

1. PATIENT ID: _____ 2. STATE ID: _____
 3. SPECIMEN ID: _____ 4. Date of incident *C. diff*+ stool collection (DISC): _____



Form Approved
 OMB No. 092-0978
 Expiration Date: 2/28/26

**CLOSTRIDIoidES DIFFICILE INFECTION (CDI) SURVEILLANCE
 EMERGING INFECTIONS PROGRAM CASE REPORT**

Patient's Name: _____ Phone No.: _____
 Address: _____
 Address type: _____ Hospital: _____ Chart Number: _____

5. STATE: _____	6a. COUNTY: _____	9. Diagnostic assay for <i>C. diff</i>	9a. EIA	Positive	Negative	Not tested	Unknown
	6b. PLANNING REGION: _____		9b. GDH	Positive	Negative	Not tested	Unknown
7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____	8. FACILITY ID WHERE PATIENT TREATED: _____	9c. Cytotoxin	Positive	Negative	Not tested	Unknown	
		9d. NAAT (<i>C. diff</i> only)	Positive	Negative	Not tested	Unknown	
		9e. NAAT (GI panel)	Positive	Negative	Not tested	Unknown	
		9.e.1 If positive, was result suppressed?	Yes	No		Unknown	
		9f. Other (<i>specify</i>): _____	Positive	Negative	Not tested	Unknown	

10. DATE OF BIRTH: _____ Unknown	12. PATIENT SEX: Male Female Missing value	14. RACE: (<i>Check all that apply</i>) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Unknown
11. AGE: (years) _____	13. ETHNIC ORIGIN: Hispanic or Latino Not Hispanic or Latino Unknown	

15. Was the patient hospitalized on the day of or in the 6 calendar days after the DISC? Yes No Unknown
 15a. If YES, Date of Admission: _____ Unknown

16. Where was the patient located on the 3rd calendar day before the DISC?
 Private Residence LTACH Facility ID: _____
 LTCF Facility ID: _____ Homeless
 Hospital Inpatient Facility ID: _____ Incarcerated
 16a. Was the patient transferred from this hospital? Other (*specify*): _____
 Yes No Unknown Unknown

17. Location of incident *C. diff*+ stool collection

Outpatient	Hospital Inpatient	LTCF	Autopsy
Facility ID: _____ Emergency room Clinic/doctor's office Dialysis center Surgery Observation/Clinical decision unit Other outpatient	Facility ID: _____ ICU OR Radiology Other inpatient	Facility ID: _____ LTACH Facility ID: _____	Other (<i>specify</i>): _____ Unknown

18. HCFO classification questions:

18a. Was incident *C. diff*+ stool collected at least 3 calendar days after the date of hospital admission?
 Yes (HCFO - go to 18d) No

18b. Was incident *C. diff*+ stool collected in an outpatient setting for a LTCF resident, or in a LTCF or LTACH?
 Yes (HCFO - go to 18d) No

18c. Was the patient admitted from a LTCF or a LTACH?
 Yes—Facility ID: _____ (HCFO - go to 18d) No (CO - complete CRF)

18d. If HCFO, was this case sampled for full CRF?
 Yes (Complete CRF) No (STOP data abstraction here)

1 2 3 4 5 6 7 8 9 10

Public reporting burden of this collection of information is estimated to average 38 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

19. Patient Outcome: **Unknown**
Survived **Died**
19a. Date of discharge: _____ Unknown **19c. Date of Death:** _____ Unknown
Left against medical advice (AMA)
19b. If survived, discharged to:
Private residence LTCF Facility ID: _____ LTACH Facility ID: _____ Other (specify): _____
Unknown

20. Exposures to healthcare in the 12 weeks before the DISC

20a. Previous hospitalization	Yes	No	Unknown	Facility ID: _____	20a.1 If yes, date of discharge closest to DISC: _____
20b. Overnight stay in LTACH	Yes	No	Unknown	Facility ID: _____	Unknown
20c. Overnight stay in LTCF	Yes	No	Unknown	Facility ID: _____	
20d. Chronic dialysis	Yes	No	Unknown	20d.1 Type:	Hemodialysis Peritoneal Unknown
20e. Surgery	Yes	No	Unknown		
20f. ER visit	Yes	No	Unknown		
20g. Observation/CDU stay	Yes	No	Unknown		

21. UNDERLYING CONDITIONS: (Check all that apply) None Unknown

<p>Chronic lung disease Cystic fibrosis Chronic pulmonary disease</p> <p>Chronic metabolic disease Diabetes mellitus With chronic complications</p> <p>Cardiovascular disease CVA/Stroke/TIA Congenital heart disease Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD)</p> <p>Gastrointestinal disease Diverticular disease Inflammatory bowel disease Peptic ulcer disease Short gut syndrome</p> <p>Immunocompromised condition HIV AIDS/CD4 count < 200 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ (specify): _____</p>	<p>Liver disease Chronic liver disease Ascites Cirrhosis Hepatic encephalopathy Variceal bleeding Hepatitis C Treated, in SVR Current, chronic</p> <p>Malignancy Malignancy, hematologic Malignancy, solid organ (non-metastatic) Malignancy, solid organ (metastatic)</p> <p>Neurologic condition Cerebral palsy Chronic cognitive deficit Dementia Epilepsy/seizure/seizure disorder Multiple sclerosis Neuropathy Parkinson's disease Other (specify): _____</p>	<p>Plegias/Paralysis Hemiplegia Paraplegia Quadriplegia</p> <p>Renal disease Chronic kidney disease Lowest serum creatinine: _____ mg/DL Unknown or not done</p> <p>Skin condition Burn Decubitus/pressure ulcer Surgical wound Other chronic ulcer or chronic wound Other (specify): _____</p> <p>Other Connective tissue disease Obesity or morbid obesity Pregnancy</p>
--	---	--

22a. Weight _____ lbs _____ oz OR _____ kg	Unknown	22b. Height _____ ft _____ in OR _____ cm	Unknown	22c. BMI _____	Unknown
--	---------	---	---------	--------------------------	---------

23. Substance Use	23a. Smoking:	None Tobacco	Unknown E-Nicotine Delivery System	Marijuana	23b. Alcohol abuse:	Yes	No	Unknown
--------------------------	----------------------	-----------------	---------------------------------------	-----------	----------------------------	-----	----	---------

23c. Other substances: (Check all that apply) None Unknown

<u>Substance</u>	<u>Documented Use Disorder (DUD)/Abuse?</u>	<u>Mode of delivery:</u> (Check all that apply)
Marijuana/cannabinoid (other than smoking)	DUD or Abuse	IDU skin popping non-IDU Unknown
Opioid, DEA schedule I (e.g., heroin)	DUD or Abuse	IDU skin popping non-IDU Unknown
Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	DUD or Abuse	IDU skin popping non-IDU Unknown
Opioid, NOS	DUD or Abuse	IDU skin popping non-IDU Unknown
Cocaine	DUD or Abuse	IDU skin popping non-IDU Unknown
Methamphetamine	DUD or Abuse	IDU skin popping non-IDU Unknown
Other (specify): _____	DUD or Abuse	IDU skin popping non-IDU Unknown
Unknown substance	DUD or Abuse	IDU skin popping non-IDU Unknown

During the current hospitalization, did the patient receive medication assisted treatment (MAT) for opioid use disorder?
Yes No N/A (patient not hospitalized or did not have DUD)

24. Was CDI a primary or contributing reason for patient's admission? Yes No Not admitted Unknown	25. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form? Yes Not admitted No Unknown 25a. If YES, what was the POA code assigned to it? Y, Yes W, Clinically Undetermined N, No Missing U, Unknown Not Applicable	26. Was the patient in an ICU on the day of or in the 6 days after the DISC? Yes No Unknown 26a. If YES, date of ICU admission: _____ Unknown	
27. Symptoms (in the 6 calendar days before, the day of, or 1 calendar day after the DISC) <i>(Check all that apply)</i> "Asymptomatic" documented in medical record Nausea Diarrhea by definition (unformed or watery stool, Vomiting $\geq 3/\text{day}$ for ≥ 1 day) No diarrhea, nausea, or Diarrhea documented, but unable to determine vomiting documented if it is by definition Information not available		28. Fever (in the 2 calendar days before or calendar day of the DISC) Fever $\geq 38^\circ\text{C}$ or $\geq 100.4^\circ\text{F}$ documented Highest fever documented: _____ $^\circ\text{C}$ or _____ $^\circ\text{F}$ Self-reported fever No fever documented Information not available	
29. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC) 29a. Radiographic findings Toxic megacolon Neither toxic megacolon Ileus nor ileus Toxic megacolon Neither toxic megacolon Both toxic megacolon and ileus Radiology not performed Both toxic megacolon and ileus Information not available Information not available			
30. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report in the 6 calendar days before, the day of, or the 6 calendar days after the DISC? Yes Not Done No Information not available	31. Colectomy (related to CDI): Yes No Unknown	31a. If YES, Date of Procedure: _____ Unknown	
32. Were other enteric pathogens isolated from stool collected on the DISC? Astrovirus <i>Shigella</i> Campylobacter Yersinia enterocolitica Enteroaggregative <i>E. coli</i> (EAEC) Other (specify): Enteropathogenic <i>E. coli</i> (EPEC) <input type="text"/> Enterotoxigenic <i>E. coli</i> (ETEC) Norovirus Rotavirus Salmonella None Sapovirus No other Shiga Toxin-Producing <i>E. coli</i> pathogens tested Unknown	33. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC) 33a. Albumin $\leq 2.5\text{g/dl}$: Yes No Not Done Information not available 33b. White blood cell count $\leq 1,000/\mu\text{l}$: Yes No Not Done Information not available 33c. White blood cell count $\geq 15,000/\mu\text{l}$: Yes No Not Done Information not available 33d. Serum creatinine $> 1.5 \text{mg/dl}$: Yes No Not Done Information not available		
34. MEDICATIONS taken in the 12 weeks before the DISC: 34a. Proton pump inhibitor (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole) Yes No Unknown 34b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine) Yes No Unknown 34c. Immunosuppressive therapy <i>(Check all that apply)</i> Steroids None Chemotherapy Unknown Other agents (specify): _____			
34d. Antimicrobial therapy <i>(Check all that apply)</i> Yes, name unknown None Unknown Amikacin Cefpodoxime Doripenem Oritavancin Amoxicillin Ceftaroline Doxycycline Penicillin Amoxicillin/clavulanic acid Ceftazidime Eravacycline Piperacillin/tazobactam Ampicillin Ceftazidime/avibactam Ertapenem Polymyxin B Ampicillin/sulbactam Ceftizoxime Fosfomycin Polymyxin E (colistin) Azithromycin Ceftolozane/tazobactam Gentamicin Rifaximin Aztreonam Ceftriaxone Imipenem/cilastatin Tedizolid Cefadroxil Cefuroxime Levofloxacin Telavancin Cefazolin Cephalexin Linezolid Tigecycline Cefdinir Ciprofloxacin Meropenem Tobramycin Cefepime Clarithromycin Meropenem/vaborbactam Trimethoprim Cefiderocol Clindamycin Metronidazole Trimethoprim/sulfamethoxazole Cefixime Dalbavancin Moxifloxacin Vancomycin (IV) Cefotaxime Daptomycin Nitrofurantoin Vancomycin (PO for prophylaxis) Cefoxitin Delafloxacin Omadacycline Other (specify): _____			

34e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?		Yes	No	Unknown
34e.1 If YES, which treatment was taken? <i>(Check all that apply)</i>		Metronidazole Vancomycin Fidaxomicin	Other, <i>(specify)</i> : _____ Unknown	
35. Treatment for incident CDI	No treatment	Unknown treatment		
35a.1 Course 1				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other <i>(specify)</i> : _____
Vancomycin taper (any route)		Fidaxomicin		
35a.2 Course 2				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other <i>(specify)</i> : _____
Vancomycin taper (any route)		Fidaxomicin		
35a.3 Course 3				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other <i>(specify)</i> : _____
Vancomycin taper (any route)		Fidaxomicin		
35a.4 Course 4				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other <i>(specify)</i> : _____
Vancomycin taper (any route)		Fidaxomicin		
35b. Probiotics <i>(specify)</i>: _____				
35c. Stool transplant Date: _____ Unknown				
36. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen, or other viral test; excluding serology) in the 90 days before or day of the DISC?		36a. Specimen collection dates for positive tests in the 90 days before or day of DISC		
Yes	No	Unknown		
		36a.1. First positive test:		36a.2 Most recent positive test:
		_____		_____
		Date Unknown		Date Unknown
37. COVID-NET Case IDs in the year before or day of DISC: _____ None or N/A				
38. Previous unique CDI episode (>8 weeks before the DISC):	39. Any recurrent <i>C. diff+</i> episodes following this incident <i>C. diff+</i> episode?	40. CRF status:	41. Initials of S.O.:	42. Date of abstraction:
Yes	Yes	Complete	_____	_____
No	No	Incomplete		
		Chart unavailable after 3 requests		
38a. If YES, previous STATEID:	39a. If YES, Date of first recurrent specimen:			
_____	_____			
Comments:				