Appendix 9 Rate the 2012 CLABSI Validation Guidance and Toolkit

Name of Tool	Do you like it? *(circle one)* 1= not at all, 5= very much	Did you find it useful? *(circle one)* 0= no 1= heavily modified 2= pretty much as is	Comments *(please suggest improvements)*	Would you like to help us improve it?	If Yes, contact information
Overall Guidance and Toolkit	1 2 3 4 5	0 1 2		Y N	
Appendix 1: Facility Self-validation Tool for CLABSI Surveillance	1 2 3 4 5	0 1 2		Y N	
Appendix 2: Denominator Collection Methods Survey for CLABSI Surveillance	1 2 3 4 5	0 1 2		Y N	
Appendix 3a: Facility Selection Steps in NHSN	1 2 3 4 5	0 1 2		Y N	
Appendix 3b: How to Generate a Simple Random Sample of Facilities	1 2 3 4 5	0 1 2		Y N	
Appendix 3c: Medical Record Selection	1 2 3 4 5	0 1 2		Y N	
Appendix 4: Example Letter Requesting External Validation Site Visit	1 2 3 4 5	0 1 2		Y N	
Appendix 5: ICU CLABSI Medical Record Abstraction Tool	1 2 3 4 5	0 1 2		Y N	

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Appendix 5a: Tennessee Checklists	1 2 3 4 5	0 1 2		Y N	
Appendix 6: Example Template for Audit Discrepancies Reports to Facilities	1 2 3 4 5	0 1 2		Y N	
Appendix 7: Example Validation Follow-up Letters	1 2 3 4 5	0 1 2		Y N	
Appendix 8: CLABSI Post-Validation Analysis	1 2 3 4 5	0 1 2		Y N	

Please tell us who you are and provide contact information (optional) _____

Please share results with DHQP, through the NHSN Helpdesk: NHSN@cdc.gov