APPENDIX B: Table of Instructions (TOI) for Completion of the Respiratory Tract Infection (RTI) Prospective Event Form

Data Field	Instructions for Form Completion
Important Considerations	
• **Trigger** is defined as the **first** documented reason (cause) that initiated further investigation for a suspected respiratory tract infection (RTI). For this study, the trigger is limited to the RTI specific options available on the form. Select only one trigger. • **Date of first trigger** initiates the RTI window for surveillance for a suspected RTI. • **RTI surveillance window** is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1. The RTI surveillance window applies to questions on the form unless otherwise specified. • **If more than one available trigger** is documented for the same date, select only one trigger, and document the remainder on the form as indicated. Use the following hierarchy to select the trigger: (1) new or worsening localized sign(s) or symptom(s) indicating a possible respiratory tract infection; (2) new laboratory result indicating a possible respiratory tract infection; (3) new or change in imaging findings indicating a possible respiratory tract infection; (4) diagnosis of a respiratory tract infection; and (5) antibiotic or antiviral treatment for RTI indication. • A resident may have **more than one possible RTI** during the study period. When determining to initiate a new RTI prospective event form in a single resident, consider only if there is a new trigger indicating a new RTI 14 calendar days or more after the most recent trigger date.	
****Resident Characteristics [complete this section only if a RTI Trigger is selected]**	
Facility ID	Unique facility identification assigned by the EIP site, such as a 2-character code based on the EIP site State, followed by an assignment of two letters. For example, three different nursing homes in Colorado may be coded as: • CO-AA • CO-BB • CO-CC **Important Notes:** • The *facility* and *Facility ID* will be anonymous to the CDC team. • For the form in REDCap, the *Facility ID* must be 4 alpha characters.
Survey ID	Unique identifier number that automatically calculates in REDCap.
Resident ID	A unique, anonymized Resident ID assigned by the EIP site. The Facility ID expands to include 3 additional numbers (*7 characters in total*). This practice enables the identification of residents from a specific facility. For example, two residents from the same Colorado nursing home may be coded as: • CO-AA-001 • CO-AA-002 **Important Notes:** • Resident personal identifiable information must not be included on the form. • For the form in REDCap, the *Resident ID* must be 4 alpha characters and 3 numeric characters (7 total).
Gender	Select M (Male) or F (Female) or Other to indicate the resident gender at birth. Only select “unknown” if the resident’s gender is not documented in the medical record.

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Data Field	Instructions for Form Completion
Age in Years (specify)	Record age in years of the resident on the date of first trigger for suspected RTI. Only select "unknown" if the resident's date of birth is not documented in the medical record. **Important Note:** • To protect the identity of the resident, do not document the date of birth.
Ethnicity	Select the resident's ethnicity as either (1) Hispanic or Latino; or (2) Not Hispanic or Latino
Race (Select all that apply)	Select the resident's race as: (1) American Indian or Alaska Native; (2) Asian; (3) Black or African American; (4) Native Hawaiian or Another Pacific Islander; (5) White; (6) Not documented; (7) Other (Specify). **Important Notes:** • May select more than one race, if applicable • Select "Other" only if the documented race is not an available option on the form. • If "Other" is selected, specify the documented race on the form. • Select "Not documented" only if the residents' race is not documented in the medical record.
Resident Type (Select one)	Select one. Indicate if the resident is considered as a short stay or long-stay resident type based on the date of first admission to the facility and date of first trigger for suspected RTI. Specifically, the definitions are: • ***Short-stay***: Resident has been in facility for 100 or less days from date of **first** admission. In other words, if the trigger date minus the first admission date is less than or equal to 100; then resident type should be "SS". • ***Long-stay***: Resident has been in facility for more than 100 days from date of **first** admission. In other words, if the trigger date minus the first admission date is greater than 100 then the resident type should be "LS".
Date of First Admission to Facility	The date of first admission is defined as the date the resident **first** entered the facility. This date remains the same even if the resident leaves the facility for short periods of time (specifically, less than 30 continuous days). Enter date using this format: MM/DD/YYYY. **Important Notes:** • If the resident leaves the facility and is away for **30 or more consecutive calendar days,** the date of first admission is to be updated to the date of return to the facility. The day the resident leaves the facility is equal to day 1. *Example:* A resident is first admitted to the LTCF on July 1, 2020. The date of first admission to the facility is reported as 07/01/2020. The residents later transferred to an acute care facility on August 1, 2020 and returned to your facility on August 15, 2020. The date of first admission remains 07/01/2020 since the resident was not away 30 or more consecutive calendar days.
Date of Current Admission to Facility	The date of current admission is the **most recent date** the resident entered the facility, either for the first time or after being out of the facility for more than 2 consecutive calendar days. Enter date using this format: MM/DD/YYYY. **Important Notes:**

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Data Field	Instructions for Form Completion
	• If the resident enters the facility for the first time and has **not** left for more than two consecutive calendar days, then the date of current admission will be the same as the data of first admission. • If the resident leaves the facility for more than 2 calendar days and returns, the date of current admission is to be updated to the date of return to the facility. **Note,** the calendar day that the resident leaves the facility is equal to day 1. • If the resident has not left the facility for more than 2 calendar days, then the date of current admission should not change. • Date of current admission must occur BEFORE the date of event. *Example:* A resident is transferred from your facility to an acute care facility on June 2, 2020 and returns on June 5, 2020. The current admission date would be 06/05/2020 since the resident was out of your facility for more than two calendar days. One week later, the same resident goes to the emergency department (ED) for evaluation on June 12, 2020 and returns to your facility on June 13, 2020. The date of current admission stays that same- 06/05/2020 since the resident was not out of your facility for more than two calendar days.
Trigger for Suspected Respiratory Tract Infection (RTI) Event	
Select **FIRST** trigger that initiated the investigation for a suspected respiratory tract infection (RTI) (Select one)	Select the **FIRST** documented trigger that initiated further investigation for a suspected respiratory tract infection. For example, a trigger may be a change in resident status (for example, positive finding) and/or documentation (for example, antibiotic order for RTI indication) that alerted the need for clinical work-up and/or surveillance for an RTI. Select only one trigger. **Important Notes:** • Select the first trigger from the available options on the form. • The trigger must represent new (for example, new change in a chest x-ray of resident with chronic lung disease) or worsening (for example, a resident with chronic lung disease develops worsening cough or a further decrease in oxygen saturation). • If the resident has more than one documented trigger on the same date, select the trigger based on the following order and document the remaining triggers in the form as applicable: **Hierarchy for Available Triggers:** **1. New Respiratory Tract Infection (RTI) Signs or Symptoms** *(New or Worsening).* Select this trigger if the resident has at least one of the following localized sign(s) or symptom(s) documented: • shortness of breath • dyspnea • cough • wheezing • hypoxia

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Data Field	Instructions for Form Completion
	• decrease in oxygen saturation newly requiring to be placed on oxygen • pleuritic chest pain • increased respiratory rate • tachypnea **2. Laboratory Result indicating possible RTI,** including • white blood count (WBC) elevation (leukocytosis) • COVID-19 or SARS-CoV-2 positive viral test result • positive influenza viral test result (for example, rapid testing, PCR, DFA) • respiratory viral panel positive for one or more viruses (for example, hMPV, RSV) **3. Imaging Result indicating possible RTI,** including • chest x-ray • chest CT **4. Clinical Diagnoses of a RTI**, including • pneumonia • respiratory tract infection (RTI) • lower respiratory tract infection (LRTI) • respiratory tract infection (URI) • bronchitis • influenza • influenza like illness (ILI) • flu • COVID-19 • SARS-CoV-2 • viral respiratory illness • chronic obstructive pulmonary disease (COPD) exacerbation. **5. Antibiotic use for indication of RTI.** For example, a new order for antibiotics, including • Aztreonam • Cephalosporin (for example, cefazolin, cefdinir, cefepime, cefixime, cefotaxime, cefotetan, cefoxitin, cefpodoxime, ceftarolin, ceftazidime, ceftriaxone, cefuroxime, cephalexin) • Carbapenem (for example, doripenem, ertapenem, imipenem/cilastin, imipenem, meropenem) • Clindamycin

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Data Field	Instructions for Form Completion
	• Fluoroquinolones (for example, ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin) • Linezolid • Macrolide (for example, azithromycin, doxycycline, clarithromycin) • Penicillin (for example, penicillin, amoxicillin, amoxicillin/clavulanate, piperacillin/tazobactam, ticarcillin/clavulanate) • Vancomycin **6. Antiviral use for possible RTI,** including • oseltamivir • zanamivir • Casirivimab and Imdevimab (Regeneron) • Bamlanivimab and etesevimab (Lilly) • Other **Important Notes:** • If a trigger is selected from the available list, complete the remainder of the form. • If a trigger is not selected, meaning, the resident does not have at least one documented trigger from the available list, stop here and do not complete the remainder of the form.
Date of RTI Trigger	Enter the calendar date in which the **first** RTI trigger occurred. Enter date using this format: MM/DD/YYYY.
Resident Care Location	Enter the location where the resident was residing on date of first trigger for suspected RTI. **Important Note:** • Hospice, palliative or comfort care residents are **included** in RTI surveillance.
Primary Resident Service Type on Date of Trigger (Select ONE)	Based on the available service types, select the single primary service that best represents the type of care the resident was receiving on the date of first trigger for suspected RTI: (1) Long-term general nursing; (2) long-term dementia; (3) skilled nursing/short-term rehab (for example, subacute); (4) long-term psychiatric; (5) ventilator; or (6) hospice/palliative.
Ventilator	Select, *YES*, if, at least 7 calendar days before or within 7 calendar days after date of first trigger for suspected RTI, the resident had a device to assist or control respiration continuously through a tracheostomy or by endotracheal intubation, inclusive of the weaning period. Otherwise, select, *NO*. **Note**: • The date of ventilator device insertion is considered as day 1.

APPENDIX B: Table of Instructions (TOI) for Completion of the Respiratory Tract Infection (RTI) Prospective Event Form

Data Field	Instructions for Form Completion
± Vital Signs	
Fever	Select, *YES*, if a fever was documented during the RTI surveillance window. Otherwise, select, *NO*. If the resident had a fever documented, select **ONE** of the following: ☐ Single temperature greater than 37.8°C (greater than 100°F) ☐ Repeated temperatures greater than 37.2°C (99°F) ☐ Single temperature greater than 1.1°C (2°F) over baseline ☐ Term "Fever" is documented, with or without a value **Important Notes:** • *Repeated* means more than one documented temperature. • *Baseline* is considered the residents' temperature under usual conditions. For example, the residents' temperature when well or on admission. • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Oxygen Saturation	Select, *YES*, if decrease in oxygen saturation was documented during the RTI surveillance window. Otherwise, select, *NO*. If, *YES*, is selected above, select **all that apply:** • Pulse oximetry with single oxygen (O2) saturation reading of less than 94% • Pulse oximetry with single oxygen (O2) saturation with reduction of greater than 3% • Resident newly placed on oxygen • Term "hypoxia" documented • Respiratory rate of more than 24 breaths per minute (bpm) • Term "tachypnea" is documented with or without a value **Important Notes:** • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Blood Pressure	Select, *YES*, if decreased blood pressure was documented during the RTI surveillance window. Otherwise, select, *NO*. If, *YES*, is selected above, select **all that apply**: ☐ New onset hypotension, as defined by the facility policy. o If selected, specify the documented blood pressure value that is associated with hypotension (if known) • The term "hypotension" is documented in the medical record. **Important Notes:**

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Data Field	Instructions for Form Completion
	RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Heart Rate	Select, *YES*, if increased heart rate was documented during the RTI surveillance window. Otherwise, select, *NO*. If, *YES*, is selected above, select **all that apply**: ☐ Heart rate (pulse) was greater than 90 beats per minute (bpm) o If selected, specify the documented heart rate (pulse) value ☐ The term "tachycardia" was documented with or without a value. **Important Notes:** • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Signs and Symptoms (Select ALL that apply)	
Signs and Symptoms (Select all that apply)	Select **all** signs and/or symptoms that occurred during the RTI surveillance window: ☐ New or increased cough ☐ Pleuritic chest pain ☐ Myalgia or body aches ☐ Headache or eye pain ☐ Rigors or chills ☐ Malaise ☐ Loss of appetite or decreased oral intake ☐ New or increased shortness of breath ☐ New or increased sputum production ☐ None – select only if there are no signs and/or symptoms documented for the resident during the RTI surveillance period. ☐ Other: (*specify*) – select if documentation includes additional signs and/or symptoms that are not included on the form but could be associated with a respiratory tract infection. For example, if the resident also had nausea, congestion, stuffy nose, sore throat, a fall, sneezing or other documentation supporting a suspected respiratory tract infection. **Important Notes:** • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Acute Change in Mental Status from Baseline	Select, *YES*, if the resident had an acute change in mental status from his or her usual behavior and/or mental status during the RTI surveillance window. Otherwise, select, *NO.* If, *YES*, is selected, select **all** documented acute changes in mental status for this resident. (select all that apply): ☐ **Fluctuating Behavior**: Behavior changing (for example, coming and going, or

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Data Field	Instructions for Form Completion
	change in severity during assessment). ☐ **Inattention**: Difficulty focusing attention (for example, unable to keep track of discussion or easily distracted). ☐ **Confusion or Disorganized Thinking**: Thinking is incoherent (for example, rambling conversation, unclear flow of ideas, unpredictable switch in subject, confusion/confused). If either the term "confusion" or "confused" are documented, check this box. ☐ **Altered Consciousness**: Level described as different from baseline for the resident (hyper-alert, sleepy, drowsy, difficult to arouse, nonresponsive) ☐ **Other**: Select "other" only if the documented finding is not listed as an option. If "other" is selected, specify documented acute change(s) in mental status **Important Notes:** • An acute change in mental status may be considered if the resident had a documented new onset or change that is different from the residents' usual behavior/mental status. For example, a change from baseline may be considered if the resident is usually responsive and easy to arouse and then suddenly becomes drowsy and difficult to arouse. • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Confusion Assessment Method (CAM)	Select, *YES*, if the Confusion Assessment Method (CAM) was used to assess for delirium. Otherwise, select, *NO*. If *unknown*, select, *NO*.
Acute Functional Decline	Select, *YES*, if the resident had documented acute changes in function during the RTI surveillance window, Otherwise, select, *NO*. If, *YES*, is selected, select **all** documented acute changes in function (specifically, changes in the following activities of daily living) for this resident: ☐ **Bed mobility**: How resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture. ☐ **Fall or transfer**: How resident moved between surfaces including to or from: bed, chair, wheelchair, standing position; excludes to/from bath/toilet. ☐ **Dressing**: How resident puts on, fastens, and takes off items of clothing, including donning/removing a prosthesis or TED hoes. Dressing includes putting on and changing pajamas and housedresses. ☐ **Toilet use**: How resident uses the toilet room, commode, Bedpan or urinal; transfers on/off toilet, cleanses after elimination, changes pad, manages ostomy or catheter, and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag. ☐ **Eating**: How resident eats and drinks, regardless or skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (for example, tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration). ☐ **Locomotion within facility**: How resident moves to and returns from off-unit locations (for example, areas for dining, activities, or treatments). How resident

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Data Field	Instructions for Form Completion
	moves to and from distance areas on the floor. If in wheelchair, self-sufficient once in chair. ☐ **Personal hygiene**: How resident maintains personal hygiene, including combing of hair, brushing of teeth, applying makeup, washing/drying face and hands (excluded bath and showers). **Important Notes:** • Acute change in baseline represents a change in the resident's usual function. • For this study, the 3-point increase in baseline score is not being used. Instead, select all acute changes in activities of daily living. • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Lung Exam Findings	
Lung exam findings	Select, *YES*, if there were new or changed lung exam findings during the RTI surveillance window used to identify a suspected RTI. Otherwise, select, *NO*. ☐ Abnormal lung exam representing a new or changed finding ☐ Rales ☐ Crackles ☐ Wheezing ☐ Rhonchi ☐ Other – Select only if the documented finding(s) are not listed as an option on the form. If "other" is selected, indicate the documented physical exam findings that may be associated with an RTI (for example, decreased breath sounds). **Important Note:** • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Imaging Findings	
Chest X-ray Performed?	Select, *YES*, if a chest X-ray was performed during the RTI surveillance window. Otherwise, select, *NO*. **Important Note**: • Most nursing homes do not have X-ray imaging facilities on site, a chest x-ray will likely be performed by a mobile X-ray, in an emergency department, or hospital/clinic X-ray department. • Only chest x-rays performed while the resident is under the care of the long-term care facility are included. For example, the resident has not been admitted to another facility. • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur.

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Data Field	Instructions for Form Completion
	The date if first trigger counts as calendar day 1. *Examples:* 1. A resident was transferred to the emergency department where a chest x-ray was performed. The resident returned back to the LTCF the next calendar day; therefore, the chest x-ray and results are to be included on the RTI surveillance form. 2. A resident was transferred to the emergency department where a chest x-ray was performed. The resident was subsequently admitted to the acute care facility and did not return back to the LTCF within 2 calendar days; therefore, the chest x-ray and results are **not** to be included on the RTI surveillance form. **Important Note:** • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Date of Chest X-ray	If a chest x-ray was performed, enter the date it was performed using the following format MM/DD/YYYY.
Chest X-ray Findings	If a chest X-ray was performed during the RTI surveillance window, **select one or more** of the following boxes to summarize the findings or interpretation: ☐ **New infiltrate:** Positive for pneumonia with documentation of *new infiltrate* ☐ **New consolidation** Positive for pneumonia with documentation of *new consolidation* ☐ **Other findings consistent with pneumonia:** (excluding consolidation or infiltrate) ☐ **Other Findings not consistent with pneumonia:** Positive chest x-ray not consistent with pneumonia or a new infiltrate ☐ **Negative or "clear" findings:** Negative for pneumonia with documentation of "*negative" or "clear" findings* **Important Notes:** • There are many ways of describing the radiographic appearance of pneumonia. Examples include, but are not limited to, "air-space disease," "focal opacification," "patchy areas of increased density". • For evidence of pneumonia or a new infiltrate by imaging, only one imaging is needed. Serial imaging is not needed for this study. • To be considered as positive for pneumonia, findings are to be new/acute; excluding results related to chronic or other conditions (for example, heart failure). • RTI surveillance window is defined as the 7 calendar days after the date of first trigger in which surveillance for suspected RTI in a single resident is to occur. The date if first trigger counts as calendar day 1.
Leukocytosis	
Leukocytosis	Select, *YES*, if the resident had leukocytosis during the RTI surveillance window.

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Data Field	Instructions for Form Completion
	Otherwise, select, *NO*. If, *YES*, is selected, select **all** that apply: ☐ The term "leukocytosis" was documented, with or without a value ☐ Neutrophilia (>10,000 leukocytes/mm^3) **and** specify the value, if known ☐ Left shift (6% bands or ≥1,500 bands/mm^3)
Positive Viral Test Result(s)	
Positive Viral Test Result(s)	Select, *YES*, if positive viral test results were collected during the RTI surveillance window. Otherwise, select, *NO*. If, YES, is selected, select **all** the positive viral test results that apply: ☐ SARS-CoV-2 viral test result indicating current infection ☐ Influenza test result ☐ Respiratory Syncytial Virus (RSV) ☐ Human metapneumovirus (hMPV) ☐ Other positive respiratory virus test result. Select this option only if the viral pathogen testing is not listed above. If "*other*' is selected, please list the additional positive viral test(s) results.
Positive Bacterial Test Results	
Positive Bacterial Test Result(s)	Select, *YES*, if positive bacterial test results were collected during the RTI surveillance window. Otherwise, select, *NO*. If, *YES*, is selected, select **all** the positive bacterial test results that apply: ☐ Positive *Legionella* urinary antigen test result ☐ Positive *S. pneumonia* urinary antigen test result
Sputum Culture	
Sputum culture collected?	Select, *YES*, if a sputum culture was collected. Otherwise, select, *NO*. **Important Note:** • For this study, response to this question is not dependent on test results.
RTI Diagnosis	
Clinician Documented Diagnosis? Specific RTI Diagnosis	Select, *YES*, if there is a clinician documented RTI diagnosis for this resident. Otherwise, select, *NO*. If, *YES*, is selected, select the specific type of RTI diagnosis from the below list: ☐ PNA (pneumonia) ☐ LRTI (lower respiratory infection) ☐ ILI (influenza like illness) ☐ COVID-19 ☐ OTHER (*specify*)- select "other" if a respiratory type illness, not included on the RTI form, is documented in the residents' medical record. For example, lung

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Data Field	Instructions for Form Completion
	infection, respiratory illness, etc. **Important Notes:** • Clinician diagnosis is to be documented by a physician, physician assistant, or nurse practitioner.
Meet RTI Surveillance definition? If ,*YES*, specify RTI Event Type (Select all that apply)	Select, *YES*, if, based on the selections on the RTI prospective event form and the defined RTI event criteria, the resident meets at least one of the defined Respiratory Tract Infection surveillance definitions/criteria. Otherwise, select, *NO*. **Note:** See **Appendix F** for the defined criteria for each RTI event type, including: pneumonia, lower respiratory tract infection, influenza like illness, and COVID-19. If, *YES*, is selected, specify the type(s) of Respiratory Tract Infection (RTI) the resident meets. May select more than one, if criteria are met. ☐ Pneumonia **[Table 1, Figure 1]** ☐ Lower respiratory tract infection (LRTI) **[Table 2, Figure 2]** ☐ Influenza like illness (ILI) **[Table 3, Figure 3]** ☐ COVID-19 [**Table 4, Figure 4**]
Treatment	
Antibiotic Treatment If, *YES*, Specify	Select, *YES*, if the resident received antibiotic treatment from one or more of the antibiotics listed in the **RTI Treatment section** of the form. Otherwise, select *NO*. If, *YES*, is selected, put a check-mark next to the specific antibiotic(s) ordered and/or administered during the RTI surveillance window. If the antibiotic(s) are not listed, check "other" and specify the antibiotic ordered and/or administered to the resident for RTI indication. **Important Notes:** • Include antibiotics ordered or given during the RTI surveillance window for indication of RTI, regardless of how many doses the resident received. For example, physician orders amoxicillin 500mg to be given three times a day for 5 days. After receiving the antibiotic for two days, the physician changes the order to levofloxacin 750 mg once daily. Both antibiotics are to be selected for this resident. • Include only antibiotics that were started while the resident was still under the care of the LTCF, either by clinical providers working in the facility or by outside physicians/providers who saw the resident in an outpatient clinic or emergency department. • Do not include antibiotic treatment started during an admission at another healthcare facility prior to the resident's admission or readmission back to the LTCF, even if the resident continued to take the medication while back in the facility.

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Data Field	Instructions for Form Completion
Antiviral Treatment Given? If, *YES*, Specify	Select, *YES*, if the resident received antiviral treatment from one or more of the antivirals listed in the **RTI Treatment section** of the form. Otherwise, select *NO*. If, *YES*, is selected, put a check-mark next to the specific antiviral(s) the resident received for RTI indication during the RTI surveillance window. If the antiviral(s) are not listed, check "other" and specify the antiviral(s) given to the resident for RTI indication. **Important Notes:** • Include antivirals ordered or given for indication of RTI, regardless of how many doses the resident received. • Include only antivirals that are started while the resident was still under the care of the LTCF, either by clinical providers working in the facility or by outside physicians/providers who see the resident in an outpatient clinic or emergency department. • Do not include antiviral treatment started during an admission at another healthcare facility prior to the resident's admission or readmission back to the LTCF, even if the resident continued to take the medication while back in the facility.
COVID-19 antibody-based infusion given? If, *YES*, Specify	Select, *YES*, if the resident received COVID-19 antibody-based infusion from one or more of the therapies listed in the **RTI Treatment section** of the form. Otherwise, select *NO*. If, *YES*, is selected, put a check-mark next to the specific COVID-19 antibody-based infusion ordered and/or administered during the RTI surveillance window. If the COVID-19 antibody-based infusion(s) are not listed, check "other" and specify the COVID-19 antibody-based infusion(s) ordered and/or administered to the resident. **Important Notes:** • Include COVID-19 antibody-based infusions ordered or given for indication of COVID-19, regardless of how many doses the resident received. • Include only COVID-19 antibody-based infusions administered while the resident was still under care by the LTCF, either by clinical providers working in the facility or by outside physicians/providers who saw the resident in an outpatient clinic, infusion center, or emergency department. • Do not include COVID-19 antibody-based infusions administered to the resident during an **admission** at another healthcare facility prior to the resident's admission or readmission back to the LTCF.
Vaccination Status	
Vaccinations If, *YES*, Specify	Select, *YES*, if there is documentation of the resident ever receiving any of the listed vaccinations, either in the facility or outside of the facility. Otherwise, select *NO*. If, YES, is selected, select **all** that apply: ☐ Influenza 2020-2021 ☐ Influenza 2021-2022

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Data Field	Instructions for Form Completion
	☐ Complete SARS-CoV-2 (COVID-19) vaccine series ☐ Pneumococcal polysaccharide vaccine (PPSV-23) [Pneumovax] ☐ Pneumococcal conjugate vaccine (PCV-13) [Prevnar]
Additional RTI Outcomes	
Died Within 30 Days of Trigger Date? Was death a result of RTI or related complication?	Select, *YES*, if resident died from *any* cause within **30 calendar days** after the date of trigger. Otherwise, select, *NO*. **Note:** Date of trigger is equal to calendar day 1. If, *YES*, is select, indicate if the death was a result of the RTI and/or related complications. Otherwise, select, *NO* or *UNKNOWN*. *Example*: A symptomatic resident is positive for SARS-CoV-2 through PCR testing. The resident subsequently develops pneumonia resulting in death 25 days later. This resident's death would be considered a complication of SARS-CoV-2.
Transferred to Acute Care Facility Within 7 Days?	Select, *YES*, if the resident was transferred to an acute care facility (for any reason) within the RTI surveillance window (7 calendar days of the date of trigger). Otherwise, select, *NO*. **Note:** Date of trigger is equal to calendar day 1.
RTI Treatment	
Select RTI treatment (Select all that apply)	If, *YES*, was selected in the *Treatment* section of the form (page 2 of form), indicating the resident received medication treatment for indication of RTI, select the correct treatment(s) from each of the following categories: antibiotics, antivirals, and/or COVID-19 antibody-based infusion (for example, monoclonal antibody). If a medication was ordered or given for RTI indication and the medication is not an option on the form, select *OTHER* and specify the medication in the correct category column. **Important Notes:** • Include antibiotic and/or antivirals ordered or given for indication of RTI, regardless of how many doses the resident received.