Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey

Facility Name		Phone number	
agents of	and I'm calling from thof the [health department] are facilities in [name of the cou	We are calling a unty]to ask a few	rea nursing homes and long-tern v questions about patient
Speakin	ng 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 yo	ou're speaking to the correct person:		
1. Do y	ou collect stool specimens in the facilit	ry to be sent for <i>Clostria</i>	lioides difficile testing?
	□ YES □ NO		
	2. If YES, please name the laboratories	s to which you send stoo	ol specimens for C. <i>diff</i> testing:
Name:		Phone number:	
Name:		Phone number:	
Name:		Phone number:	

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).