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: _____

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

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: _____

16a. Was the patient transferred from this hospital?
☐ Yes ☐ No ☐ Unknown

☐ LTACH Facility ID: _____
☐ Homeless
☐ Incarcerated
☐ Other (*specify*): _____
☐ Unknown

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–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

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 (*specify*):
_____

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 ☐ Tobacco ☐ Unknown ☐ E-Nicotine Delivery System ☐ Marijuana

23b. Alcohol abuse: ☐ Yes ☐ No ☐ Unknown

23c. Other substances: *(Check all that apply)* ☐ None ☐ Unknown

Substance	**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
- ☐ N, No
- ☐ U, Unknown
- ☐ W, Clinically Undetermined
- ☐ Missing
- ☐ 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 ilieus
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

29b. Clinical findings
- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ilieus
- ☐ 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 treatment 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)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.2 Course 2

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.3 Course 3

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.4 Course 4

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

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 in the year before or day of DISC: _____ ☐ None or N/A

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: