

Emerging Infections Program C. difficile Surveillance
Nursing Home Telephone Survey

Facility Name _____ Phone number _____

Hi, I'm _____ and I'm calling from the ____ [EIP site] _____ Emerging Infections Programs, agents of the _____ [health department] _____. We are calling area nursing homes and long-term acute care facilities in _____ [name of the county] _____ to ask a few questions about patient specimens submitted for laboratory testing. Who would be the best person for me to talk to?

Speaking to correct person: YES (*proceed*) NO (*go to question 3*)

Record name and title: _____

Phone number: _____

Once you're speaking to the correct person:

1. Is your facility a free-standing facility?

Yes

No, which hospital is your facility affiliated with? _____

2. Do you collect stool specimens in the facility to be sent for ***Clostridioides difficile*** testing?

YES NO

If YES, Do you send all your stool specimens for C. diff testing to a reference laboratory?

YES (what is the name of the reference lab: _____)

No, please name the laboratories you send stool specimens for C. *diff* testing?

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

3. If NO, Name of person and title: _____

Phone number: _____

Best time to reach this person: _____