Form Approved
OMB No. 0092-0978

Surveillance Officer's Survey

CDC's Emerging Infections Program

Clostridioides difficile Infection (CDI) Surveillance

Lab participation, practices, and auditing

1. **How does your site verify that laboratories are sending you complete lists of C. diff cases? How often does your site do this verification? If your approach is different for different types of labs, please note what those differences are.**

2. **In 2023, did any laboratories drop out of participation?**
   - Yes
   - No

   If yes:
   How many?

   Why did these labs drop out of participation?

3. **In 2023, did you identify any additional laboratories inside or outside of your catchment area which identify *C.diff* assays from persons who are residents of your catchment area?**
   - Yes
   - No

   If yes:
   How many of these laboratories were inside the catchment area?

   How many of these laboratories were outside the catchment area?

   Approximately how many cases does this (or these) lab(s) identify per quarter (if more than one lab please provide the range)?

   How many were found using the LTCF Survey?

   How many were found because the lab submitted a case to you as part of mandated case reporting?

   How many were found in some other way (please specify)?

4. **Are you seeing a decline in numbers of specimens saved from any of your laboratories?**
    - Yes
    - No

    If yes, why?

5. **Did any of your laboratories stop saving specimens for surveillance?**
    - Yes
    - No

    If yes, why?

6. **Please describe your procedure for gathering and transporting frozen stool specimens to Hines (if applicable).** Does someone in your site decant stool into the shipping containers, or do you receive these directly from the facility? How long are you storing the specimens before shipment and under what storage conditions (e.g., temperature)? **If there are differences for each lab, please note what those differences are.**

7. **Please describe your procedure for gathering and transporting stool swabs to Hines (if applicable).** Does someone in your site do the swabbing, or do you receive swabs from each facility? If you do not collect swabs right away, how long do you usually store the stool specimens before swabbing and under what storage conditions (e.g., temperature)? What type of transport media do you use? Once you've sampled with swabs, on average how long are you storing the swabs before shipment and under what storage conditions (e.g., temperature)? **If there are differences for each lab, please note what those differences are.**

Data edits

8. **How often do you conduct checks of your ICMS case report form data independent of the CDC monthly edit checks (e.g. using a SAS program created by your site)? If you do this, please describe the types of checks you do.**

9. **How often do you conduct checks of your ICDS case data (e.g. using a SAS program created by your site)? If you do this, please describe the types of checks you do.**

Provider Survey

10. **Did your site complete a physician/outpatient provider survey in 2023?**
    - Yes
    - No

    If yes:

Please describe your sampling scheme (if any).

How did you contact providers?

Where did you obtain the list of providers?

Did you learn any additional information that would be helpful for other sites?

Geocoding

11. **What application do you use for geocoding (e.g. ArcGIS Pro, ArcMap, ArcGIS Online)?**

12. **Within this application, what geocoding tool do you use (e.g, StreetMap Premium, Spacialitics Health Geocoder, ArcGIS World Geocoding service, locally-created address locator file)?**

Facilities

13. **For each facility that treated a case in 2023, please provide the following:**
    a. Facility ID or Provider ID as it appears on the CRF
    b. Type of facility (i.e. hospital, outpatient, LTCF, LTACH, other). When possible, use the CMS classification to determine type of facility
    c. Either the state and county of the facility or an indication of if the facility is in catchment or out of catchment