |  | | 4 | / / | / / |  | | 5 | / / | / / |  | |

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| 1. In the **PAST YEAR**, had the resident received any invasive procedures?  * No * Yes, please fill in the table below:  |  |  |  |  | | --- | --- | --- | --- | |  | **Date** | **Procedure type** | | | 1 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 4 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 6 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Colonization and Infection Data** |

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| 1. In the **PAST YEAR**, had the resident had known multidrug resistant organism(s) (MDRO)?  * No * Yes, please fill in the table below:  |  |  |  | | --- | --- | --- | |  | **Report date** | **MDRO type** | | 1 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 4 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. If **YES**, has decolonization been done?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has the resident **CURRENTLY** been diagnosed with active tuberculosis?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. In the **PAST YEAR**, has the resident been diagnosed with active tuberculosis?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

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| 1. Had the resident **EVER** been diagnosed with latent tuberculosis?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 13. Is the resident **CURRENTLY** suffering from any infection symptoms?   |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |    No   Yes |
| 14. If **YES**, what is/are the symptom(s)? *(can choose more than one answer)*   |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |    Cough   Diarrhoea   Fever   Sore throat   Vomiting   Wound infection   Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The End.**

**Supplementary material 5.10.** Baseline questionnaires for facility

**A screenshot of a vaccination form

Description automatically generated**

A group of data forms

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**Supplementary material 5.11.** Follow-up questionnaires for residents.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Follow-up Question**  **ALL Residents** | **Identification code: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_**  **Name of the study staff: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Form to be Completed by the Researcher** |

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| **Demographic data** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is the **CURRENT** status of the resident?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Staying at the study RCHE * Being hospitalized (Specified reasons) * Moved to another RCHE **– End of follow-up** * Moved to home care – End of follow-up * Home leave (Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_\_) **– Pending follow-up** * Death; specify cause of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **– End of follow-up** |

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| 1. Residing room type  * Private * 2 persons * 3 persons * 4 persons * 5 persons * 6 persons * 7 persons * 8 persons * Open area * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Residing room partition type  * Fixed * Partitioned * Not applicable * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Activities of Daily Living Data (ADL Index) – MDS 3.0** |

1. Please indicate the level of ADL for the resident:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Occurrence times** | | | **Level** | | | | |
|  | 0 | 1-2 | ≥3 | 0 | 1 | 2 | 3 | 4 |
| Bed mobility (moves to and from lying position) 床上移動（上下移動） |  |  |  |  |  |  |  |  |
| Transfer (bed to chair and back) 調動 (來回床及椅子) |  |  |  |  |  |  |  |  |
| Walk in room 在房間走動 |  |  |  |  |  |  |  |  |
| Walk in corridor on unit 在樓層內走廊走動 |  |  |  |  |  |  |  |  |
| Locomotion on unit (moves between his/her room and adjacent corridor on same floor; If in wheelchair, self-sufficiency once in chair) 樓層內活動（在同一層樓的房間和走廊走動; 如果用輪椅，在椅子上能自給自足） |  |  |  |  |  |  |  |  |
| Locomotion off unit (areas set aside for dining, activities or treatment; If facility has only one floor, moves to and from distant areas on the floor) 樓層外活動 （用餐，活動和治療的區域；如果只有一層樓，去到該樓層較遠的地方） |  |  |  |  |  |  |  |  |
| Dressing (including buttons, zips, laces, etc.) 能自行穿脫衣服 (包括扣衫鈕，拉拉鏈，綁鞋帶等) |  |  |  |  |  |  |  |  |
| Eating (including intake of nourishment by tube feeding, total parenteral nutrition, IV fluids administered) 進食（包括通過管飼攝入營養，腸胃外營養，靜脈輸液） |  |  |  |  |  |  |  |  |
| Toilet use (on/off toilet, cleaning, dressing, changing pad) 如廁（開/合廁板，清潔，換藥，換尿布） |  |  |  |  |  |  |  |  |
| Personal hygiene (combing hair, brushing teeth, shaving) 個人衛生（能自行洗臉、梳頭髮、刷牙及剃鬚 |  |  |  |  |  |  |  |  |
| Instructions: *Based on 7-day look-back period, code the highest code when an activity occur 3 or more times at multiple levels, except 4 (Total dependence); Code 3 (Extensive assistance) when there is a combination of full staff performance, and extensive assistance; Code 2 (Limited assistance) when there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code; Otherwise, code 1 (Supervision). When an activity occurred 2 or fewer times, code 4 (Total dependence)*  **+0 (Independent):** no help  **+1 (Supervision):** oversight, encouragement or cueing  **+2 (Limited assistance):** resident highly involved in activity with **non-weight-bearing assistance** from staff  **+3 (Extensive assistance):** resident involved in activity with **weight-bearing assistance** from staff  **+4 (Total dependence):** full staff performance every time | | | | | | | | |

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| **Heath Data** |

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| 1. As of **TODAY**, has the resident been diagnosed by doctors of having chronic disease 慢性疾病?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

1. If **YES**, what is/are the chronic illness(es)? *(can choose more than one answer)*

|  |  |
| --- | --- |
| * Diseases of the Blood or Blood forming organs血液和造血器官疾病 | * Anemia貧血 * Congenital hematologic disease (e.g., thalassemia, hemophilia) 遺傳性血科病 （例如地中海貧血症、血友病） * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Circulatory system循環系統疾病 | * Congestive heart failure (CHF) 慢性心臟衰竭 * Hypertension (High blood pressure) 高血壓 * Myocardial infarct (MI) 心肌梗塞 (EKG changes) * Peripheral vascular disease循環系統病 (e.g., History of gangrene壞疽記錄, untreated thoracic aneurysm未經處理胸腔主動脈瘤, past bypass for chronic arterial insufficiency慢性動脈供血不足記錄, etc.) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Digestive system消化系統疾病 | * Chronic hepatitis (viral B) 乙肝 [mild liver disease] * Chronic hepatitis (viral C) 丙肝 [mild liver disease] * Cirrhosis without hypertension 肝硬化不伴有高血壓 [mild liver disease] * Cirrhosis and portal hypertension with variceal bleeding history 肝硬化合併食道靜脈曲張出血 [severe liver disease] * Cirrhosis and portal hypertension but no variceal bleeding history 肝硬化合併食道 沒有 靜脈曲張出血 [moderate liver disease] * Irritable bowel syndrome慢性反覆性腸道發炎 * Gastroesophageal reflux disease (GERD) 胃食道逆流疾病 * Liver failure肝功能衰竭 [severe liver disease] * Peptic ulcer disease 消化性潰瘍病 (e.g., History of treatment for ulcer disease 有過潰瘍性疾病治療史, History of ulcer bleeding 有過潰瘍性出血史) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Immune system免疫系統疾病 | * Scleroderma 硬皮病 * Systemic Lupus Erythematosus (SLE) 系統性紅斑狼瘡 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the musculoskeletal system or connective tissue肌肉骨骼系统疾病 | * Osteoarthritis (OA) 關節炎 * Osteoporosis骨質疏鬆 * Rheumatoid arthritis (RA) 類風濕關節炎 * Sciatica 腰背痛 * Connective tissue disease 結締組織病 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Nervous system神經系統疾病 | * Cerebrovascular accident (CVA) 腦血管意外 (e.g. Stroke – ischemic/ hemorrhagic) * Epilepsy 癲癇 * Hemiplegia 偏癱 (e.g., Paralysis of one side of the body caused by brain damage/ spinal cord injury腦部損傷/脊髓損傷導致身體一側麻痺) * Parkinson’s disease 柏金遜病 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of Respiratory system呼吸系統疾病 | * Asthma 哮喘 * Chronic pulmonary disease慢性阻塞性肺病 (e.g. Chronic obstructive pulmonary disease (COPD) 慢性阻塞性肺病) * Emphysema, chronic bronchitis, bronchiectasis肺氣腫、慢性支氣管炎、支氣管擴張 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Skin皮膚病 | * Eczema 濕疹 * Psoriasis 牛皮癬 * Dermatitis 皮膚炎 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Urinary system泌尿系統疾病 | * Benign prostate hypertrophy前列腺肥大 * Cystitis 膀胱炎 * Elevated Creatinine (i.e., > 3mg/dL or 0.27 mmol/L) * On dialysis血液透 * History of kidney transplant 曾接受腎臟移植 * Kidney failure * Uremia尿毒症 (high level of urea in blood – check blood report血液中尿素含量高–檢查血液報告 ) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diseases of the Visual system 視覺系統疾病 | * Blindness失明 * Glaucoma青光眼 * Cataract白內障 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Endocrine, nutritional or metabolic diseases內分泌，營養或代謝性疾病 | * Diabetes mellitus (mild) 糖尿病（輕度）(e.g., On medication服藥, Uncomplicated 沒有拼發症) * Diabetes mellitus with Hypertension/ heart disease 高血壓/心臟疾病 * Diabetes mellitus with Eye disease眼疾 * Diabetes mellitus with Kidney disease (nephropathy) 腎病 * Diabetes mellitus with Nerve damage (neuropathy) 神經系統疾病 * Diabetes mellitus with Joint/ foot problems (e.g., ulcers) 關節/足部問題 * Diabetes mellitus with Skin infection 皮膚感染 * Hyperlipidemia (High lipid level) 高脂血症 * Hypercholesterolemia (High cholesterol) 高膽固醇 * Hyperthyroidism甲狀腺功能亢進症 * Hypothyroidism甲狀腺機能低下症 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Infectious and parasitic diseases | * AIDS/ HIV positive * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Malignant neoplasms | * Solid tumor (localized) 實質固態瘤（局部性）,   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Solid tumor (metastatic) 實質固態瘤（轉移性）,   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Interviewer note: exclude those who diagnosed with non-melanoma skin cancer, but ask if they are currently receiving treatment for cancer under Medical use section)*   * Leukemia 白血病 * Lymphoma 淋巴瘤 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Mental, behavioral or neurodevelopmental disorders精神，行為或神經發育障礙 | * Anxiety 焦慮症 * Dementia認知障礙症 (e.g., Chronic cognitive deficit慢性認知功能障礙, Alzheimer’s disease阿滋海默氏症) * Depression 抑鬱症 * Psychotic disorders思覺失調 * Schizophrenia 精神分裂 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Substance abuse 物質濫用 | * Alcohol abuse 酗酒 * Drug abuse 藥物濫用 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other symptoms其他症狀 | * Hearing loss 失聰 * Tinnitus耳鳴 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Presence of indwelling device(s) 保留性導管**TODAY**?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, what is/are the device(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Central Venous catheter (CVC) 中央靜脈導管 * Endotracheal tube 氣管插管 * Enteral feeding tube 腸內飼管 – e.g., nasogastric(NG tube)鼻胃管, Nasoduodenal tube (ND tube) 鼻腸管, Nasojejunal tube (NJ tube), Gastrostomy tube胃造廔口管, Jejunostomy tube空腸 造廔口管, etc., * Hemodialysis vascular access 血液透析病人動靜脈瘻管 * Intravenous peripheral line (IV line) 外周靜脈導管（用於一般靜脈輸液） * Percutaneous endoscopic gastrostomy (PEG) tube經皮膚內視鏡胃口導 * Peripherally inserted central catheters (PICC line) 週邊插入主靜脈導管 (在肩膀上的靜脈處插入了一根細軟的導管, 通常用於需要接受數週或數月的藥物和營養輸液的院友) * Suprapubic catheter恥骨上導尿管 * Peritoneal dialysis腹膜透析 * Tenckhoff catheter (for peritoneal dialysis)腹膜透析導管 (植入腹部的腹腔內的導管， 常見於需要接受腹膜透的院友) * Tracheostomy tube氣管造口導管 (植入頸部氣管內的入氣管) * Urethral catheter 尿道導尿管 * Wound drain傷口引流 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Presence of open wound(s) 開放性傷口?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, What is/are the types of wound(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Accidental wound意外傷口 * Pressure sore/ bedsore壓瘡 * Surgical wound手術傷口 * Vascular ulcer血管性潰瘍 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Presence of stoma(s) 造口?  * No * Yes |
| 1. If **YES**, What is/are the types of stoma(s) 造口? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Colostomy結腸造口（假肛） * Jejunostomy腸造口 * Tracheostomy 氣管造口 * Ileostomy迴腸造口 * Urostomy 泌尿造口 * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. As of **TODAY**, presence of any type of infection?  * No * Yes |
| 1. If **YES**, What is/are the infection(s)? *(can choose more than one answer)*  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * Bloodstream infection * Eye infection * Gastrointestinal tract infection * Oral infection * Lower respiratory tract infection e.g., pneumonia * Skin and soft tissue infection * Surgical site infection * Upper respiratory tract infection e.g., pharyngitis, tonsillitis, laryngitis, etc. * Urinary tract infection * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. As of **TODAY**, is the resident on peritoneal dialysis腹膜透析（洗肚）?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| 1. As of **TODAY**, is the resident on hemodialysis血液透析?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |

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| **Medication and Vaccination Data** |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Since **LAST SURVEY**, had the resident received any antibiotic?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Prophylactic (Y/N)** | **Dosage** | **Freq** | **Route** | **Start date** | **End date** | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |  |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Since **LAST SURVEY**, had the resident received any antiviral therapy *(e.g., Oseltamivir (Tamiflu), Peramivir (Rapivab), Zanamivir (Relenza), or Baloxavir (Xofluza), etc.)*?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Since **LAST SURVEY**, had the resident received any anti-tuberculosis agent *(e.g., Isoniazid, Rifamycin, Streptomycin, Pyrazinamide, or Ethambutol, etc..)*?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Since **LAST SURVEY**, had the resident received corticosteroid 類固醇in any forms that may suppress your body’s ability to fight infection (e.g., drugs used to treat cancer or drugs for autoimmune diseases such as lupus, prednisolone, betamethasone, dexamethasone, hydrocortisone, methylprednisolone, or deflazacort, etc.)?  * No * Yes, specify the information below:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Indication** | **Dosage** | **Frequency** | **Route** | **Start date** | **End date** | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |  |  |  |  |  | / / | / / | |

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| 1. Since **LAST SURVEY**, had the resident received the **2020/2021** Seasonal Influenza Vaccine?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes, Sep 2020 * Yes, Oct 2020 * Yes, Nov 2020 * Yes, Dec 2020 * Yes, Jan 2021 * Yes, Feb 2021 * Yes, Mar 2021 * Yes, Apr 2021 * Yes, May 2021 * Yes, Jun 2021 * Yes, Jul 2021 * Yes, Aug 2021 |
| 1. If **YES**, Please report if there are any **adverse effects** that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  1. Since **LAST SURVEY**, had the resident received Pneumococcal Vaccine?  * No * Yes |
| 1. If **YES,** which type of Pneumococcal Vaccine had the resident receive?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  | | --- | --- | | 7-valent pneumococcal conjugate vaccine (PCV7) |  No  Yes | | 10-valent pneumococcal conjugate vaccine (PCV10) |  No  Yes | | 13-valent pneumococcal conjugate vaccine (PCV13) |  No  Yes | | 23-valent pneumococcal polysaccharide vaccine (PPV23) |  No  Yes | |
| 1. Please report if there are any the **adverse effects** that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| 1. Since **LAST SURVEY**, had the resident received **Shingles Vaccine**?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, Please report if there are any adverse effects that the resident experienced within the 4 days after vaccination in the table below.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Symptoms** | **Day 0 (Day of vaccination)** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | | Bell’s palsy [rare] 貝爾氏麻痹症 |  |  |  |  |  | | Bruising [injection site] 瘀 [注射部位] |  |  |  |  |  | | Chill/ shivering發冷/發抖 |  |  |  |  |  | | Cough |  |  |  |  |  | | Fatigue [feeling tired] |  |  |  |  |  | | Fever (≥37.8ºC) |  |  |  |  |  | | Headache |  |  |  |  |  | | Muscle Pain |  |  |  |  |  | | Pain/ soreness |  |  |  |  |  | | Redness [injection site] |  |  |  |  |  | | Swollen [injection site] |  |  |  |  |  | | Swollen [lymph nodes] |  |  |  |  |  | | Transverse myelitis [an inflammation on both sides the spinal cord] 貫穿性脊髓炎 |  |  |  |  |  | | Others 1 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 2 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | Others 3 – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |

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| **Infection and Hospitalization Data** |

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| 1. Since **LAST SURVEY,** had the resident been hospitalized?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, how long had the resident been hospitalized and provide ICD10 code for each hospitalization episode?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  | | --- | --- | --- | --- | | **Episode** | **Admission date** | **Discharge date** | **ICD10 code** | | 1 | / / | / / |  | | 2 | / / | / / |  | | 3 | / / | / / |  | | 4 | / / | / / |  | | 5 | / / | / / |  | |
| 1. In the **PAST** **YEAR,** had the resident **EVER** been admitted to the Intensive Care Unit (ICU)?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  * No * Yes |
| 1. If **YES**, how long had the resident stayed in the ICU and provide ICD10 code for each hospitalization episode.  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |  |  |  |  |  | | --- | --- | --- | --- | | **Episode** | **Admission date** | **Discharge date** | **ICD10 code** | | 1 | / / | / / |  | | 2 | / / | / / |  | | 3 | / / | / / |  | | 4 | / / | / / |  | | 5 | / / | / / |  | |

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| 1. In the **PAST YEAR**, had the resident received any invasive procedures?  * No * Yes, please fill in the table below:  |  |  |  |  | | --- | --- | --- | --- | |  | **Date** | **Procedure type** | | | 1 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 4 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 6 | / / | * Body fluid drainage體液引流 * Biopsy活體組織切片 * Drain insertion引流管插入術 * Endoscopy內視鏡檢查 * Enteral feeding tube insertion腸內飼管插入 * Haemodialysis vascular access insertion血液透析血管通路插入 * IV line insertion靜脈導管插入 * Mechanical ventilation機械式呼吸輔助 * Paracentesis腹部穿刺引流 | * PICC line insertion週邊置入中心靜脈導管 * Surgery外科手術 * Tenckhoff catheter insertion腹膜透析導管插入 * Tracheostomy tube insertion氣切造口插管 * Urinary catheter insertion導尿管插入 * Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Colonization and Infection Data** |

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| 1. Since **LAST SURVEY**, had the resident had known multidrug resistant organism(s) (MDRO)?  * No * Yes, please fill in the table below:  |  |  |  | | --- | --- | --- | |  | **Report date** | **MDRO type** | | 1 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 4 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5 | / / | * Acinetobacter baumannii (AB) * Carbapenem-producing Enterobacteriaceae (CPE)/ Carbapenem-resisting Enterobacteriaceae (CPE) * Clostridium difficile * Extended-spectrum β-lactamase (ESBL)-producing Klebsiella pneumoniae (KP) * Extended-spectrum β-lactamase (ESBL)-producing Escherichia coli (KP) * Klebsiella Pneumoniae (KP) * Methicillin-resistant Staphylococcus aureus (MRSA) * Multidrug-resistant Acinetobacter (MDRA) * Pseudomonas aeruginosa (PA) * Vancomycin-resistant Enterococcus (VRE) * Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. If **YES**, has decolonization been done?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

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| 1. Since **LAST SURVEY**, has the resident been diagnosed with active tuberculosis?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

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| 1. Since **LAST SURVEY**, has the resident been diagnosed with latent tuberculosis?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |   󠆯 No  󠆯 Yes |

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| 1. Since **LAST SURVEY**, has the resident been suffering from any infection symptoms?  |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |    No   Yes |
| 11. If **YES**, what is/are the symptom(s)? *(can choose more than one answer)*   |  |  |  |  | | --- | --- | --- | --- | | **Source** | | | **Unknown󠆯**  󠆯 | | Record  󠆯 | Resident  󠆯 | Family  󠆯 |    Cough   Diarrhoea   Fever   Sore throat   Vomiting   Wound infection   Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The End.**

**Supplementary material 5.12.** Hand hygiene compliance observation form.

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| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Compliance observation form** | **P C**  **Identification code: RCH -COM - \_\_**  **Assessed by:\_\_\_\_\_\_\_\_\_\_** |

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| **HCW role:** NS / HCA / WM / PT / OT  **Assessment date (dd/mm/yy):**\_\_\_\_/\_\_\_\_/\_\_\_  **Start/End time (hh:mm):** \_\_\_:\_\_\_/ \_\_\_:\_\_\_  **Session duration (min):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Around 10 mins; no more than 20 mins) | **Bef-pat.:** Before touching a patient  **Bef-asept.:** Before clean/aseptic procedure  **Aft-b.f.:** After body fluid exposure risk  **Aft-pat.:** After touching a patient  **Aft.p.surr**.: After touching patient surrounding  **HR:** Hand rubbing  **HW:** Hand washing with soap and water  **Missed:** No hand hygiene action performed  **Glove:** Whether gloves are used if missed  \*\*\*X appropriated square |

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| |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **1** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **2** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **3** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | |
| |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **4** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **5** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **6** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | |
| |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **7** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **8** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | | |  |  |  | | --- | --- | --- | | **Opp.** | **Indication** | **HH Action** | | **9** | bef-pat.  bef-asept.  aft-b.f.  aft-pat.  aft.p.surr. | HR  HW  □missed  □gloves | |  | fluid | Gloves  Gowns  Eyewear  □missed | |

**Supplementary material 5.13.** KAP questionnaires (English version) for staff.

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| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Staff survey**  **(Baseline & Follow-up)** | **P C**  **Identification code: RCH\_\_\_\_-KAP\_-\_\_\_** |

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| Please complete the following questionnaires and return it to the study staff. |

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| **Part A: Demographic data** |

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| 1. Survey date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_   D M Y |

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| 1. What is your **age**?    20-29   30-39   40-49   50-59   60 or above |

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| 1. What is your highest **education attainment**?    Primary or below   Lower secondary (S1-S3)   Upper secondary (S4-S6)/ Matriculation   Non-degree tertiary   Bachelor   Master or above |

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| 1. What is your **role** in the residential care home for the elderly (RCHE)?    Registered nurse   Enrolled nurse   Healthcare workers/assistance   Personal care workers/assistance   Workman   Others - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. How long have you been **working in RCHE setting** in total?    Less than 3 months   Equal to/more than 3 but less than 6 months   Equal to/more than 6 months but less than 1 year)   Equal to/more than 1 year but less than 3 years   Equal to/more than 3 years but less than 5 years   Equal to/more than 5 years |

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| 1. Have you received any prior training in combating **antibiotic resistance** in RCHE?    No   Yes |
| 1. If **YES**, which circumstance did you take your **last training**?    During my study   At my previous job   At the employment training of the current RCHE   At a government-led campaign   At a university-led campaign   Others – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If **YES**, when was your **last training**?    Less than 3 months ago   Equal to/more than 3 but less than 6 months ago   Equal to/more than 6 months but less than 1 year ago   Equal to/more than 1 year but less than 2 years ago   Equal to/more than 2 years but less than 3 years ago   Equal to/more than 3 years ago |

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| 1. Have you received any **prior training** in **standard precautions** (including hand hygiene)?    No   Yes |
| 1. If **YES**, which circumstance did you take your **last training**?    During my study   At my previous job   At the employment training of the current RCHE   At a government-led campaign   At a university-led campaign   Others – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If **YES**, when was your **last training**?    Less than 3 months ago   Equal to/more than 3 but less than 6 months ago   Equal to/more than 6 months but less than 1 year ago   Equal to/more than 1 year but less than 2 years ago   Equal to/more than 2 years but less than 3 years ago   Equal to/more than 3 years ago |

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| **Part B: Knowledge and attitude about antibiotics resistance** |

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| 1. Have you heard of the term “**Antibiotic resistance**”?    No   Yes |
| 1. If **YES**, **where** did you hear about the term?    Doctor/nurse   Pharmacist   Family member or friend (including social media)   Media (newspaper, TV, radio)   Specific campaign   Other - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. According to your knowledge to antibiotic resistance, please indicate whether you think the following statements are ‘**True’** or ‘**False’**.  |  |  |  |  | | --- | --- | --- | --- | |  |  | True | False | | 1. | Antibiotic resistance occurs when your body becomes resistant to antibiotics and they no longer work as well. |  |  | | 2. | Many infections are becoming increasingly resistant to treatment by antibiotics. |  |  | | 3. | If bacteria are resistant to antibiotics, it can be very difficult or impossible to treat the infections they cause. |  |  | | 4. | Antibiotic resistance is an issue that could affect me or my family. |  |  | | 5. | Antibiotic resistance is an issue in other countries but not here in Hong Kong. |  |  | | 6. | Antibiotic resistance is only a problem for people who take antibiotics regularly. |  |  | | 7. | Bacteria which are resistant to antibiotics can be spread from person to person. |  |  | | 8. | Antibiotic-resistant infections could make medical procedures like surgery, organ transplants and cancer treatment much more dangerous. |  |  | |

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| 1. On the scale down, how much do you agree with following statements?  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Agree strongly | Agree slightly | Neither agree nor disagree | Disagree slightly | Disagree strongly | | 1. | Antibiotic resistance is one of the biggest problems the world faces. |  |  |  |  |  | | 2. | Medical experts will solve the problem of antibiotic resistance before it becomes too serious. |  |  |  |  |  | | 3. | Everyone needs to take responsibility for using antibiotics responsibly. |  |  |  |  |  | | 4. | There is not much people like me can do to stop antibiotic resistance. |  |  |  |  |  | | 5. | I am worried about the impact that antibiotic resistance will have on my health, and that of my family. |  |  |  |  |  | | 6. | I am not at risk of getting an antibiotics-resistant infection, as long as I take my antibiotics correctly. |  |  |  |  |  | |

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| **Part C: Practice, knowledge and attitude about standard precautions (except Hand hygiene)** |

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| 1. According to your knowledge in standard precaution, please indicate whether you think the following statements are ‘True’ or ‘False’ in complying with standard precaution  |  |  |  |  | | --- | --- | --- | --- | |  |  | True | False | | 1. | Standard precautions can effectively prevent airborne transmission of pathogen. |  |  | | 2. | The main goal of standard precautions is to protect the residents. |  |  | | 3. | Handwashing is required between tasks and procedures performed on the same resident. |  |  | | 4. | After contact with blood or body fluids, handwashing with soap is needed. |  |  | | 5. | It is required to dispose a suction catheter immediately after one single use. |  |  | |

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| 1. On the scale down, how often do you practice the following procedures?  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | Always | Often | Seldom | Never | | 1. | You wear gloves before touching blood or body fluid. |  |  |  |  | | 2. | You bend used needles before disposal. |  |  |  |  | | 3. | You wear gowns when performing procedures that are likely to generate splashes or sprays of blood and body fluid. |  |  |  |  | | 4. | You wear protective eyewear when performing procedures that are likely to generate splashes or sprays of blood and body fluid. |  |  |  |  | | 5. | You wear double gloves. |  |  |  |  | |

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| 1. On the scale down, how much do you agree with following statements?  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Agree strongly | Agree slightly | Neither agree nor disagree | Disagree slightly | Disagree strongly | | 1. | Wearing gloves, mask and goggles are effective measures to control healthcare associated infection (HAI). |  |  |  |  |  | | 2. | Compliance with guidelines for control of HAI can reduce the risk of infection. |  |  |  |  |  | | 3. | In the my current nursing home, the organization of the current HAI policies is practical. |  |  |  |  |  | | 4. | Waste contaminated with blood, body fluids, secretions are excretion are treated as clinical waste. |  |  |  |  |  | |

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| 1. Please indicate the availability of the following medical supplies and the history of any work-related injury reported  |  |  |  |  | | --- | --- | --- | --- | |  |  | Yes | No | | 1. | There is continuous supply of water in the health facility. |  |  | | 2. | There are always enough alcohol swabs in the injection room. |  |  | | 3. | I have had blood or body fluid splash to eyes, mouth and/or nose. |  |  | | 4. | I have had needle stick/sharps injury. |  |  | |

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| **Part D: Practice, knowledge and attitude about hand hygiene** |

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| 1. Please indicate whether you think the following statements are ‘True’ or ‘False’  |  |  |  |  | | --- | --- | --- | --- | |  |  | True | False | | 1. | Handrubbing is more rapid for hand cleansing than handwashing. |  |  | | 2. | Handrubbing causes skin dryness more than handwashing. |  |  | | 3. | Handrubbing is more effective against germs than handwashing. |  |  | | 4. | Handwashing and handrubbing are recommended to be performed in sequence. |  |  | | 5. | The use of gloves fully protect healthcare workers’ hands from bacterial contamination. |  |  | | 6. | There is no need to wash hands after touching patients’ body fluid if I wear gloves. |  |  | | 7. | Wearing of rings or other jewellery during nursing care procedures is strongly discouraged in the consensus recommendations. |  |  | | 8. | Using alcohol-based hand rub is effective in reducing common multidrug-resistant bacteria. |  |  | | 9. | Using alcohol-based hand rub is recommended when hands are visibly dirty or soiled with blood or other body fluids. |  |  | | 10. | The minimal time needed for alcohol-based hand rub to kill most germs on your hands is 20 seconds. |  |  | |

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| 1. On the scale down, how much do you agree with following statements  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Agree strongly | Agree slightly | Neither agree nor disagree | Disagree slightly | Disagree strongly | | 1. | You routinely use an alcohol-based hand rub for hand hygiene. |  |  |  |  |  | | 2. | You routinely clean your hands at the five moments suggested by the World Health Organization. |  |  |  |  |  | | 3. | You routinely clean your hands following the seven steps. |  |  |  |  |  | | 4. | Hand hygiene is effective in preventing health care-associated infection. |  |  |  |  |  | | 5. | Among all resident safety issues, hand hygiene has high priority at your institution. |  |  |  |  |  | |

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| 1. On the scale down, how effective would the following actions be to improve hand hygiene permanently in your institution? (Please tick one according to your opinion)  |  |  |  | | --- | --- | --- | |  |  |  | | 1. | Leaders and senior managers at your institution support and openly promote hand hygiene. | Not effective Very effective  ------------------ | | 2. | The health-care facility makes alcohol-based hand rub always available at each point of care. | Not effective Very effective  ------------------ | | 3. | Hand hygiene posters are displayed at point of care as reminders. | Not effective Very effective  ------------------ | | 4. | Each health-care worker receives education on hand hygiene. | Not effective Very effective  ------------------ | | 5. | Clear and simple instructions for hand hygiene are made visible for every health-care worker. | Not effective Very effective  ------------------ | | 6. | Health-care workers regularly receive feedback on their hand hygiene performance. | Not effective Very effective  ------------------ | | 7. | You always perform hand hygiene as recommended (being a good example for your colleagues). | Not effective Very effective  ------------------ | |

**THANK YOU VERY MUCH FOR YOUR TIME**

**Supplementary material 5.14.** KAP questionnaires (Chinese version) for staff.

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| **請填寫以下問卷 ，然後交回研究人員。** |

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| **第一部分:背景資料** |

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| 1. 問卷日期: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_   日 月 年 |

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| 1. 您的 **歲數** 是?    20-29   30-39   40-49   50-59   60或以上 |

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| 1. 您的 **最高教育程度** 是?   小學或以下  初中(中一至中三)  高中(中四至中六)/ 預科  上教育(非學位)  教育(學位)  碩士學位或以上 |

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| 1. 您在安老院中的 **職位** 是?   註冊護士  登記護士  保健員  護理員  工友   其他– 請註明: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. 您在安老院 共 **工作了多久** 時間?   少於 三個月  等於/多於 三個月 但 少於 六個月  等於/多於 六個月 但 少於 一年  等於/多於 一年 但 少於 三年  等於/多於 三年 但 少於 五年  等於/多於 五年 |

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| 1. 您有否接受過任何關於 在 安老院 對抗 **抗生素耐藥性** 的訓練？   沒有  有 |
| 1. 如**有**，您在 **哪個情況** 下接受訓練？   在學院裡  在之前的工作  在現在安老院的員工訓練  在政府主導的宣傳運動  在大學主導的宣傳運動  其他– 請註明·: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 如**有**，您在 **哪個時候** 接受訓練？   少於 三個月 前  等於/多於 三個月 但 少於 六個月 前  等於/多於 六個月 但 少於 一年 前  等於/多於 一年 但 少於 兩年 前  等於/多於 兩年 但 少於 三年 前  等於/多於 三年 前 |

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| 1. 您有否接受過任何關於 在 安老院 **標準防護措施** 的訓練？   沒有  有 |
| 1. 如**有**，您在 **哪個情況** 下接受訓練？   在學院裡  在之前的工作  在現在安老院的員工訓練  在政府主導的宣傳運動  在大學主導的宣傳運動  其他– 請註明·: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 如**有**，您在 **哪個時候** 接受訓練？   少於 三個月 前  等於/多於 三個月 但 少於 六個月 前  等於/多於 六個月 但 少於 一年 前  等於/多於 一年 但 少於 兩年 前  等於/多於 兩年 但 少於 三年 前  等於/多於 三年 前 |

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| **第二部分: 對於 抗生素耐藥性 的知識和態度** |

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| 1. 您有否聽過 **「抗生素耐藥性」** 一詞？   沒有  有 |
| 1. 如**有**，您在 **哪個情況** 下聽過 **「抗生素耐藥性」** 一詞？？    醫生/護士 (01)   藥劑師 (02)   家人/朋友（包括 社交媒體）(03)   媒體（報紙，電視，電台廣播）(04)   特定的宣傳運動 (05)   其他 (06) – 請註明: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. 跟據您對 **抗生素耐藥性** 的了解，請表明您認為以下陳述是 **「正確」** 還是**「錯誤」**。  |  |  |  |  | | --- | --- | --- | --- | |  |  | **正確** | **錯誤** | | 1. | 當您身體 對 抗生素產生抗藥性 及 **抗生素並不能再有效對抗細菌**時，即出現 **抗生素耐藥性**。 |  |  | | 2. | 許多 細菌感染 對 抗生素治療 的 **抗藥性 越來越 高**。 |  |  | | 3. | 如細菌對抗生素具有 抗藥性，則 **很難** 或 **不可能治療** 因它們引致的**感染**。 |  |  | | 4. | 抗生素耐藥性可**影響 我 或 我的家人。** |  |  | | 5. | 抗生素耐藥性 在 其他國家 是個**問題**，但在 **香港** 並**不是** 。 |  |  | | 6. | 抗生素耐藥性 只是對於 **定期服用抗生素的人** 的 **問題** 。 |  |  | | 7. | **耐藥菌** 可以 在 **人與人之間 傳播** 。 |  |  | | 8. | 抗生素耐藥性感染可以使**醫療程序**，如：手術，器官移植和癌症治療更加**危險**。 |  |  | |

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| 1. 您對以下的陳述有多大程度同意？  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | 強烈  同意 | 稍微  同意 | 中立 | 稍微  反對 | 強烈  反對 | | 1. | 抗生素耐藥性 是 **世界面臨的 問題** 之一。 |  |  |  |  |  | | 2. | **醫學專家** 將**能** 在 抗生素耐藥性 變得 太嚴重前 把這個 **問題 解決**。 |  |  |  |  |  | | 3. | 每個人 都**需要** **負責任地** 使用 **抗生素**。 |  |  |  |  |  | | 4. | 像我這樣的 一般人 **沒有能力 可以 阻止** 抗生素耐藥性 的 發展。 |  |  |  |  |  | | 5. | 我 **擔心** 抗生素耐藥性 對 **我** 和 **家人 健康** 產生的影響。 |  |  |  |  |  | | 6. | 只要我 正確 服用 抗生素，我就 **沒有** 被 耐藥菌感染 的 **風險**。 |  |  |  |  |  | |

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| **第三部分：對於 標準防護措施 的習慣、知識和態度（除了手部衛生）** |

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| 1. 跟據您對 標準防護措施 的了解，請表明您認為以下陳述是 **「正確」** 還是**「錯誤」**。  |  |  |  |  | | --- | --- | --- | --- | |  |  | 正確 | 錯誤 | | 1. | 標準防護措施 可以 有效 **防止** 病原體 通過 **空氣傳播**。 |  |  | | 2. | 標準防護措施 的主要**目標**是 **保護院友**。 |  |  | | 3. | 在 **同一位院友** 身上 執行**醫療程序 中間** 的時間 也**應要洗手**。 |  |  | | 4. | 與 **血液** 或 **體液** 接觸後 需要 **立即** 進行 **清洗** 和 **消毒**。 |  |  | | 5. | 用完一次性的放置喉管後，需要立即棄置。 |  |  | |

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| 1. 請表明您執行以下防護措施的頻率。  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | 經常 | 間中 | 很少 | 從不 | | 1. | 在 接觸 **血液** 或 **體液** 之前 **戴手套**。 |  |  |  |  | | 2. | 在 **棄置** **已用 的 針頭 前**，您會**屈折**針頭。 |  |  |  |  | | 3. | 在 執行 可能會 引起 **飛濺** 或 **噴濺** 的 **血液** 和 **體液** 的**程序** 時，您會**穿 保護衣**。 |  |  |  |  | | 4. | 在 執行 可能會 引起 **飛濺** 或 **噴濺** 的 **血液** 和 **體液** 的**程序** 時，您會**戴 護目鏡**。 |  |  |  |  | | 5. | 您會戴 **兩雙 手套**。 |  |  |  |  | |

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| 1. 您對以下的陳述有多大程度同意？  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | 強烈  同意 | 稍微  同意 | 中立 | 稍微  反對 | 強烈  反對 | | 1. | 配戴 **手套**、**口罩** 和 **護目鏡** 是 **有效控制** 醫療相關**感染** 的 措施。 |  |  |  |  |  | | 2. | **遵守** 控制 醫療相關感染 的 原則 可以 **降低感染風險**。 |  |  |  |  |  | | 3. | 在我工作的安老院，**控制 醫療相關感染** 的 政策是**實際** 的。 |  |  |  |  |  | | 4. | 被 **血液、體液、分泌物**污染 的 廢物 應 被 視為**醫療廢物**處理。 |  |  |  |  |  | |

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| 1. 請指出以下 醫療用品 的 供應情況 和 任何被 意外 和 受傷 的 經驗。  |  |  |  |  | | --- | --- | --- | --- | |  |  | 是 | 否 | | 1. | 安老院的 水 是 連續供應 的。 |  |  | | 2. | 治療室裡 總是 有 足夠 的 酒精拭子。 |  |  | | 3. | 我曾經被 血液 或 體液 濺到眼睛**、**嘴巴和/或鼻子。 |  |  | | 4. | 我曾經被 針頭刺傷。 |  |  | |

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| **第三部分：**對於手部衛生的習慣、知識和態度 |

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| 1. 跟據您對手部衛生的了解，請表明您認為以下陳述是 **「正確」** 還是**「錯誤」**。  |  |  |  |  | | --- | --- | --- | --- | |  |  | **正確** | **錯誤** | | 1. | 使用 酒精搓手液 潔手 比 洗手 更快 **清潔雙手**。 |  |  | | 2. | 使用 酒精搓手液潔手 比 洗手 更能 引起 **皮膚乾燥**。 |  |  | | 3. | 使用 酒精搓手液 潔手 比 洗手 更有效地 **對抗 細菌**。 |  |  | | 4. | 建議 按**順序** 進行洗手 和 酒精搓手液 潔手。 |  |  | | 5. | 使用 **手套** 可 **充分保護** 醫護人員 的 手 免受細菌污染。 |  |  | | 6. | 如有**戴手套**，接觸患者的體液後**無需洗手**。 |  |  | | 7. | 在共識建議中，執行護理程序期間 **不要戴戒指**或其他**珠寶**。 |  |  | | 8. | 使用 酒精搓手液 **潔手 有效 減少** 常見的 耐藥性細菌。 |  |  | | 9. | 當 **手明顯不乾淨** 或 被血液 或 其他體液 弄髒時，建議使用酒精搓手液 **潔手**。 |  |  | | 10. | 酒精搓手液 能於 二十秒內 殺滅 大多數細菌。 |  |  | |

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| 1. 您對以下的陳述有多大程度同意？  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | 強烈  同意 | 稍微  同意 | 中立 | 稍微  反對 | 強烈  反對 | | 1. | 您通常會使用 **酒精搓手液** 進行 **手部清潔**。 |  |  |  |  |  | | 2. | 您經常 在 世界衛生組織建議 的 **五個時刻** 例行 **清潔雙手**。 |  |  |  |  |  | | 3. | 您 按照 **七個步驟** 例行 **清潔雙手**。 |  |  |  |  |  | | 4. | 保持 手部衛生 可有效 **預防 與 醫療有關的 感染**。 |  |  |  |  |  | | 5. | 在您所在的安老院中，**手部衛生** 在 所有 院友安全問題中 **至關重要**。 |  |  |  |  |  | |

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| 1. 您認為以下措施在安老院中，對於 **長遠 改善 手部衛生**的 效果 如何？（請根據您的意見在內打上剔號）  |  |  |  | | --- | --- | --- | |  |  |  | | 1. | 領導 和 高級管理人員 公開 支持 促進手部衛生。 | 沒有效果 很有效果·  ------------------ | | 2. | 總是 能夠 於 每個護理點 提供 足夠 的 酒精搓手液 供員工使用。 | 沒有效果 很有效果·  ------------------ | | 3. | 提醒手部衛生的海報 會 在 每個護理點 展示。 | 沒有效果 很有效果·  ------------------ | | 4. | 每位 醫護人員 都 接受 手部衛生的 教育。 | 沒有效果 很有效果·  ------------------ | | 5. | 每位 醫護人員 都 可以 看到 清晰、簡單的手部衛生指示。 | 沒有效果 很有效果·  ------------------ | | 6. | 醫護人員 **定期 收到** 有關 其 **手部衛生** 表現的意見。 | 沒有效果 很有效果·  ------------------ | | 7. | 您 常常 **按照建議進行手部衛生**（對想對您的同事做一個 **很好的例子**）。 | 沒有效果 很有效果·  ------------------ | |

**非常感謝您的寶貴時間**