

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



Form Approved  
 OMB No. 092-0978  
 Expiration Date: 2/28/26

## CLOSTRIDIoidES DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

Patient's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Address type: \_\_\_\_\_ Hospital: \_\_\_\_\_ Chart Number: \_\_\_\_\_

<b>5. STATE:</b>	<b>6a. COUNTY:</b>	<b>9. Diagnostic assay for <i>C. diff</i></b>				
	<b>6b. PLANNING REGION:</b>		<b>9a. EIA</b>	Positive	Negative	Not tested
<b>7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED:</b> _____		<b>9b. GDH</b>	Positive	Negative	Not tested	Unknown
		<b>9c. Cytotoxin</b>	Positive	Negative	Not tested	Unknown
<b>8. FACILITY ID WHERE PATIENT TREATED:</b> _____		<b>9d. NAAT (<i>C. diff</i> only)</b>	Positive	Negative	Not tested	Unknown
		<b>9e. NAAT (GI panel)</b>	Positive	Negative	Not tested	Unknown
		<b>9.e.1 If positive, was result suppressed?</b>	Yes	No		Unknown
		<b>9f. Other (specify):</b>	Positive	Negative	Not tested	Unknown

<b>10. DATE OF BIRTH:</b>	<b>12. SEX AT BIRTH:</b>	<b>14. RACE:</b> (Check all that apply)
_____	Male    Female    Unknown	American Indian or Alaska Native
Unknown	Transgender	Native Hawaiian or Other Pacific Islander
<b>11. AGE:</b> (years)	<b>13. ETHNIC ORIGIN:</b>	Asian
_____	Hispanic or Latino    Not Hispanic or Latino    Unknown	Black or African American
		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 3<sup>rd</sup> calendar day before the DISC?**

Private Residence    LTACH    Facility ID: \_\_\_\_\_

LTCF    Facility ID: \_\_\_\_\_    Homeless

Hospital Inpatient    Facility ID: \_\_\_\_\_    Incarcerated

**16a. Was the patient transferred from this hospital?**    Other (specify): \_\_\_\_\_

Yes    No    Unknown    Unknown

**17. Location of incident *C. diff*+ stool collection**

<b>Outpatient</b>	<b>Hospital Inpatient</b>	<b>LTCF</b>	<b>Autopsy</b>
Facility ID: _____	Facility ID: _____	Facility ID: _____	<b>Other (specify):</b> _____
Emergency room	ICU	<b>LTACH</b>	
Clinic/doctor's office	OR	Facility ID: _____	<b>Unknown</b>
Dialysis center	Radiology		
Surgery	Other inpatient		
Observation/Clinical decision unit			
Other outpatient			

**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—Facility ID: \_\_\_\_\_ (HCFO - go to 18d)    No (CO - complete CRF)

**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

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**19. Patient Outcome:** **Unknown**  
**Survived** **Died**  
**19a. Date of discharge:** \_\_\_\_\_ Unknown **19c. Date of Death:** \_\_\_\_\_ Unknown  
Left against medical advice (AMA)  
**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**

<b>20a. Previous hospitalization</b>	Yes	No	Unknown	Facility ID: _____	<b>20a.1 If yes, date of discharge closest to DISC:</b> _____
<b>20b. Overnight stay in LTACH</b>	Yes	No	Unknown	Facility ID: _____	Unknown
<b>20c. Overnight stay in LTCF</b>	Yes	No	Unknown	Facility ID: _____	
<b>20d. Chronic dialysis</b>	Yes	No	Unknown	<b>20d.1 Type:</b>	Hemodialysis Peritoneal Unknown
<b>20e. Surgery</b>	Yes	No	Unknown		
<b>20f. ER visit</b>	Yes	No	Unknown		
<b>20g. Observation/CDU stay</b>	Yes	No	Unknown		

**21. UNDERLYING CONDITIONS:** (*Check all that apply*)

<b>Chronic lung disease</b> Cystic fibrosis Chronic pulmonary disease	<b>Chronic metabolic disease</b> Diabetes mellitus With chronic complications	<b>Cardiovascular disease</b> CVA/Stroke/TIA Congenital heart disease Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD)	<b>Gastrointestinal disease</b> Diverticular disease Inflammatory bowel disease Peptic ulcer disease Short gut syndrome	<b>Immunocompromised condition</b> HIV AIDS/CD4 count < 200 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ ( <i>specify</i> ): _____	None Unknown	<b>Liver disease</b> Chronic liver disease Ascites Cirrhosis Hepatic encephalopathy Variceal bleeding Hepatitis C Treated, in SVR Current, chronic	<b>Malignancy</b> Malignancy, hematologic Malignancy, solid organ (non-metastatic) Malignancy, solid organ (metastatic)	<b>Neurologic condition</b> Cerebral palsy Chronic cognitive deficit Dementia Epilepsy/seizure/seizure disorder Multiple sclerosis Neuropathy Parkinson's disease Other ( <i>specify</i> ): _____	<b>Plegias/Paralysis</b> Hemiplegia Paraplegia Quadriplegia	<b>Renal disease</b> Chronic kidney disease Lowest serum creatinine: _____ mg/DL Unknown or not done	<b>Skin condition</b> Burn Decubitus/pressure ulcer Surgical wound Other chronic ulcer or chronic wound Other ( <i>specify</i> ): _____	<b>Other</b> Connective tissue disease Obesity or morbid obesity Pregnancy
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<b>22a. Weight</b> _____ lbs _____ oz OR _____ kg Unknown	<b>22b. Height</b> _____ ft _____ in OR _____ cm Unknown	<b>22c. BMI</b> _____ Unknown
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<b>23. Substance Use</b>	<b>23a. Smoking:</b> None Tobacco Unknown	<b>23b. Alcohol abuse:</b> Yes No Unknown
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**23c. Other substances:** (*Check all that apply*)

<b>Substance</b>	<b>Documented Use Disorder (DUD)/Abuse?</b>	<b>Mode of delivery:</b> ( <i>Check all that apply</i> )
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 ( <i>specify</i> ): _____	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)



<b>34e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?</b>		Yes	No	Unknown
<b>34f.1 If YES, which treatment was taken?</b> (Check all that apply)		Metronidazole Vancomycin Fidaxomicin	Other, (specify): _____ Unknown	
<b>35. Treatment for incident CDI</b>	No treatment	Unknown treatment		
<b>35a.1 Course 1</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
<b>35a.2 Course 2</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
<b>35a.3 Course 3</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
<b>35a.4 Course 4</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
<b>35b. Probiotics (specify):</b> _____				
<b>35c. Stool transplant</b> <b>Date:</b> _____      Unknown				
<b>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?</b>		<b>36a. Specimen collection dates for positive tests in the 90 days before or day of DISC</b>		
Yes	No	Unknown		
		<b>36a.1. First positive test:</b>		<b>36a.2 Most recent positive test:</b>
		_____		_____
		Date Unknown		Date Unknown
<b>37. COVID-NET Case IDs in the year before or day of DISC:</b> _____ <span style="float: right;">None or N/A</span>				
<b>38. Previous unique CDI episode (&gt;8 weeks before the DISC):</b>	<b>39. Any recurrent C. diff+ episodes following this incident C. diff+ episode?</b>	<b>40. CRF status:</b>	<b>41. Initials of S.O.:</b>	<b>42. Date of abstraction:</b>
Yes	Yes	Complete	_____	_____
No	No	Incomplete		
		Chart unavailable after 3 requests		
<b>38a. If YES, previous STATEID:</b>	<b>39a. If YES, Date of first recurrent specimen:</b>			
_____	_____			
<b>Comments:</b>				