1. PATIENT ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	2. STATE ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
3. SPECIMEN ID: _____	4. Date of incident *C. diff*+ stool collection (DISC): ___ ___/___ ___/___ ___ ___ ___

Form Approved
OMB No. 092-0978

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

Patient's Name: _____ Phone No.: _____

Address: _____

Address type: _____ Hospital: _____ Chart Number: _____

5. STATE: _____

6a. COUNTY: _____

6b. PLANNING REGION: _____

7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED _____

8. FACILITY ID WHERE PATIENT TREATED _____

9. Diagnostic assay for *C. diff*

9a. EIA	☐ Positive	☐ Negative	☐ Not tested
9b. GDH	☐ Positive	☐ Negative	☐ Not tested
9c. Cytotoxin	☐ Positive	☐ Negative	☐ Not tested
9d. NAAT (*C. diff* only)	☐ Positive	☐ Negative	☐ Not tested
9e. NAAT (GI panel)	☐ Positive	☐ Negative	☐ Not tested
9.e.1 If positive, was result suppressed?	☐ Yes	☐ No	☐ Unknown
9f. Other *(specify)*: _____	☐ Positive	☐ Negative	☐ Not tested

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
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Unknown

15. Was the patient hospitalized on the day of or in the 6 calendar days after the DISC? ☐ Yes ☐ No ☐ Unknown

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

16. Where was the patient located on the 3rd calendar day before the DISC?
☐ Private Residence
☐ LTCF Facility ID: _____
☐ Hospital Inpatient Facility ID: _____
☐ Homeless
☐ Incarcerated
☐ Other *(specify)*: _____
☐ Unknown

16a. Was the patient transferred from this hospital? ☐ Yes ☐ No ☐ Unknown
☐ LTACH Facility ID: _____

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 DISC

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

20a.1 If yes, date of discharge closest to DISC:

__ __/__ __/__ __ __ __ ☐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

  ☐Unknown or not done

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
☐Opioid, NOS	☐DUD or Abuse	☐IDU ☐Skin popping ☐non-IDU ☐Unknown
☐Cocaine	☐DUD or Abuse	☐IDU ☐Skin popping ☐non-IDU ☐Unknown
☐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

During the current hospitalization, did the patient receive medication assisted treatment (MAT) for opioid use disorder? ☐Yes ☐No ☐N/A (patient not hospitalized or did not have DUD)

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

26. Was the patient in an ICU on the day of or in the 6 days after the DISC?

☐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 DISC) *(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. Fever (in the 2 calendar days before or calendar day of the DISC)

- ☐ Fever ≥38°C or ≥100.4°F documented
  Highest fever documented: _____ °C or _____ °F
- ☐ Self-reported fever
- ☐ No fever documented
- ☐ Information not available

29. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)

29a. Radiographic findings

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

29b. Clinical findings

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

30. 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 DISC?

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

31. Colectomy (related to CDI):

- ☐ Yes
- ☐ No
- ☐ Unknown

31a. If YES, Date of Procedure:

__ __ /__ __ /__ __ __ __

- ☐ Unknown

32. Were other enteric pathogens isolated from stool collected on the DISC?

- ☐ Astrovirus
- ☐ *Campylobacter*
- ☐ Enteroaggregative *E. coli* (EAEC)
- ☐ Enteropathogenic *E. coli* (EPEC)
- ☐ Enterotoxigenic *E. coli* (ETEC)
- ☐ Norovirus
- ☐ Rotavirus
- ☐ *Salmonella*
- ☐ Sapovirus
- ☐ Shiga Toxin-Producing *E.coli*
- ☐ *Shigella*
- ☐ *Yersinia enterocolitica*
- ☐ Other (specify): _____
- ☐ None
- ☐ No other pathogens tested
- ☐ Unknown

33. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)

33a. Albumin ≤ 2.5g/dl:

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

33b. White blood cell count ≤ 1,000/µl:

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

33c. White blood cell count ≥ 15,000/µl:

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

33d. Serum creatinine > 1.5 mg/dl

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

34. MEDICATIONS taken in the 12 weeks before the DISC:

34a. Proton pump inhibitor (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole)

- ☐ Yes
- ☐ No
- ☐ Unknown

34b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine)

- ☐ Yes
- ☐ No
- ☐ Unknown

34c. Immunosuppressive therapy *(Check all that apply)*

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

34d. Antimicrobial therapy (*Check all that apply)* ☐ Yes, name unknown ☐ None ☐ Unknown

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

34e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?
☐ Yes ☐ No ☐ Unknown

34f.1 If YES, which medication was taken *(Check all that apply)*:
☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, *(specify)* _____ ☐ Unknown

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

35a.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	_____

35a.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	_____

35a.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	_____

35a.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	_____

35b. ☐ **Probiotics *(specify)*:** _____

35c. ☐ **Stool transplant Date:** __ __ /__ __ /__ __ __ __ ☐ Unknown

36. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen, or other viral test; excluding serology) in the 90 days before or day of the DISC?
☐ Yes ☐ No ☐ Unknown

36a. Specimen collection dates for positive tests in the 90 days before or day of DISC

36a.1. First positive test:
__ __ /__ __ /__ __ __ __
☐ Date Unknown

36a.2 Most recent positive test:
__ __ /__ __ /__ __ __ __
☐ Date Unknown

37. COVID-NET Case IDs: _____

38. Previous unique CDI episode (>8 weeks before the DISC):
☐ Yes
☐ No

38a. If YES, previous STATEID:
_____

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

39a. If YES, Date of first recurrent specimen:
__ __ /__ __ /__ __ __ __

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

41. Initials of S.O:
_____

42. Date of abstraction:
__ __ /__ __ /__ __ __ __

Comments: