Patient identifie	er information	n is <u>NOT</u> tra	nsmitted to CD	c						
Patient ID:					Speci	imen l	D:			
Patient's Name: _								_		
Address:	Address: Chart Number:									
	Hospital:									
Form Approved OMB No. 0920-0978 Expires 05/31/2021				STRIDIUM DIFFICI MERGING INFEC						
<b>1. STATE:</b> (Residence of Patient)				3. STATE ID:				4b. FACILITY ID WHERE PATIENT TREATED		
5. DATE OF BIRTH:         6. AGE:		7a. SEX:	e Hispanic or Latino		7c. RACE: (Check all that apply)     Native Hawaiian or       American Indian or Alaska Native     Other Pacific Islander       Asian     White					
//				Unknown		Black or African American				
8a. DATE OF INCIE		8b	. Positive diagn	ostic assay for <i>C. diff</i> -	+: (Check all th					
STOOL COLLECTIO	DN		EIA	GDH		AAT		Hospital inpatient	Facility ID:	
			Culture	Cytotoxin	UI	nknov	vn		Facility ID:	
/ /	,			,					Facility ID:	
								Emergency Room		
	spitalized on t			ndar days after incide		ool co	ollection?			
Yes			)		nknown			Observation Unit/CDL	J	
If YES, Date of Ad	mission:	/	_/					Other (specify):		
10. Where was the	e patient on tl	he 3 <sup>rd</sup> calen	dar day before	the date of incident (	C. diff+ 1	11. HCFO classification questions:				
stool collection? (	Check one)							·	st 3 calendar days after the date of	
Hospital inpati	ent Facil	ity ID:				hospital admission?				
LTACH	Facil	ity ID:				Yes (HCFO - go to 11d.)				
	Facil	ity ID:				b. Was incident <i>C. diff</i> + stool collected at an outpatient setting for a LTCF				
Private residen	ice				ľ	resident, or in a LTCF or LTACH?				
						Yes (HCFO - go to 11d.)      No     Wes the potient admitted from a LTCE are LTACH2				
Homeless						c. Was the patient admitted from a LTCF or a LTACH?				
Other (specify)	:					Yes (HCFO - go to 11d.) No (CO - Complete CRF)				
Unknown						Facility ID:				
				d	d. If HCFO, was this case sampled for full CRF based on sampling frame (1:10)? Yes (Complete CRF) No (STOP data abstraction here!)					
12. Was CDI a prin	nary or contri	buting rea	son for patient'	s admission?	14	. Excl	usion criteri	a for CA-CDI: (Check all that	apply)	
Yes N		ot Admittec				Hospitalized (overnight) in the 12 weeks before the date of incident				
13. Were other en C. <i>diff</i> + stool colle		ns isolated	from stool coll	ected on the date of i	incident		+ stool colle	ction. ent discharge:/	/ Unknown	
Campylobacter None Norovirus					Facility ID					
Salmonella No other pathogens tested Rotavirus						Overnight stay in LTACH in the 12 weeks before the date of incident C. diff+ stool collection.				
Shiga Toxin-Producing <i>E. coli</i>						Facility ID				
Shigella Other (specify):						Residence in LTCF in the 12 weeks before the date of incident <i>C. diff</i> + stool collection.				
						Facility ID				
15. Exposures to Healthcare in the 12 weeks before the date of incident <i>C. diff</i> + stool collection:										
a. Chronic Hemodialysis b. Surgical procedure c. ER visit d. Observation/CDU stay										
Yes N		own		No Unknowr	n [	Yes	No		Yes No Unknown	
									sting data sources, gathering and	

Public reporting burden of this collection of information is estimated to average 30 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).

16. Patient outcome Unknown			<b>17a. Colectomy</b> (related to CDI): Yes No Unknown				
□ Survived	Died		If YES, Date of Procedure/	·/			
If survived:	If died:		<b>17b. ICU Admission</b> (in the 2 calendar days before, the day of,				
Date of discharge: / /	Date of death: /	_/	or the 6 calendar days after the da collection):				
Discharged to:			Yes No Unknown				
LTACH Facility ID:			If YES, Date of ICU Admission /				
LTCF Facility ID:			17c. Any additional positive stool test for C. diff $\ge$ 2 and				
Private residence			≤ 8 weeks after the date of incident <i>C. diff</i> + stool collection?				
Other (specify):			Yes No				
Unknown			If YES, Date of first recurrent specimen//				
<b>18. RADIOGRAPHIC FINDINGS</b> (in the 6 calendar day 6 calendar days after the date of incident <i>C. diff</i> +		19. 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 date of incident <i>C. diff</i> + stool collection?					
Toxic megacolon	either toxic megacolon nor ileus	Yes	□ Not Done				
Ileus Ra	adiology not performed	No	D Information not available				
☐ Both toxic megacolon and ileus ☐ In	formation not available	nation not available					
<b>20.1 LABORATORY FINDINGS</b> (in the 6 calendar days before, the day of, or the	20.2 Clinical findings						
6 calendar days after the date of incident <i>C. diff</i> + stool collection):	<b>d. Symptoms</b> (in the 6 calendar days before, the day of, or 1 calendar day after the date of incident <i>C. diff</i> + stool collection) ( <i>Check all that apply</i> )						
a. Albumin ≤ 2.5g/dl:	Diarrhea by definition (unform $\geq 3/day$ for $\geq 1 day$ )	ned or watery sto	ool, Carl and a symptomatic documented in medical record				
Yes No Not Done	Diarrhea documented, but un	able to determin	ne 🗌 No diarrhea, nausea, or vomiting documented				
Information not available b.White blood cell count ≤ 1,000/µl:	if it is by definition		□ Information not available				
<b>b. white blood cell count</b> $\leq$ 1,000/µi:	Nausea						
☐ Information not available	└──Vomiting <b>e. Other findings</b> (in the 6 calendar days before, the day of, or the 6 calendar days after the date of						
c. White blood cell count ≥ 15,000/µl:	incident <i>C. diff</i> + stool collection)	ar days before, ti	ine day of, or the 6 calendar days after the date of				
$\square$ Yes $\square$ No $\square$ Not Done	Toxic megacolon		Neither toxic megacolon nor ileus				
Information not available	□ Ileus		Information not available				
	Both toxic megacolon and ileus						
21. UNDERLYING CONDITIONS: (Check all that apply)	None Unknown						
	Dementia		Primary Immunod	eficiency			
Chronic Cognitive Deficit	Diabetes		Short Gut Syndrome				
Chronic Kidney Disease	Diverticular Disease		Solid Organ Transplant				
Chronic Liver Disease	Hemiplegia/Paraplegia		Stem Cell Transplant				
Chronic Pulmonary Disease			Solid Tumor (non metastatic)				
Congenital Heart Disease	Inflammatory Bowel Dise	ease	Hematologic Malignancy				
Congestive Heart Failure	Myocardial Infarct		Metastatic Solid Tumor				
Connective Tissue Disease	Peptic Ulcer Disease	Peptic Ulcer Disease Pregnancy					
CVA/Stroke Peripheral Vascular Disease							
22. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?							
Yes     No     Not Admitted     Unknown     If YES, what was the POA code assigned to it?							
	□Y,Ye		U, Unknown	Missing			
	□ N, N	10	W, Clinically Undetermined	Not Applicable			

23. MEDICATIONS TAKEN in the 12 weeks before the date of incident <i>C. diff</i> + stool collection:							
a. Proton pump inhibitor 🛛 Yes 🔍 No 💭 Unknown							
b. H2 Blockers	Yes	No Unknown					
<b>c. Immunosuppressive therapy</b> (Check all that apply)	None	Unknown Steroids Chemotherapy Other agents ( <i>specify</i> ):					
d. Antimicrobial therapy (Check	all that apply)	Yes, name un	known 🗌 None	Unknown			
Amikacin	Cefazolin	Ceftriaxone	Doxycycline	Metronidazo	ole		
Amoxicillin	Cefdinir	Cefuroxime	Ertapenem	Moxifloxacir	า		
Amoxicillin/Clavulanic Acid	Cefepime	Cephalexin	Gentamicin	Nitrofuranto	oin	Tobramycin	
Ampicillin	Cefotaxime	Ciprofloxacin		Penicillin		Trimethoprim -Sulfamethoxazole	
Amp/sulb	Cefoxitin	Clarithromyci	n 🗌 Levofloxacin	Piperacillin-Tazobactam		Vancomycin (IV)	
Azithromycin	Cefpodoxime	Clindamycin	Linezolid	Rifampin		Other (specify):	
Aztreonam	Ceftazidime	Daptomycin	Meropenem	Rifaximin			
e. Was patient treated for previ	ous suspected or co	onfirmed CDI in the	12 weeks before th	e date of incident (	C. diff+ stool c	ollection?	
□Yes □No	Unk	nown					
If YES, which medication was ta	ken (Check all that	apply):					
Metronidazole Vancor	mycin 🗌 Fida	axomicin 🗌 🔾	Other, (specify)		U	Inknown	
24. Treatment for incident CDI       No treatment         Probiotics (specify):							
Start Date:       /       Stop Date:       /       OR       Duration (days)         Vancomycin (PO)       Metronidazole (PO)       Rifaximin         Vancomycin (Rectal)       Metronidazole (IV)       Nitazoxanide         Vancomycin (Unknown route)       Metronidazole (Unknown route)       Other (specify):         Vancomycin taper (any route)       Fidaxomicin							
Start Date:       /       Stop Date:       /       OR       Duration (days)         Vancomycin (PO)       Metronidazole (PO)       Rifaximin         Vancomycin (Rectal)       Metronidazole (IV)       Nitazoxanide         Vancomycin (Unknown route)       Metronidazole (Unknown route)       Other (specify):         Vancomycin taper (any route)       Fidaxomicin							
Course 3 Start Date:	//	Stop Dat	te:/	/ <u>OR</u>	Duration (day	ys)	
Vancomycin (PO)       Metronidazole (PO)       Rifaximin         Vancomycin (Rectal)       Metronidazole (IV)       Nitazoxanide         Vancomycin (Unknown route)       Metronidazole (Unknown route)       Other (specify):         Vancomycin taper (any route)       Fidaxomicin       Other (specify):							
Course 4 Start Date:	//	Stop Da	te:/	/ <u>OR</u>	Duration (day	ys)	
□ Vancomycin (PO) □ Vancomycin (Rectal) □ Vancomycin (Unknown r □ Vancomycin taper (any r	oute)	ronidazole (PO) ronidazole (IV) ronidazole (Unknov xomicin	wn route)	☐ Rifaximin ☐ Nitazoxanide ☐ Other ( <i>specify</i> )	:		
- SURVEILLANCE OFFICE USE ONLY -							

<b>25. CRF status:</b> <ul> <li>Complete</li> <li>Incomplete</li> <li>Chart unavailable after 3 requests</li> </ul>	26. Previous unique CDI episode         (>8 weeks before the date of incident <i>C. diff</i> + stool collection):         Yes       No         If YES, Previous STATEID:	27. Initials of S.O:	<b>28. Identified through audit</b> Yes No
29. COMMENTS:			