

<p>27. Symptoms (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></p> <p><input type="checkbox"/> "Asymptomatic" documented in medical record</p> <p><input type="checkbox"/> Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)</p> <p><input type="checkbox"/> Diarrhea documented, but unable to determine if it is by definition</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> No diarrhea, nausea, or vomiting documented</p> <p><input type="checkbox"/> Information not available</p>	<p>28. Toxic megacolon and ileus (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)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <p>28a. Radiographic findings</p> <p><input type="checkbox"/> Toxic megacolon</p> <p><input type="checkbox"/> Ileus</p> <p><input type="checkbox"/> Both toxic megacolon and ileus</p> <p><input type="checkbox"/> Neither toxic megacolon nor ileus</p> <p><input type="checkbox"/> Radiology not performed</p> <p><input type="checkbox"/> Information not available</p> </td> <td style="width:50%; padding: 5px;"> <p>28b. Clinical findings</p> <p><input type="checkbox"/> Toxic megacolon</p> <p><input type="checkbox"/> Ileus</p> <p><input type="checkbox"/> Both toxic megacolon and ileus</p> <p><input type="checkbox"/> Neither toxic megacolon nor ileus</p> <p><input type="checkbox"/> Information not available</p> </td> </tr> </table>	<p>28a. Radiographic findings</p> <p><input type="checkbox"/> Toxic megacolon</p> <p><input type="checkbox"/> Ileus</p> <p><input type="checkbox"/> Both toxic megacolon and ileus</p> <p><input type="checkbox"/> Neither toxic megacolon nor ileus</p> <p><input type="checkbox"/> Radiology not performed</p> <p><input type="checkbox"/> Information not available</p>	<p>28b. Clinical findings</p> <p><input type="checkbox"/> Toxic megacolon</p> <p><input type="checkbox"/> Ileus</p> <p><input type="checkbox"/> Both toxic megacolon and ileus</p> <p><input type="checkbox"/> Neither toxic megacolon nor ileus</p> <p><input type="checkbox"/> Information not available</p>																																																										
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<p>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 <i>C. diff+</i> stool collection?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not Done</p> <p><input type="checkbox"/> No <input type="checkbox"/> Information not available</p>	<p>30. Colectomy (related to CDI):</p> <p><input type="checkbox"/> Yes _____/_____/_____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown</p>																																																												
<p>31. Were other enteric pathogens isolated from stool collected on the date of incident <i>C. diff+</i> stool collection?</p> <p><input type="checkbox"/> <i>Campylobacter</i></p> <p><input type="checkbox"/> <i>Norovirus</i></p> <p><input type="checkbox"/> <i>Rotavirus</i></p> <p><input type="checkbox"/> <i>Salmonella</i></p> <p><input type="checkbox"/> Shiga Toxin-Producing <i>E.coli</i></p> <p><input type="checkbox"/> <i>Shigella</i></p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> No other pathogens tested</p> <p><input type="checkbox"/> Unknown</p>	<p>32. LABORATORY FINDINGS (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):</p> <p>32a. Albumin $\leq 2.5g/dl$:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Done</p> <p><input type="checkbox"/> Information not available</p> <p>32b. White blood cell count $\leq 1,000/\mu l$:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Done</p> <p><input type="checkbox"/> Information not available</p> <p>32c. White blood cell count $\geq 15,000/\mu l$:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Done</p> <p><input type="checkbox"/> Information not available</p>																																																												
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<p>33e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident <i>C. diff+</i> stool collection?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>33e.1 If YES, which medication was taken <i>(Check all that apply)</i>:</p> <p><input type="checkbox"/> Metronidazole <input type="checkbox"/> Vancomycin <input type="checkbox"/> Fidaxomicin <input type="checkbox"/> Other, (specify) _____ <input type="checkbox"/> Unknown</p>																																																													

34. Treatment for incident CDI No treatment Unknown treatment

34a.1 Course 1

Start Date: ____/____/____ Unknown **Stop Date:** ____/____/____ Unknown **OR Duration (days)** ____ Unknown

- | | | |
|---|--|---|
| <input type="checkbox"/> Vancomycin (PO) | <input type="checkbox"/> Metronidazole (PO) | <input type="checkbox"/> Rifaximin |
| <input type="checkbox"/> Vancomycin (Rectal) | <input type="checkbox"/> Metronidazole (IV) | <input type="checkbox"/> Nitazoxanide |
| <input type="checkbox"/> Vancomycin (Unknown route) | <input type="checkbox"/> Metronidazole (Unknown route) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Vancomycin taper (any route) | <input type="checkbox"/> Fidaxomicin | |

34a.2 Course 2

Start Date: ____/____/____ Unknown **Stop Date:** ____/____/____ Unknown **OR Duration (days)** ____ Unknown

- | | | |
|---|--|---|
| <input type="checkbox"/> Vancomycin (PO) | <input type="checkbox"/> Metronidazole (PO) | <input type="checkbox"/> Rifaximin |
| <input type="checkbox"/> Vancomycin (Rectal) | <input type="checkbox"/> Metronidazole (IV) | <input type="checkbox"/> Nitazoxanide |
| <input type="checkbox"/> Vancomycin (Unknown route) | <input type="checkbox"/> Metronidazole (Unknown route) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Vancomycin taper (any route) | <input type="checkbox"/> Fidaxomicin | |

34a.3 Course 3

Start Date: ____/____/____ Unknown **Stop Date:** ____/____/____ Unknown **OR Duration (days)** ____ Unknown

- | | | |
|---|--|---|
| <input type="checkbox"/> Vancomycin (PO) | <input type="checkbox"/> Metronidazole (PO) | <input type="checkbox"/> Rifaximin |
| <input type="checkbox"/> Vancomycin (Rectal) | <input type="checkbox"/> Metronidazole (IV) | <input type="checkbox"/> Nitazoxanide |
| <input type="checkbox"/> Vancomycin (Unknown route) | <input type="checkbox"/> Metronidazole (Unknown route) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Vancomycin taper (any route) | <input type="checkbox"/> Fidaxomicin | |

34a.4 Course 4

Start Date: ____/____/____ Unknown **Stop Date:** ____/____/____ Unknown **OR Duration (days)** ____ Unknown

- | | | |
|---|--|---|
| <input type="checkbox"/> Vancomycin (PO) | <input type="checkbox"/> Metronidazole (PO) | <input type="checkbox"/> Rifaximin |
| <input type="checkbox"/> Vancomycin (Rectal) | <input type="checkbox"/> Metronidazole (IV) | <input type="checkbox"/> Nitazoxanide |
| <input type="checkbox"/> Vancomycin (Unknown route) | <input type="checkbox"/> Metronidazole (Unknown route) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Vancomycin taper (any route) | <input type="checkbox"/> 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. Date of abstraction:
____/____/____

40. Was the patient tested for SARS-CoV-2 (molecular assay, serology or other confirmatory test) on or before the DISC?

- Yes
 No
 Unknown

40a. If YES, date of test:

____/____/____
 Unknown

40b. If YES, what type of test was used?

- Molecular assay
 Serology
 Method Unknown
 Other (specify): _____

40c. If YES, test result

- Positive
 Negative
 Indeterminate

41a. COVID-NET Case ID

41b. NNDSS IDs (please provide at least one of the following when applicable):

Local Case ID: _____

Local Record ID: _____

State case identifier: _____

Legacy case identifier: _____

Comments:

