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

Form Approved
OMB No. 092-0978

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

. of all more to	
	C DC

Patient's Name:					Phone No.: ()				
Address:(Number, Street, Apt. No.)			• A+ N)		_ Chart Number:				
					Hospital:				
	(Cit	y)	(State) (Zi	ip Code)					
5. STATE:				NOSTIC ASSAY	' FOR C. diff+				
(Residence of Patient)	(Residence of	Patient)	9a. EIA		□ Positive □ Negative □ Not tested				
			9b. GDH		□ Positive □ Negative □ Not tested				
			9c. Cytotoxin		□ Positive □ Negative □ Not tested				
7. LABORATORY	D WHERE	8. FACILITY ID WHERE	9d. NAAT (C. diff	only)	Positive Negative Not tested				
INCIDENT SPE	CIMEN	PATIENT TREATED	9e. NAAT (GI par	nel)	□ Positive □ Negative □ Not tested				
IDENTIFIED			9.e.1 lf positive	e, was result su	uppressed? Yes No Unknown				
			9f. Other (specify):		Positive				
10. DATE OF BIRT	Ή:	12. SEX AT BIRTH:			14. RACE: (Check all that apply)				
/		Male 🗆 Female	e 🗌 Unknown		American Indian or				
Unknown					Alaska Native Other Pacific Islander				
		13. ETHNIC ORIGIN	l:		Asian 🗌 White				
11. AGE: (years):		Hispanic or Latin	o 🗌 Not Hispanic or Lating	o 🗌 Unknown	Black or African American Unknown				
			the 6 calendar days after	the date of in	L cident C. diff+ stool collection?				
-	=			the date of hit					
			ar day before the date of	incident C. dif	f+ stool collection?				
Private Resider				Homel					
		v ID:							
Hospital Inpatient Facility ID:									
			? □Yes □No □Unkno						
	Facilit	y ID:							
17. Location of ir	ncident C. d	iff+ stool collection		18. HCFO cla	ssification questions:				
	[Hospital Inpatient		18a. Was incident C. diff+ stool collected at least 3 calendar					
Facility ID:		Facility ID:	Facility ID:		ter the date of hospital admission?				
Emergency r	_ 				HCFO - go to 18d) NO ident C. diff + stool collected in an outpatient				
			Facility ID:		for a LTCF resident, or in a LTCF or LTACH?				
		□ Radiology	Facility ID.		HCFO - go to 18d)				
Surgery	ei	\Box Other inpatient	Autopsy	18c. Was the	patient admitted from a LTCF or a LTACH?				
Observation	/		Other (<i>specify</i>):	Yes (HCFO - go to 18d) NO (CO - complete CRF)					
				-	·				
Other outpa			Unknown		was this case sampled for full CRF? Complete CRF) No (STOP data abstraction here!)				
	uent			1 2	3 4 5 6 7 8 9 10				
19. Patient Outco		Unknown		1					
		OIIKIIOWII		Died					
19a. Date of discharge: /// Unknown			Unknown	19c. Date o	of death:// 🗌 Unknown				
Left against 19b. If survived,	- medical adv	rice (AMA)							
Private residen	-								
	Facility ID:								
LTACH Facility ID:									
Other (specify):									
Unknown									
Dublic reporting bundon of thi	e collection of infor		and the second		arching existing data sources, gathering and maintaining the data needed, and completing				

Public reporting burden of this collection of information is estimated to average 38 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). CDC Rev. 08-2019

20. Exposures to healthcare in the 12 weeks before the date of incident <i>C. diff</i> + stool collection								
20a. Previous hospitalization	Yes	No	Unknown	Facility ID:				
20a.1 If yes, date of discharge closest to date of incident <i>C. diff</i> + 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 Peritonea			1					
20e. Surgery 20f. ER visit				Unknown				
201. ER VISIT 20g. Observation/CDU stay		☐Yes ☐ ☐Yes ☐	」No ∟]No □] Unknown] Unknown				
21. UNDERLYING CONDITIONS: (Check all that appl Chronic lung disease	y) 🗆 None 🗀 Unknown iver disease		Dlagi	as/Paralysis				
Critofic fung disease	Chronic liver disease							
Chronic pulmonary disease		🗌 Hemiplegia 🗌 Paraplegia						
Chronic metabolic disease				uadriplegia				
\Box Diabetes mellitus	\Box Hepatic encephalopathy			disease				
With chronic complications	Variceal bleeding			nronic kidney di	sease			
Cardiovascular disease	Hepatitis C				atinine:	mg/DL		
CVA/Stroke/TIA	Treated, in SVR			Unknown or no				
Congenital heart disease	Current, chronic		Skin o	ondition				
Congestive heart failure	Nalignancy		Βι					
Myocardial infarction	🗌 Malignancy, hematologic			ecubitus/pressu	re ulcer			
Peripheral vascular disease (PVD)	Alignancy, solid organ (non-i	metastatic)		irgical wound				
Gastrointestinal disease	🗌 Malignancy, solid organ (meta	static)			er or chronic wound			
	leurologic condition			ther (specify):				
	Cerebral palsy		04h au					
Peptic ulcer disease	Chronic cognitive deficit		Other		dicasco			
Short gut syndrome	Dementia		☐ Connective tissue disease Jer ☐ Obesity or morbid obesity					
Immunocompromised condition	Epilepsy/seizure/seizure disord	der		egnancy	Obesity			
	Multiple sclerosis			cynuncy				
□ AIDS/CD4 count < 200 □ Neuropathy								
Primary immunodeficiency	Parkinson's disease							
 Primary immunodeficiency Transplant, hematopoietic stem cell 								
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 	Parkinson's disease Other (specify):	_			22c. BMI			
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight 	Parkinson's disease Other (specify): 22b. Height	cm	Unł		22c. BMI			
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight 	Parkinson's disease Other (specify): 22b. Height	cm	Unł		_			
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 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknow 23. Substance Use 	Parkinson's disease Other (specify): 22b. Height wnftin OR	cm		known .	🗌 Unknown			
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknov 23a. Smoking: None Unknown 	Parkinson's disease Other (specify):		23	snown . B b. Alcohol abu	se: Yes No Unknown			
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbsoz ORkg Unknow 23. Substance Use 23a. Smoking: None Unknown Tobacco E-Nicotine Deliv 23c. Other substances: (Check all that apply) Nor 	Parkinson's disease Other (specify): 22b. Height wnftin OR ery System Marijuana		2: Mode o	shown	se: Yes No Unknown			
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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>)				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)					
\square "Asymptomatic" documented in medical record				28a. Radiographic findings			28b. Clinical findings		
\Box Diarrhea by definition (unformed or watery stool, \geq 3/day for \geq 1 day)			r ≥ 1 day)	Toxic megacolon			□ Toxic megacolon		
\Box Diarrhea documented, but unable to determine if it is by definition			finition				🗆 lleus		
□ Nausea			Both toxic megacolon and ileus			\Box Both toxic megacolon and ileus			
				Neither toxic megacolon nor ileu			Neither toxic megacolon nor ileus		
					5		5		
No diarrhea, nausea, or vomiting documented				Radiology not performed			Information not available		
☐ Information not available				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 <i>C. diff</i>+ stool collection? Yes Not Done No Information not available 			ore,	30. Colectomy 30a. If YES, Date of Procedure: (related to CDI): // Yes // No // Unknown /					
31. Were other enteric patho date of incident <i>C. diff</i> + st	gens isolated from	stool collect	ed on the				6 calendar days before, the fter the date of incident		
\Box Campylobacter	ool conection?			C. di	iff+ stool collection	oar days al on):	ter the date of incident		
Norovirus				1	Albumin ≤2.5g/d	l:			
Rotavirus									
🗆 Salmonella					lo lot Done				
Shiga Toxin-Producing E.coli	i				nformation not a	vailable			
☐ Shigella					White blood cell		000/μΙ:		
Other (specify):		-		□ □ Y		-			
□ None									
□ No other pathogens tested □ Unknown					lot Done				
					nformation not a		000/-1-		
				32c. White blood cell count ≥ 15,000/μl:					
					lot Done				
					nformation not a	vailable			
33. MEDICATIONS TAKEN in tl	he 12 weeks before	the date of i	incident C.	diff+ stoo	l collection:				
33a. Proton pump inhibito		33b. H2 Bl		33c. Immunosuppressive therap					
(e.g. Omeprazole, Lans Pantoprazole, Rabepra	soprazole,	(e.g. F	amotidine,	, Ranitidin	e, Cimetidine)		eck all that apply)		
		□Yes				Steroid			
No				Chemoth			agents (specify):		
Unknown		Unknov	wn						
33d. Antimicrobial therapy ((Check all that apply)	□ None □	Unknowi	n					
Amikacin	Cefoxitin		Clindamyc	in	Meropenem		Telavancin		
Amoxicillin	Cefpodoxime		Dalbavanc	·			5,		
Amoxicillin/clavulanic acid	Ceftaroline] Daptomyc				Tobramycin		
Ampicillin Ampicillin/sulbactam	Ceftazidime] Delafloxac] Doripenen				□ Trimethoprim □ Trimethoprim/sulfamethoxazole		
Ampicillin/sulbactam Ceftazidime/avibactam Doripenen Azithromycin Ceftizoxime Doxycyclin						\Box Vancomycin (IV)			
			n 🗌 Penicillin			\Box Other (specify):			
Cefazolin	Ceftriaxone			n 🗌 Piperacillin/tazoba		zobactam			
	Cefuroxime		Gentamici		Polymyxin B	1	_		
Cefepime	Cephalexin		Imipenem,			colistin)			
□ Cefixime □ Ciprofloxacin □ Levofloxa □ Cefotaxime □ Clarithromycin □ Linezolid									
33e. Was patient treated for p	,			e 12 week		of inciden	t C. diff+ stool collection?		
					and wate				
33e.1 If YES, which medicatio	n was taken (Check	all that app	ly):						
Metronidazole Vancomy	cin 🗌 Fidaxomic	in 🗌 Oth	ner, (specify)				Unknown		

34. Treatment for incident CDI	No treatment 🛛 Unknown treatme	ent							
34a.1 Course 1									
Start Date: /	Unknown Stop Date:	II	Unknown	OR Duration (day	s) 🗌 Unknown				
🗌 Vancomycin (PO)	Metronidazo	ole (PO)		Rifaximin					
\Box Vancomycin (Rectal)	Metronidazo	ole (IV)		🗌 Nitazoxanide					
\Box Vancomycin (Unknown route)		ole (Unknown route)		Other (specify):					
\Box Vancomycin taper (any route)	Fidaxomicin								
34a.2 Course 2									
Start Date: /	•		Unknown		s) 🗌 Unknown				
☐ Vancomycin (PO)	Metronidazo			Rifaximin					
Vancomycin (Rectal)	Metronidazo			∐ Nitazoxanide					
☐ Vancomycin (Unknown route)		ole (Unknown route)		Other (specify):					
\Box Vancomycin taper (any route)	🗌 Fidaxomicin								
34a.3 Course 3					_				
Start Date:///	<u>.</u>		Unknown		s) 🗌 Unknown				
☐ Vancomycin (PO) ☐ Vancomycin (Rectal)	└─ Metronidazo └─ Metronidazo			□ Rifaximin □ Nitazoxanide					
		ble (IV) ble (Unknown route)		_					
□ Vancomycin (Unknown route) □ Vancomycin taper (any route)	☐ Fidaxomicin	. ,		Other (<i>specify</i>):					
34a.4 Course 4									
34a.4 Course 4 Start Date: / / /	🗌 Unknown Stop Date:	1 1		OD Duration (day					
Vancomycin (PO)									
Vancomycin (Rectal)		()		Nitazoxanide					
Vancomycin (Unknown route)		ole (Unknown route)		Other (specify):					
Vancomycin taper (any route)	Fidaxomicin								
34b. 🗌 Probiotics (specify):									
34c. 🗌 Stool transplant Date:	_// Unkn	owp							
		1	20 1	- f 20 D- f -	Coloring at the sec				
35. Previous unique CDI episode (>8 weeks before the date of	36. Any recurrent <i>C. diff</i> + episodes following this	37. CRF status:	38. Initials	of 39. Date of	of abstraction:				
incident <i>C. diff</i> + stool collection):		Complete	S.O:		,				
Yes	□Yes	Chart unavailable		/_	/				
□No	□No	after 3 requests							
35a. If YES, previous STATEID:	36a. If YES, Date of first								
	recurrent specimen:								
	//								
40. Did the patient have a	40a. If YES, complete table belo	w.		<u>.</u>					
POSITIVE test(s) for SARS-			an data	Tester					
CoV-2 (molecular assay,		Specimen collection date		(Test type					
serology or other confirmatory	FIRST positive test for			Molecular assay					
test) on or before the DISC?	SARS-CoV-2 on or before the DISC:			Serology Unknown					
□ <mark>Yes</mark>	DISC.	Unknown		Other (specif	fy):				
Unknown	MOST RECENT positive test			☐ Molecular assay ☐ <mark>Serology</mark> ☐ Unknown					
	for SARS-CoV-2 on or before	// Unknown							
	the DISC:			Other (specif	<mark>fy):</mark>				
41a. COVID-NET Case ID	41b. NNDSS IDs (please provide at least one of the	Local Case ID:							
following when applicable):									
		State case identifier:							
Comments:									
<u></u>									