

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:	9. Diagnostic assay for <i>C. diff</i>				
	6b. PLANNING REGION:		9a. EIA	Positive	Negative	Not tested
7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____		9b. GDH	Positive	Negative	Not tested	Unknown
		9c. Cytotoxin	Positive	Negative	Not tested	Unknown
		9d. NAAT (<i>C. diff</i> 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
8. FACILITY ID WHERE PATIENT TREATED: _____		9f. Other (specify):	Positive	Negative	Not tested	Unknown

10. DATE OF BIRTH:	12. SEX AT BIRTH:	14. RACE: (Check all that apply)
_____	Male Female Unknown Transgender	
Unknown		American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
11. AGE: (years)	13. ETHNIC ORIGIN:	Asian White
_____	Hispanic or Latino Not Hispanic or Latino Unknown	Black or African American 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 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

Outpatient	Hospital Inpatient	LTCF	Autopsy
Facility ID: _____	Facility ID: _____	Facility ID: _____	Other (specify): _____
Emergency room	ICU	LTACH	
Clinic/doctor's office	OR	Facility ID: _____	Unknown
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

Public reporting burden of this collection of information is estimated to average 38 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).

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

20a. Previous hospitalization	Yes	No	Unknown	Facility ID: _____	20a.1 If yes, date of discharge closest to DISC: _____
20b. Overnight stay in LTACH	Yes	No	Unknown	Facility ID: _____	Unknown
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*)

<p>Chronic lung disease Cystic fibrosis Chronic pulmonary disease</p> <p>Chronic metabolic disease Diabetes mellitus With chronic complications</p> <p>Cardiovascular disease CVA/Stroke/TIA Congenital heart disease Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD)</p> <p>Gastrointestinal disease Diverticular disease Inflammatory bowel disease Peptic ulcer disease Short gut syndrome</p> <p>Immunocompromised condition HIV AIDS/CD4 count < 200 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ (<i>specify</i>): _____</p>	<p>None Unknown</p> <p>Liver disease Chronic liver disease Ascites Cirrhosis Hepatic encephalopathy Variceal bleeding Hepatitis C Treated, in SVR Current, chronic</p> <p>Malignancy Malignancy, hematologic Malignancy, solid organ (non-metastatic) Malignancy, solid organ (metastatic)</p> <p>Neurologic condition Cerebral palsy Chronic cognitive deficit Dementia Epilepsy/seizure/seizure disorder Multiple sclerosis Neuropathy Parkinson's disease Other (<i>specify</i>): _____</p>	<p>Plegias/Paralysis Hemiplegia Paraplegia Quadriplegia</p> <p>Renal disease Chronic kidney disease Lowest serum creatinine: _____ mg/DL Unknown or not done</p> <p>Skin condition Burn Decubitus/pressure ulcer Surgical wound Other chronic ulcer or chronic wound Other (<i>specify</i>): _____</p> <p>Other Connective tissue disease Obesity or morbid obesity Pregnancy</p>
---	--	---

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	23b. Alcohol abuse: E-Nicotine Delivery System Marijuana Yes No Unknown
--------------------------	---	--

23c. Other substances: (*Check all that apply*)

<p>None Unknown</p> <p>Substance</p> <p>Marijuana/cannabinoid (other than smoking)</p> <p>Opioid, DEA schedule I (e.g., heroin)</p> <p>Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</p> <p>Opioid, NOS</p> <p>Cocaine</p> <p>Methamphetamine</p> <p>Other (<i>specify</i>): _____</p> <p>Unknown substance</p>	<p>Documented Use Disorder (DUD)/Abuse?</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p> <p>DUD or Abuse</p>	<p>Mode of delivery: (<i>Check all that apply</i>)</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p> <p>IDU skin popping non-IDU Unknown</p>
--	--	---

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)

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): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
35a.2 Course 2				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
35a.3 Course 3				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
35a.4 Course 4				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____
Vancomycin (PO)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other (specify): _____
Vancomycin taper (any route)		Fidaxomicin		
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?		36a. Specimen collection dates for positive tests in the 90 days before or day of DISC		
Yes	No	Unknown		
		36a.1. First positive test:		36a.2 Most recent positive test:
		_____		_____
		Date Unknown		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):	39. Any recurrent C. diff+ episodes following this incident C. diff+ episode?	40. CRF status:	41. Initials of S.O.:	42. Date of abstraction:
Yes	Yes	Complete	_____	_____
No	No	Incomplete		
		Chart unavailable after 3 requests		
38a. If YES, previous STATEID:	39a. If YES, Date of first recurrent specimen:			
_____	_____			
Comments:				