1. PATIENT ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	2. STATE ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
3. SPECIMEN ID: _____	4. DATE OF INCIDENT *C. diff*+ STOOL COLLECTION: ___ ___ /___ ___ /___ ___ ___ ___

Form Approved
OMB No. 092-0978
Expires xx/xx/xxxx

CLOSTRIDIOIDES DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

Patient's Name: _____ Phone No.: ( ) _____ - _____
(Last, First, M.I.)

Address: _____ Chart Number: _____
(Number, Street, Apt. No.)

_____ _____ _____ Hospital: _____
(City) (State) (Zip Code)

5. STATE: (Residence of Patient) _____

6. COUNTY: (Residence of Patient) _____

7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED _____

8. FACILITY ID WHERE PATIENT TREATED _____

9. POSITIVE DIAGNOSTIC ASSAY FOR *C. diff*
(Check all that apply)
☐ EIA ☐ Cytotoxin ☐ Unknown
☐ Culture ☐ NAAT
☐ GDH ☐ Other *(specify)*: _____

10. DATE OF BIRTH:
___ ___ /___ ___ /___ ___ ___ ___
☐ Unknown

11. AGE: (Years)
___ ___ ___

12. SEX AT BIRTH:
☐ Male
☐ Female
☐ Unknown
☐ Transgender

13. ETHNIC ORIGIN:
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

14. RACE: *(Check all that apply)*
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ White
☐ Black or African American
☐ Unknown

15. Was patient hospitalized on the date of or in the 6 calendar days after the date of incident *C. diff*+ stool collection? ☐ Yes ☐ No ☐ Unknown

15a. If YES, Date of Admission: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown

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

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

☐ **Outpatient**
Facility ID: _____
☐ Emergency room
☐ Clinic/doctor's office
☐ Dialysis center
☐ Surgery
☐ Observation/ Clinical decision unit
☐ Other outpatient

☐ **Hospital Inpatient**
Facility ID: _____
☐ ICU
☐ OR
☐ Radiology
☐ Other inpatient

☐ **LTCF**
Facility ID: _____

☐ **LTACH**
Facility ID: _____

☐ **Autopsy**

☐ **Other *(specify)***: _____

☐ **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 **(HCFO - go to 18d)** ☐ No **(CO - complete CRF)**
Facility ID: _____

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

19. Patient Outcome ☐ **Unknown**
☐ **Survived**
☐ **Died**

19a. Date of discharge: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown
☐ Left against medical advice (AMA)

19c. Date of death: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown

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 date of incident C. diff+ stool collection

20a. Previous hospitalization ☐Yes ☐No ☐Unknown Facility ID: _____

20a.1 If yes, date of discharge closest to date of incident *C. diff*+ stool collection:

__ __/__ __/__ __ __ __ ☐Unknown

20b. Overnight stay in LTACH ☐Yes ☐No ☐Unknown Facility ID: _____

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

Chronic lung disease
- ☐Cystic fibrosis
- ☐Chronic pulmonary disease

Chronic metabolic disease
- ☐Diabetes mellitus
  - ☐With chronic complications

Cardiovascular disease
- ☐CVA/Stroke/TIA
- ☐Congenital heart disease
- ☐Congestive heart failure
- ☐Myocardial infarction
- ☐Peripheral vascular disease (PVD)

Gastrointestinal disease
- ☐Diverticular disease
- ☐Inflammatory bowel disease
- ☐Peptic ulcer disease
- ☐Short gut syndrome

Immunocompromised condition
- ☐HIV
  - ☐AIDS/CD4 count < 200
- ☐Primary immunodeficiency
- ☐Transplant, hematopoietic stem cell
- ☐Transplant, solid organ

Liver disease
- ☐Chronic liver disease
  - ☐Ascites
  - ☐Cirrhosis
  - ☐Hepatic encephalopathy
  - ☐Variceal bleeding
- ☐Hepatitis C
  - ☐Treated, in SVR
  - ☐Current, chronic

Malignancy
- ☐Malignancy, hematologic
- ☐Malignancy, solid organ (non-metastatic)
- ☐Malignancy, solid organ (metastatic)

Neurologic condition
- ☐Cerebral palsy
- ☐Chronic cognitive deficit
- ☐Dementia
- ☐Epilepsy/seizure/seizure disorder
- ☐Multiple sclerosis
- ☐Neuropathy
- ☐Parkinson's disease
- ☐Other (*specify*): _____

Plegias/Paralysis
- ☐Hemiplegia
- ☐Paraplegia
- ☐Quadriplegia

Renal disease
- ☐Chronic kidney disease

  Lowest serum creatinine: _____mg/dl

Skin condition
- ☐Burn
- ☐Decubitus/pressure ulcer
- ☐Surgical wound
- ☐Other chronic ulcer or chronic wound
- ☐Other (*specify*): _____

Other
- ☐Connective tissue disease
- ☐Obesity or morbid obesity
- ☐Pregnancy

22a. Weight _____ lbs _____ oz OR _____ kg ☐Unknown

22b. Height _____ ft _____ in OR _____ cm ☐Unknown

22c. BMI _____ ☐Unknown

23. Substance Use

23a. Smoking: ☐None ☐Unknown
☐Tobacco ☐E-Nicotine Delivery System ☐Marijuana

23b. Alcohol abuse: ☐Yes ☐No ☐Unknown

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

	Documented Use Disorder (DUD)/Abuse?	Mode of delivery: *(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
☐Cocaine or 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

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 ☐No ☐Not Admitted ☐Unknown

25a. If YES, what was the POA code assigned to it?

☐Y, Yes
☐N, No
☐U, Unknown
☐W, Clinically Undetermined
☐Missing
☐Not Applicable

26. Was the patient in an ICU on the day of or in the 6 days after the date of incident *C. diff*+ stool collection?

☐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 date of incident *C. diff*+ stool collection) (*Check all that apply*)

- ☐ "Asymptomatic" documented in medical record
- ☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)
- ☐ Diarrhea documented, but unable to determine if it is by definition
- ☐ Nausea
- ☐ Vomiting
- ☐ No diarrhea, nausea, or vomiting documented
- ☐ Information not available

28. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection)

28a. Radiographic findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ileus
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

28b. Clinical findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ileus
- ☐ Neither toxic megacolon nor ileus
- ☐ Information not available

29. 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 *C. diff*+ stool collection?

- ☐ Yes ☐ Not Done
- ☐ No ☐ Information not available

30. Colectomy (related to CDI):

- ☐ Yes
- ☐ No
- ☐ Unknown

30a. If YES, date of procedure:

__ __ /__ __ /__ __ __ __

☐ Unknown

31. Were other enteric pathogens isolated from stool collected on the date of incident *C. diff*+ stool collection?

- ☐ *Campylobacter*
- ☐ *Norovirus*
- ☐ *Rotavirus*
- ☐ *Salmonella*
- ☐ Shiga Toxin-Producing E.coli
- ☐ *Shigella*
- ☐ Other (specify): _____
- ☐ None
- ☐ No other pathogens tested
- ☐ Unknown

32. Laboratory findings in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident *C. diff*+ stool collection:

32a. Albumin ≤2.5g/dl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

32b. White blood cell count ≤ 1,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

32c. White blood cell count ≥ 15,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

33. Medications taken in the 12 weeks before the date of incident *C. diff*+ stool collection:

33a. Proton pump inhibitor (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole)

- ☐ Yes
- ☐ No
- ☐ Unknown

33b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine)

- ☐ Yes
- ☐ No
- ☐ Unknown

33c. Immunosuppressive therapy (*Check all that apply*)

- ☐ Steroids
- ☐ Chemotherapy
- ☐ Other agents *(specify)*: _____
- ☐ None
- ☐ Unknown

33d. Antimicrobial therapy *(Check all that apply)* ☐ None ☐ Unknown

☐ Amikacin	☐ Cefoxitin	☐ Clindamycin	☐ Meropenem	☐ Telavancin
☐ Amoxicillin	☐ Cefpodoxime	☐ Dalbavancin	☐ Meropenem/vaborbactam	☐ Tigecycline
☐ Amoxicillin/clavulanic acid	☐ Ceftaroline	☐ Daptomycin	☐ Metronidazole	☐ Tobramycin
☐ Ampicillin	☐ Ceftazidime	☐ Delafloxacin	☐ Moxifloxacin	☐ Trimethoprim
☐ Ampicillin/sulbactam	☐ Ceftazidime/avibactam	☐ Doripenem	☐ Nitrofurantoin	☐ Trimethoprim/sulfamethoxazole
☐ Azithromycin	☐ Ceftizoxime	☐ Doxycycline	☐ Oritavancin	☐ Vancomycin (IV)
☐ Aztreonam	☐ Ceftolozane/tazobactam	☐ Ertapenem	☐ Penicillin	☐ Other (*specify*):
☐ Cefazolin	☐ Ceftriaxone	☐ Fosfomycin	☐ Piperacillin/tazobactam	_____
☐ Cefdinir	☐ Cefuroxime	☐ Gentamicin	☐ Polymyxin B	
☐ Cefepime	☐ Cephalexin	☐ Imipenem/cilastatin	☐ Polymyxin E (colistin)	
☐ Cefixime	☐ Ciprofloxacin	☐ Levofloxacin	☐ Rifaximin	
☐ Cefotaxime	☐ Clarithromycin	☐ Linezolid	☐ Tedizolid	

33e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident *C. diff*+ stool collection?

☐ Yes ☐ No ☐ Unknown

33e.1 If YES, which medication was taken *(Check all that apply)*:

☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, *(specify)* _____ ☐ Unknown

34. Treatment for incident CDI ☐ No treatment ☐ Unknown treatment

34a.1 Course 1

Start Date: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other *(specify)*:
☐ Vancomycin taper (any route)	☐ Fidaxomicin	_____

34a.2 Course 2

Start Date: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other *(specify)*:
☐ Vancomycin taper (any route)	☐ Fidaxomicin	_____

34a.3 Course 3

Start Date: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other *(specify)*:
☐ Vancomycin taper (any route)	☐ Fidaxomicin	_____

34a.4 Course 4

Start Date: ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other *(specify)*:
☐ Vancomycin taper (any route)	☐ Fidaxomicin	_____

34b. ☐ **Probiotics (specify):** _____

34c. ☐ **Stool transplant Date:** ___ ___ /___ ___ /___ ☐ Unknown

35. Previous unique CDI episode (>8 weeks before the date of incident *C. diff*+ stool collection):
☐ Yes
☐ No

35a. If YES, previous STATEID:
___ ___ ___ ___ ___ ___ ___ ___ ___

36. Any recurrent *C. diff*+ episodes following this incident *C. diff*+ episode?
☐ Yes
☐ No

36a. If YES, date of first recurrent specimen:
___ ___ /___ ___ /___ ___ ___ ___

37. CRF status:
☐ Complete
☐ Incomplete
☐ Chart unavailable after 3 requests

38. Initials of S.O:
_____

39. COMMENTS: