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

___ Chart Number: ___

)_

-

□ Positive □ Negative □ Not tested □ Positive □ Negative □ Not tested

□ Positive □ Negative □ Not tested

CDC

Patient's Name					Phon	e No.: (
Patient's Name: Address:							
		(Number, S	(Number, Street, Apt. No.)				
	(Cit		(6+>+>)	(Zip Code)	Hosp	ital:	
5. STATE:	6. COUNT			9. DIAGNOSTIC ASSAY FOI			
(Residence of Patient)	(Residence of			9a. EIA		Г	
				9b. GDH		L	
				9c. Cytotoxin		ſ	
7. LABORATORY ID WHERE 8 INCIDENT SPECIMEN		8. FACILITY ID WHE	RE	9d. NAAT (<i>C. diff</i> only)		[
		PATIENT TREATED		9e. NAAT (GI panel)		ſ	
IDENTIFIED				9.e.1 If positive, was re	sult suppres	sed?	
				9f. Other (specify):			
10. DATE OF BIRT	H:	12. SEX AT BIRT	 H:		14. R	RACE: (Chec	
//		Male Fem	🗆 Male 🗆 Female 🗆 Unknown			merican In	
		☐ Transgender	Transgender				
11. AGE: (years):		Hispanic or La	ntino 🗌 Not	Hispanic or Latino 🗌 Unki	nown	ack or Afri	
				lendar days after the date	I		
-	-	on://					
				efore the date of incident	C. diff+ sto	ol collecti	
Private Residen	-		·		Homeless		
LTCF	Facilit	y ID:			ncarcerated		
Hospital Inpati	ent Facilit	v ID:			Other (specify):		

19a. Date of discharge: ____/___/____ Unknown

Facility ID: _____

Survived

LTCF

LTACH

Private residence

Left against medical advice (AMA) 19b. If survived, discharged to:

Facility ID: ____

7. LABORATORY ID WHERE	8. FACILITY ID WHERE	9d. NAAT (<i>C. di</i>	Positive Negative Not tested					
INCIDENT SPECIMEN IDENTIFIED	PATIENT TREATED	9e. NAAT (GI pa		Positive	Negative	e 🗌 Not tested		
IDENTIFIED		9.e.1 If positi	9.e.1 If positive, was result suppress		Yes	No	Unkr	nown
	9f. Other (specify):				Positive	Negative	🗌 Not t	tested
10. DATE OF BIRTH:	12. SEX AT BIRTH:			14. RACE: (C	heck all that apply	<i>ı</i>)		
//	Male Female	Unknown		American			ve Hawaii	
Unknown	Transgender			Alaska Na	itive		er Pacific I	slander
	13. ETHNIC ORIGIN:			Asian		Whit		
11. AGE: (years):	Hispanic or Latino	Not Hispanic or Lati	no 🗌 Unknown	Black or A	African Ameri	can 🗌 Unki	nown	
15. Was the patient hospital	ized on the day of or in the 6	i calendar days afte	er the date of inc	ident C. <i>diff</i>	+ stool colled	tion? Yes	🗌 No 🗌	Unknown
15a. If YES, Date of Admissic	on://	Unknown	1					
16. Where was the patient lo	ocated on the 3 rd calendar da	y before the date o	of incident C. diff	^r + stool colle	ction?			
Private Residence			Homele	ess				
LTCF Facility	y ID:		Incarce	rated				
Hospital Inpatient Facility								
16a. Was the patient transfe	rred from this hospital?	∕es □No □Unkr	own 🗌 Unknov	wn				
LTACH Facility	y ID:							
17. Location of incident C. d	iff+ stool collection		18. HCFO clas	ssification qu	uestions:			
Outpatient Facility ID:		.TCF Facility ID:	days aft	dent C. diff + er the date of CFO - go to 18d	hospital adm	d at least 3 cal iission?	endar	
Emergency room		ТАСН	18b. Was inci	dent C. diff +	stool collecte	d in an outpat	ient	
Clinic/doctor's office		Facility ID:				TCF or LTACH?		
Dialysis center	Radiology			ICFO - go to 180				
Surgery	Other inpatient	Autopsy				CF or a LTACH? · complete CRF)		
Observation/		Other (specify):				complete CKF)		
Clinical decision unit			— 18d. If HCFO,			ull CRF?		
☐ Other outpatient		Jnknown				lata abstraction 7 8		10
19. Patient Outcome	Unknown							

Other (specify):		
Unknown		
	minutes per response, including the time for reviewing instructions, searching existing data	
and reviewing the collection of information. An agency may not conduct or sponsor	or, and a person is not required to respond to a collection of information unless it displays a c	urrently valid OMB control number. Send comments regarding this:
burden estimate or any other aspect of this collection of information, including sug	gestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Roa	ad NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).
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Died

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

20. Exposures to meantifeare in the 12 weeks a	efore the date of incident C. dif	f+ 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		,	
// 🗌 Unk	nown			
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	l 🗌 Unknown			
20e. Surgery 20f. ER visit			Unknown	
201. ER VISIT 20g. Observation/CDU stay		□Yes □No □ □Yes □No □	Unknown Unknown	
21. UNDERLYING CONDITIONS: (Check all that appl Chronic lung disease	/) 🗆 None 🗀 Unknown iver disease	Dlagi	as/Paralysis	
	Chronic liver disease		emiplegia	
Chronic pulmonary disease			araplegia	
Chronic metabolic disease			uadriplegia	
\Box Diabetes mellitus	\Box Hepatic encephalopathy		l disease	
With chronic complications	□ Variceal bleeding		hronic kidney disease	
-	Hepatitis C		owest serum creatinine:	mg/DL
CVA/Stroke/TIA	Treated, in SVR		Unknown or not done	<u> </u>
Congenital heart disease	Current, chronic	Skin	condition	
Congestive heart failure	Nalignancy	B		
Myocardial infarction	🗌 Malignancy, hematologic		ecubitus/pressure ulcer	
Peripheral vascular disease (PVD)	🗌 Malignancy, solid organ (non-r		urgical wound	
	🗌 Malignancy, solid organ (meta	June/	ther chronic ulcer or chronic wound	
	leurologic condition		ther (specify):	
	Cerebral palsy			
	Chronic cognitive deficit	Othe	r onnective tissue disease	
			besity or morbid obesity	
-	Epilepsy/seizure/seizure disorc		regnancy	
	Multiple sclerosis		regnancy	
	Parkinson's disease			
Transplant hematopoietic stem cell	Other (specify):			
	Other (specify):			
Transplant, solid organ			22c, BMI	
☐ Transplant, solid organ 22a. Weight	22b. Height		22c. BMI	
Transplant, solid organ 22a. Weight	22b. Height	cm Un		
□ Transplant, solid organ 22a. Weightlbsoz ORkg □ Unknow 23. Substance Use	22b. Height		known 🗌 Unknown	
Transplant, solid organ 22a. Weightlbsoz ORkg Unknow 23. Substance Use 23a. Smoking: None Unknown	22b. Height wnftin OR			
□ Transplant, solid organ 22a. Weightlbsoz ORkg □ Unknow 23. Substance Use	22b. Height wnftin OR		known Unknown 3b. Alcohol abuse: 🗆 Yes	
Transplant, solid organ 22a. Weightlbsoz ORkg Unknow 23. Substance Use 23a. Smoking: None Unknown	22b. Height wnftin OR ery System 🗌 Marijuana e 🗌 Unknown	2	known Unknown 3b. Alcohol abuse: Yes No Unknown	
□ 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) □ None	22b. Height wnftin OR ery System □ Marijuana	UD)/Abuse? Mode (known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: (Check all that apply)	
□ Transplant, solid organ 22a. Weight □ lbsoz ORkg □ Unknown 23. Substance Use 23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv 23c. Other substances: (Check all that apply) □ None □ Marijuana/cannabinoid (other than smoking)	22b. Height wnft in OR ery System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse	UD)/Abuse? Mode o e DIDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: (Check all that apply) G Skin popping non-IDU Unknown	
□ Transplant, solid organ 22a. Weight lbsoz ORkg □ Unknown 23. Substance Use 23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv 23c. Other substances: (Check all that apply) □ Non □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin)	22b. Height wnft in OR ery System 🗌 Marijuana e 🗌 Unknown Documented Use Disorder (D 🗌 DUD or Abuss 🗍 DUD or Abuss	UD)/Abuse? Mode o e DIDU e DIDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: <i>(Check all that apply)</i> Skin popping non-IDU Unknown Skin popping non-IDU Unknow	wn
□ Transplant, solid organ 22a. Weight lbsoz ORkg □ Unknown 23. Substance Use 23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv 23c. Other substances: (Check all that apply) □ None □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycocom)	22b. Height wnft in OR ery System 🗌 Marijuana e 🗌 Unknown Documented Use Disorder (D 🗌 DUD or Abuss 🗍 DUD or Abuss	UD)/Abuse? Mode of e DIDU e DIDU e DIDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: (<i>Check all that apply</i>) Skin popping non-IDU Unknow Skin popping non-IDU Unknow	wn wn
□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) □Non □Marijuana/cannabinoid (other than smoking) □Opioid, DEA schedule I (e.g., heroin) □Opioid, NOS	22b. Height wnft in OR ery System 🗌 Marijuana e 🗌 Unknown Documented Use Disorder (D 🗌 DUD or Abuss 🗍 DUD or Abuss	UD)/Abuse? Mode (e DIDU e DIDU e DIDU e DIDU e DIDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: Unknown Skin popping non-IDU Unknown	wn wn wn
□ Transplant, solid organ 22a. Weight lbsoz ORkg □ Unknown 23. Substance Use 23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv 23c. Other substances: (Check all that apply) □ None □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycocom)	22b. Height wnftin OR ery System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse done) DUD or Abuse	UD)/Abuse? Mode (e DIDU e DIDU e DIDU e DIDU e DIDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: (<i>Check all that apply</i>) Skin popping non-IDU Unknow Skin popping non-IDU Unknow	wn wn wn
□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) □Non □Marijuana/cannabinoid (other than smoking) □Opioid, DEA schedule I (e.g., heroin) □Opioid, NOS	22b. Height vnftin OR ery System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse done) DUD or Abuse DUD o	UD)/Abuse? Mode (e IDU e IDU e IDU e IDU e IDU e IDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: Unknown Skin popping non-IDU Unknown	wn wn wn
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Transplant, solid organ 22a. Weight lbsoz ORkgUnknow 23. Substance Use 23a. Smoking:NoneUnknown TobaccoE-Nicotine Deliv 23c. Other substances: (Check all that apply)Non Marijuana/cannabinoid (other than smoking) Opioid, DEA schedule I (e.g., heroin) Opioid, DEA schedule II-IV (e.g., methadone, oxyccoll) Opioid, NOS Cocaine Methamphetamine Other (specify): Unknown substance Unknown substance Unknown substance Unknown substance	22b. Height wn ftin OR erry System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse DU	UD)/Abuse? Mode (e IDU e IDU	known Unknown 3b. Alcohol abuse: Yes No No Unknown of delivery: (Check all that apply) Skin popping non-IDU No (patient not hospitalized or did not have 26. Was the patient in an ICU on the data	wn wn wn wn wn wn DUD) ay of or in
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 Transplant, solid organ 22a. Weightlbsoz ORkg Unknown 23. Substance Use 23a. Smoking: None Unknown	22b. Height wn ftin OR erry System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse Poutor Abuse DUD or Abuse DU	UD)/Abuse? Mode (e IDU e IDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: Unknown of skin popping non-IDU Unknown of Skin popping non-IDU Unknown of patient not hospitalized or did not have Of date of incider of of locu No Unknown 26. Was the patient in an ICU on the dat the of incider Stool collection? of yes No Unknown 26a. If YES, date of ICU admission:	wn wn wn wn wn wn DUD) ay of or in
 Transplant, solid organ 22a. Weightlbsoz ORkg Unknown 23. Substance Use 23a. Smoking: None Unknown	22b. Height wn ftin OR erry System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse DY	UD)/Abuse? Mode (e IDU e IDU	known Unknown 3b. Alcohol abuse: Yes No No Unknown of delivery: (Check all that apply) Skin popping non-IDU No (patient not hospitalized or did not have 26. Was the patient in an ICU on the dat the 6 days after the date of incider stool collection? Yes No	wn wn wn wn wn wn DUD) ay of or in
 Transplant, solid organ 22a. Weightlbsoz ORkg Unknown 23. Substance Use 23a. Smoking: None Unknown	22b. Height wn ftin OR erry System Marijuana e Unknown Documented Use Disorder (D DUD or Abuse DU	UD)/Abuse? Mode (e IDU e IDU	known Unknown 3b. Alcohol abuse: Yes No Unknown of delivery: Unknown of skin popping non-IDU Unknown of Skin popping non-IDU Unknown of patient not hospitalized or did not have Of date of incider of of locu No Unknown 26. Was the patient in an ICU on the dat the of incider Stool collection? of yes No Unknown 26a. If YES, date of ICU admission:	wn wn wn wn wn wn DUD) ay of or in

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Durthe by definition (unformed or wasted stock, 2 3/day for 2 1 day) Durthe by definition (unformed or wasted stock, 2 3/day for 2 1 day) Durthe documented, but unable to datern with it is by definition Durthe documented, but unable to datern with it is by definition Durthe documented, but unable to datern with it is by definition Durthe documented, but unable to datern with it is by definition Durthe documented, but unable to date stop documented Durthe documented, but unable to date stop documented Durthe documented, but unable to date documented, but u	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)				
□ Diarrhea documented, but unable to determine if it is by definition □ Iteus □ Diarrhea documented, but unable to determine if it is by definition □ Nassa □ Soft totak megacolon and ileus □ Diatrhea, nausea, or vomiting documented □ Diatrhea, nausea, or vomiting documented □ Information not available □ No diarrhea, nausea, or vomiting documented □ Radiology not gazoton nor ileus □ Information not available □ No diarrhea, nausea, or vomiting documented □ Radiology not gazoton nor ileus □ Information not available □ No diarrhea, nausea, or vomiting documented □ Radiology not gazoton nor ileus □ Radiology not gazoton nor ileus □ No diarrhea, nausea, or vomiting documented □ Radiology not gazoton nor ileus □ Radiology not gazoton nor ileus □ No diarrhea, nausea, or vomiting documented □ Rodiology not gazoton nor ileus □ Rodiology not gazoton nor ileus □ No diarrhea, nausea, or vomiting documented □ Rodiology not gazoton nor ileus □ Rodiology not gazoton nor ileus □ No diarrhea, nausea, or vomiting documented □ Rodiology not gazoton nor ileus □ Rodiology not gazoton nor ileus □ No diarrhea, nausea, or vomiting documented □ Rodiology not gazoton nor ileus □ Rodiology not gazoton nor ileus □ No diarrhea, nausea, ileus documented □ Rodiology not gazoton nor ileus □ Rodiology not gazoton nor ileus <td colspan="3">\Box "Asymptomatic" documented in medical record</td> <td>2</td> <td>8a. Radio</td> <td>ographic findings</td> <td></td> <td>28b. Clinical findings</td>	\Box "Asymptomatic" documented in medical record			2	8a. Radio	ographic findings		28b. Clinical findings	
Nussea □ Oth toxic megacolon and Ileus □ Both toxic megacolon and Ileus No diarrher, nussea, or vomiting documented □ Reither toxic megacolon nor ileus □ Reither toxic megacolon nor ileus Information not available □ Reither toxic megacolon nor ileus □ Information not available 29. Was pseudomembranous colifis listed in the surgical pathology, redectory, or autops report in the 6 calendar days before, the day of or the 6 calendar days after the date of incident 30. LYES, Date of Procedure: 29. Was pseudomembranous colifis listed from stool collected on the date of incident 31. Mer other conter canteric pathogens isolated from stool collected on the date of incident 32. LABORATORY FINDINGS (in the 6 calendar days before, the date of incident Compositor □ Morevina □ Nonown □ Unknown 31. Were other enteric pathogens isolated from stool collected on the date of incident 32. LABORATORY FINDINGS (in the 6 calendar days before, the date of incident Compositor □ Morevina □ No toher pathogens isolated from stool collected on the obset of incident Solimonelle □ No toher pathogens isolated from stool collected on the date of incident □ Morevina □ Astrono □ No toher pathogens isolated from stool collection 33. Metro Charlows □ No toher pathogens isolated from stool collection 33. Altantimic stool collection □ Morevina <t< td=""><td colspan="2">\Box Diarrhea by definition (unformed or watery stool, \geq 3/day for \geq 1 day)</td><td>1 day)</td><td>Toxic m</td><td>egacolon</td><td></td><td>□ Toxic megacolon</td></t<>	\Box Diarrhea by definition (unformed or watery stool, \geq 3/day for \geq 1 day)		1 day)	Toxic m	egacolon		□ Toxic megacolon		
Vorniting Indicates Indicates Indicates No distribution Indicates Indicates Indicates Subject Indicates Indicates Indicates Subject Indicates Indicates Indicates Subject Indicates Indicates Indicates Subject Indicates Indicates Indicates Indicates Indicates Ind	🗆 Diarrhea documented, but una	able to determine	if it is by definiti	ion	lleus			🗌 lleus	
Working Neither toxic megacolon nor ileus Neither toxic megacolon nor ileus Indernation not available Indernation not available Indernation not available 29. War peudomerbranous colitik litete in the surgical pathology, the date of incident 30. Letters valiable Indernation not available 29. War peudomerbranous colitik litete in the surgical pathology, the date of incident 30. Letters valiable Indernation not available 30. Method collection? Indernation not available Indernation not available Indernation not available 31. Were other enteric pathogens isolated from stool collected on the date of incident C darff- stool collection? Indernation not available 33. Met other pathogens isolated from stool collected on the date of incident Sachonoria Sachonoria Sachonelie Indernation not available Sachonelie Sachonelie Sachonelie Sachonelie	🗌 Nausea				Both to	xic megacolon an	d ileus	Both toxic megacolon and ileus	
No diarrhea, nausea, or vomiting documented ☐ Information not available ☐ Information not available 20. Was peeddocumentbraneous collist 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? 30. CiteCony 30. Lif YES, Date of Procedure: Yes > wot Done					_				
Information not available Information not available 29. Was pseudomembranous collisi listed in the surgical patholegy, mediscopy, or autopsy report in the 6 calendar days before, the day of or the 6 calendar days after the date of incident C alff+ stool collection? 30a. If VES, Date of Procedure: Calify is stool collection? 30a. If VES, Date of Procedure: Information not available 31. Were other enteric pathogens isolated from stool collected on the date of incident C. alff+ stool collection? Information not available 31. Were other enteric pathogens isolated from stool collected on the date of incident C. alff+ stool collection? 32a. Albumins 2.3g/dl: Campyobacter Norrowins 23a. Motion Producing E.coli Solamonella Solamonella Solamonella Solamonella Solamonella Solamonella No ne No ther pathogens tested No thore not available 32a. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. alff+ stool collection: 33b. Receiver and solamone in the stool collection: 33a. Proten pump inhibitor (e.g. Omeprazole, Lansoprazole, Pamotdine, Ranitidine, Cimetidine, Cimetid	No diarrhea, nausea, or vomitir	na documented				5			
29. Was pseudomembranous collisis listed in the surgical pathology, endocopy, or autopsy report in the 6 calendar days before, cliff: stool collection? 30. Collection? 30. Collection? 29. Was pseudomembranous collisis listed in the surgical pathology, cliff: stool collection? 30. Collection? 30. Collection? 20. Source in the 6 calendar days before, cliff: stool collection? 30. Collection? 30. Collection? 30. Were other enteric pathogens isolated from stool collected on the day of, or the 6 calendar days after the date of incident Comprobacter 32. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident Comprobacter 31. Were other enteric pathogens isolated from stool collected on the day of, or the 6 calendar days after the date of incident C. diff: stool collection? 32. Albumin c2. Sg/dit: Sol collection? 32. Where blood cell count x 1,000/µl: Shigelia Yes information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff: stool collection: 33. HEDicAces (e.g. Temprate)e, Lansoprazole, Pantoprazole, Rabeprazole, Pantoprazole, Rabeprazole, Pa		ng documented			_			Information not available	
endercopy, or autopsy report in the 6 calendar days before, "		ltate ltean diter also			1				
day of, or the 6 calendar days after the date of incident Campybacter Campybacter Rotavirus Satinonella Shiga Toxin-Producing Ecoli Other (specify): None Other pathogens tested Unknown No other pathogens tested Unknown 32. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. ALEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. ALEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. ALEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. ALEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: 33. Communosuppressive therapy (e.g. Famotidine, Ranitidine, Cimetidine) (a.f. famotidine) (check all that apply) (b.f. cok all that apply) (b.f. cok all that apply) (b.f. cok all that apply)	endoscopy, or autopsy repor the day of, or the 6 calendar <i>C. diff</i> + stool collection? Yes Not Done	t in the 6 calendard days after the da	ar days before,	ogy,	(related □Yes □No	d to CDI):		//	
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Norvirus 32a. Albumin 52.5g/dl: Rotavirus >Yes Solmonella No Shigal Toxin-Producing E.coli Information not available Shigella 32b. White blood cell count \$ 1,000/µl: Other (specify): 'Yes None No to Done No other pathogens tested 'No Unknown Information not available 32c. White blood cell count \$ 1,000/µl: 'Yes None Not Done Unknown 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. Famotidine, Ranitidine, Cimetidine) 'Check all that apply' Yes 'No Wo 'No None Winknown 'Other agents (specify): 'Ves 'No 'Secold 'No 'No 'Dabavancin 'No 'Other agents (specify): 'Amoxicillin Cefrazidime Dabavancin 'Amoxicillin'subactam Cefrazidime / Dabavancin Meropenem/vaborbactam 'Amoxicillin'subactam Cefrazidime Dabavancin 'Other onycr					C. di	ff+ stool collection	on):		
Image: Solthornella No Solthornella No Solthornella Information not available Shiga Toxin-Producing E.coli Information not available Solthornella 32b. White blood cell count ≤ 1,000/µl: Other (specify): No No other pathogens tested No Unknown Not Done 32b. White blood cell count ≤ 15,000/µl: Yes No No other pathogens tested No to Done Unknown S3b. H2 Blockers (e.g. Omeprazole, Lansoprazole, Lansoprazole, Person pump inhibitor (e.g. Famotidine, Ranitidine, Cimetidine) (e.g. Antimicrobial therapy (Check all that apply) Non Unknown Unknown Steroids 33d. Antimicrobial therapy (Check all that apply) None Annikacin Cefoxine Dalavancin Amoxicillin Cefoxine Dalavancin Antimicrobial therapy (Check all that apply) None Unknown 33d. Antimicrobial therapy (Check all that apply) Doripenem Fileavancin Amixacin Cefoxine Dalavancin Meropenem/vaborbactam Figecycline Antimicrobial ther						-	l:		
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Shigelia									
Other (specify):						nformation not av	vailable		
Image:					32b.	White blood cell	count ≤ 1,0	000/μl:	
Involution Involution Involution Information not available 32c. White blood cell count ≥ 15,000/µl: Involution Information not available Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collection: Information not available 33. MEDICATIONS TAKEN in the 12 weeks before the date of incident C. diff+ stool collectin: Information not available </td <td></td> <td></td> <td>-</td> <td></td> <td>·</td> <td></td> <td></td> <td></td>			-		·				
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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):				ycin 🗌 Piperacillin/tazobactam					
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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):					I				
Yes No Unknown 33e.1 If YES, which medication was taken (Check all that apply):					12 week		of inciden	t C. diff+ stool collection?	
Metronidazole Vancomycin Fidaxomicin Other, (specify) Unknown Unknown									
	☐ Metronidazole ☐ Vancomycin	🗌 Fidaxomic	in 🗌 Other, ((specify) _				Unknown	

34. Treatment for incident CDI	No treatment 🛛 Unknown treatn	nent					
34a.1 Course 1							
Start Date: / / /	•		Unknown	<u>OR</u> Du	ıration (days)	🗌 Unknown	
🗌 Vancomycin (PO)	Metronidaz			Rifa	ximin		
Vancomycin (Rectal)	Metronidaz				azoxanide		
☐ Vancomycin (Unknown route)		zole (Unknown route)		∐Oth	er (specify):		
\Box Vancomycin taper (any route)	🗌 Fidaxomici	n					
34a.2 Course 2	_						
Start Date: / / / / /	•	Unknown		-	🗌 Unknown		
Vancomycin (PO)	Metronidaz		Rifa				
Uancomycin (Rectal)	Metronidaz				azoxanide		
☐ Vancomycin (Unknown route)		zole (Unknown route)		└─Oth	er (specify):		
□ Vancomycin taper (any route)	🗌 Fidaxomici	n					
34a.3 Course 3	_					_	
Start Date: / / /	<u> </u>		Unknown			🗌 Unknown	
Vancomycin (PO)					ximin		
Vancomycin (Rectal)	Metronidaz	. ,			azoxanide		
☐ Vancomycin (Unknown route)		zole (Unknown route)		□Oth	er (specify):		
\Box Vancomycin taper (any route)		n					
34a.4 Course 4	_		_			_	
Start Date:///	•		Unknown			Unknown	
Vancomycin (PO)	Metronidaz			Rifa			
Vancomycin (Rectal)	Metronidaz				azoxanide		
Vancomycin (Unknown route)		zole (Unknown route)		∟Oth	er (specify):		
Vancomycin taper (any route)	🗌 Fidaxomici	n					
34b. 🗌 Probiotics (specify):							
34c. \Box Stool transplant Date:	_// 🗆 Unk	nown					
35. Previous unique CDI episode	36. Any recurrent <i>C. diff</i> +	37. CRF status:	38. Initials	of	39. Date of abs	traction:	
(>8 weeks before the date of	episodes following this	Complete	S.O:				
incident <i>C. diff</i> + stool collection):					/	/	
∐ Yes	☐ Yes	Chart unavailable				/	
∐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 be	low:					
POSITIVE test(s) for SARS-		Specimen collecti	Specimen collection date		Test type		
CoV-2 (molecular assay, serology or other confirmatory	FIRST positive test for						
test) on or before the DISC?	SARS-CoV-2 on or before th				olecular assay		
test, on or before the bise.	DISC:				Serology		
Yes			Unknown Other (<i>specify</i>):				
					ner (specify): ntigen		
Unknown	MOST RECENT positive test	://					
	for SARS-CoV-2 on or befor	re Unknown Serology					
the DISC:				Ur	nknown		
		I		'Ot	her (specify):		
41a. COVID-NET Case ID	41b. NNDSS IDs (please	Local Case ID:					
	provide at least one of the						
	following when applicable):	Local Record ID:					
		State case identifier:					
		l ogacy caso identifie	r:				
		CDC 2019-nCOV ID:					
Comments:							
Comments:							
Comments:							