Patient ID:						Specimen ID:				
- CLOSTRIDIUM DIFFICILE INFECTION (CDI) EMERGING INFECTIONS PROGRAM CASE REPORT FORM -										
Patient's Name:		(Last, First, M.L)		Phone No.: ()						
Address:		(Number, Street, Apt. N	No.)	Chart Number:						
	(City)		(State)	(Z	p Code)	Hospital:				
U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 303333 - Patient identifier information is NOT transmitted to CDC - CLOSTRIDIUM DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT										
1. STATE: (Residence of Patient)	2. COUNTY: (Residence of Patient)					4a. LAB/HOSPITAL WHERE TOXIN ASSAY PERFORMED:	4b. PROVIDER ID WHERE PATIENT TREATED:			
5. DATE OF BIRTH: Mo. Day	6. AGE:	7a. SEX: 1 Male 2 Female	7b. ETHNIC ORIGI	tino	1 Americ	can Indian or Alaska Native	Native Hawaiian or Other Pacific Islander White Unknown			
						Check one) 3				
9. Was patient hospitalized at the time of, or within 7 days after, stool collection? 1 Yes 2 No 7 Unknown Mo. Day Year If YES, Date of Admission:				10. Where was the patient a resident prior to stool collection: (Check one) 1 ☐ Hospital Inpatient						
11. Was stool collected ≥ 4 days after hospital admission? 1 ☐ Yes (HCFO) 2 ☐ No 11a. If no, was stool collected at LTCF/SNF/LTAC or was the patient				12. Was patient admitted due to CDI: (is CDI listed in the medical record as the reason for admission?) □ Yes 2 □ No 3 □ Not Admitted 7 □ Unknown						
	SNF or another acute ca		-	13. Were other enteric pathogens isolated from stool at the same date incident C. diff + stool was collected?						
11b. If HCFO, was this case selected for full CRF based on sampling frame (1:10)? 1 Yes (Complete CRF) 2 No (STOP data abstraction here!)					1					
-				_						
14. Exclusion criteria for CA-CDI: (Check all that apply) None Unknown 1 Hospitalized (overnight) at any time in the 12 weeks prior to stool collection date. If yes, Date of most recent discharge:				15. Exposures to healthcare: a. Chronic Hemodialysis prior to incident <i>C. diff</i> + stool: 1 Yes 2 No 7 Unknown						
Mo. Day Year Unknown				b. Surgical procedure in the 12 weeks prior to incident <i>C. diff</i> + stool: 1 ☐ Yes 2 ☐ No 7 ☐ Unknown						
1 ☐ Residence in LTCF/SNF at any time in the 12 weeks prior to stool collection date CO cases: not eligible for health interview if either box is checked. HCFO and Prisoners: not eligible for health interview				c. ER visits in the 12 weeks prior to incident C. diff + stool: 1 Yes 2 No 7 Unknown						
16. Patient outcome 1 ☐ Survived Date of Disch If survived, pa 1 ☐ Hospital	Mo. narge: tient was discharged to:	Jnknown Day 3 Ho	Year		5	2 ☐ Died Date of Death: [☐ Other (specify):	Mo. Day Year			
2 Long Term Acute Care Hospital 4 Long Term Care/ Skilled Nursing Facility 7 Unknown										

CDC Rev. 11-2010

Page 1 of 2

17a. Colectomy (related to CDI): 1 Yes 2 No 7 Unknown If YES, Date of Procedure Mo. Day Year 18. RADIOGRAPHIC FINDINGS (within 5 day) 1 Toxic megacolon 3 Neither 2 Ileus 4 Both	17b. ICU Admission (after stool colle 1 Yes 2 No 7 Unkn If YES, Date of ICU Admission Mo. Day Year year yes before or after initial C diff + stool) 7 Information not available	□ Unknown 19. Was pseudomembran	17c. Any additional positive stool test for C. diand ≤ 8 weeks after the last C. diff + stool specially Yes 2 No If YES, Date of first recurrent specimen Mo. Day Year Ous colitis listed in the surgical pathology, port (within 5 days before or after initial C. diff + stool) 7 Information not available	men?					
20. CLINICAL FINDINGS: (within 1 day be a. Diarrhea: 1 Diarrhea by definition (unformed of Diarrhea documented, but unable of No Diarrhea documented of Information not available	or watery stool, ≥ 3/day for ≥ 1 day)	b. White blood cell count $\leq 1,000/\mu l$: 1 \square Yes 2 \square No 7 \square Information not available c. White blood cell count $\geq 15,000/\mu l$: 1 \square Yes 2 \square No 7 \square Information not available							
21. UNDERLYING CONDITIONS: (Check all that apply) If none or no chart available, check appropriate box 1 None 1 Unknown 1 AIDS or CD4 count<200 1 Connective Tissue Disease 1 Hemiplegia/Paraplegia 1 Peptic Ulcer Disease 1 Chronic Liver Disease 1 Solid Tumor (non metastatic) 1 Chronic Pulmonary Disease 1 Dementia 1 Inflammatory Bowel Disease 1 Hematologic Malignancy 1 Chronic Renal Insufficiency 1 Diabetes 1 Myocardial Infarct 1 Metastatic Solid Tumor 1 Congestive Heart Failure 1 Diverticular Disease 1 Peripheral Vascular Disease									
22. Was ICD-9 008.45 or ICD-10 A04.7 liste 1 Yes 2 No 3 Not Admit If YES, what was the POA code assigne 1 Y,Yes 3 U, Unknown 2 N, No 4 W, Clinically Unde	itted 7 Unknown ed to it?	23. At time of initial C. diff + stool, patient was: 1 Pregnant 2 Post-partum 3 Neither 7 Unknown Mo. Day Year Delivery Date:							
24. MEDICATIONS TAKEN 14 DAYS PRIOR TO INITIAL STOOL COLLECTION DATE (including current hospital stay if collection date > admission date): (
1 Cefepime 1 Ciprofloxacin 1 Imipenem 1 Moxifloxacin 1 Other (specify):									
25. CRF status: 1	1 ☐ Yes 2 ☐ No	l episode: (>8 weeks prior to t	S.O: th	entified crough audit es 2 No					

CDC Rev. 11-2010 Page 2 of 2