Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey

Facility Name		Phone number	
Hi, I'm _	and I'm calling from th	e [EIP site]	Emerging Infections Programs,
agents	of the[health department]	We are calling	g area nursing homes and long-term
	are facilities in[name of the cou		
	ens submitted for laboratory testing. W		
эрссии	ens submitted for laboratory testing. W	The would be the bes	t person for the to talk to:
Speakin	ng to correct person: YES (proceed)	NO (go to question	3)
Record	name and title:		
Phone r	number:		
Once yo	ou're speaking to the correct person:		
1.	Is your facility a free-standing facility?		
	□ Yes		
	☐ No, which hospital is your facility aff	iliated with?	
	in No, which hospital is your facility an	mated with:	
2.	Do you collect stool specimens in the facility to be sent for <i>Clostridioides difficile</i> 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 refe	rence lab:)
	□ No, please name the laboratories		
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:		

Public reporting burden of this collection of information is estimated to average 5 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).