

**Emerging Infections Program C. difficile Surveillance**  
**Nursing Home Telephone Survey**

Facility Name \_\_\_\_\_ Phone number \_\_\_\_\_

Hi, I'm \_\_\_\_\_ and I'm calling from the \_\_\_\_ [EIP site] \_\_\_\_\_ Emerging Infections Programs, agents of the \_\_\_\_\_ [health department] \_\_\_\_\_. We are calling area nursing homes and long-term acute care facilities in \_\_\_\_\_ [name of the county] \_\_\_\_\_ to ask a few questions about patient specimens submitted for laboratory testing. Who would be the best person for me to talk to?

Speaking to correct person:

If YES, Record name and title: \_\_\_\_\_

Phone number: \_\_\_\_\_

If NO, Name of person and title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Best time to reach this person: \_\_\_\_\_

*Once you're speaking to the correct person:*

1. Do you collect stool specimens in the facility to be sent for ***Clostridioides difficile*** testing?

YES    NO

2. If YES, please name the laboratories to which you send stool specimens for *C. diff* testing:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_