

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

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

CLOSTRIDIODES DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT



Specimen ID: _____ Patient's Name: _____

Address: _____

Address type: _____ Hospital: _____ Chart Number: _____

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

10. DATE OF BIRTH: _____ Unknown	12. SEX AT BIRTH: Male Female Unknown Transgender	13. RACE AND/OR ETHNICITY: (Select all that apply) American Indian or Alaska Native Middle Eastern or North African Asian Native Hawaiian or Pacific Islander Black or African American White Hispanic or Latino Unknown
11. AGE: (years) _____		

14. Was the patient hospitalized on the day of or in the 6 calendar days after the DISC? Yes No Unknown

14a. If YES, Date of Admission: _____ Unknown

15. 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: _____	Correctional or detention facility
15a. Was the patient transferred from this hospital?	Drug/alcohol rehabilitation
Yes No Unknown	Other
	Unknown

16. 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 Unknown
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17a. Previous hospitalization in the 12 weeks before the DISC: Yes No Unknown Facility ID: _____

17a.1 If yes, date of discharge closest to DISC: _____ Unknown

17b. Overnight stay in LTACH in the 12 weeks before the DISC: Yes No Unknown Facility ID: _____

17c. Overnight stay in LTCF in the 12 weeks before the DISC Yes No Unknown Facility ID: _____

18. Epiclass questions:

18a. Was incident *C. diff*+ stool collected at least 3 calendar days after the date of hospital admission?
Yes (HO - go to 18e) No

18b. Was incident *C. diff*+ stool collected in an outpatient setting for a LTCF resident, or in a LTCF or LTACH?
Yes, LTCF (LTCFO - go to 18e) Yes, LTACH (HO - go to 18e) No

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).

18c. Was the patient admitted from a LTCF or a LTACH?				
Yes, LTCF (LTCFO - go to 18e) / Facility ID: _____		Yes, LTACH (HO - go to 18e) / Facility ID: _____		No
18d. Did patient have a previous hospitalization or overnight stay in a LTCF or LTACH in the 12 weeks before the DISC?				
Yes (COHCFA – go to 18e)		No (CA – go to 18e)		
18e. Was this case sampled for full CRF?				
Yes (Complete CRF)		No (STOP data abstraction here)		
19. Patient Outcome:				
Survived		Died	Hospitalized > 1 year	Unknown
19a. If survived, date of discharge: _____		Unknown	Left against medical advice (AMA)	19c. Date of Death: _____
19b. If survived, discharged to:				
Private residence		Homeless		Other
LTCF	Facility ID: _____	Correctional or detention facility		Unknown
LTACH	Facility ID: _____	Drug/alcohol rehabilitation		
20a. Chronic dialysis in the 12 weeks before the DISC				
		Yes	No	Unknown
20a.1 Type:				
Hemodialysis		Peritoneal	Unknown	
20b. Surgery in the 12 weeks before the DISC				
		Yes	No	Unknown
20c. ER visit in the 12 weeks before the DISC				
		Yes	No	Unknown
20d. Observation/CDU stay in the 12 weeks before the DISC				
		Yes	No	Unknown
21. UNDERLYING CONDITIONS: (Check all that apply)				
		None	Unknown	
Chronic lung disease		Liver disease		Plegias/Paralysis
Cystic fibrosis		Chronic liver disease		Hemiplegia
Chronic pulmonary disease		Ascites		Paraplegia
Chronic metabolic disease		Cirrhosis		Quadriplegia
Diabetes mellitus		Hepatic encephalopathy		Renal disease
With chronic complications		Variceal bleeding		Chronic kidney disease
Cardiovascular disease		Hepatitis C		Lowest serum creatinine: _____ mg/DL
CVA/Stroke/TIA		Treated, in SVR		Unknown or not done
Congenital heart disease		Current, chronic		Skin condition
Congestive heart failure		Malignancy		Blistering disease
Myocardial infarction		Malignancy, hematologic		Burn
Peripheral vascular disease (PVD)		Malignancy, solid organ (non-metastatic)		Decubitus/pressure ulcer
Gastrointestinal disease		Malignancy, solid organ (metastatic)		Eczema
Diverticular disease		Neurologic condition		Psoriasis
Inflammatory bowel disease		Cerebral palsy		Surgical wound
Peptic ulcer disease		Chronic cognitive deficit		Other chronic ulcer or chronic wound
Short gut syndrome		Dementia		Other
Immunocompromised condition		Epilepsy/seizure/seizure disorder		Connective tissue disease
HIV		Multiple sclerosis		Obesity or morbid obesity
AIDS/CD4 count < 200		Neuropathy		Pregnancy
Primary immunodeficiency		Paresis		
Transplant, hematopoietic stem cell		Parkinson's disease		
Transplant, solid organ (specify): _____		Spinal cord injury		
22a. Weight				
_____ lbs _____ oz		22b. Height		22c. BMI
OR _____ kg		_____ ft _____ in		_____
Unknown		OR _____ cm		Unknown
23. Substance Use				
23a. Smoking:		None documented		Unknown
Tobacco		E-Nicotine Delivery System		Marijuana
		Yes		None documented
		Unknown		Unknown
23b. Alcohol abuse:				
23c. Other substances: (Check all that apply)		Opioid use disorder		Injection drug use
		None documented		Unknown
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		W, Clinically Undetermined		
N, No		Missing		
U, Unknown		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) <i>(Check all that apply)</i> "Asymptomatic" documented in medical record Diarrhea by definition (unformed or watery stool, $\geq 3/\text{day}$ 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 $\geq 38^\circ\text{C}$ or $\geq 100.4^\circ\text{F}$ documented Highest fever documented: _____ $^\circ\text{C}$ or _____ $^\circ\text{F}$ Self-reported fever No fever documented Information not available		
29. Did provider indicate that patient may be colonized by <i>C. difficile</i>?		Yes	No	Unknown
30. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)				
30a. Radiographic findings Toxic megacolon Ileus Both toxic megacolon and ileus Neither toxic megacolon nor ileus Radiology not performed Information not available		30b. Clinical findings Toxic megacolon Ileus Both toxic megacolon and ileus Neither toxic megacolon nor ileus Information not available		
31. 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		32. Colectomy (related to CDI): Yes No Unknown		
		32a. If YES, Date of Procedure: _____ Unknown		
33. Were other enteric pathogens isolated from stool collected on the DISC? Astrovirus Campylobacter Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) Norovirus Rotavirus Salmonella Sapovirus Shiga Toxin-Producing <i>E. coli</i> Shigella Yersinia enterocolitica Other (<i>specify</i>): _____		34. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)		
		34a. Albumin $\leq 2.5\text{g/dl}$: Yes No Not Done Information not available	34c. White blood cell count $\geq 15,000/\mu\text{l}$: Yes No Not Done Information not available	
		34b. White blood cell count $\leq 1,000/\mu\text{l}$: Yes No Not Done Information not available	34d. Serum creatinine $> 1.5\text{ mg/dl}$: Yes No Not Done Information not available	
35. Antimotility agents in the 6 calendar days before, day of, or 6 days after DISC:		Yes	No	Unknown
36. MEDICATIONS taken in the 12 weeks before the DISC:				
36a. Proton pump inhibitor (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole) Yes No Unknown		36b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine) Yes No Unknown		
		36c. Immunosuppressive therapy (<i>Check all that apply</i>) Steroids Chemotherapy Other agents (<i>specify</i>): _____ None Unknown		
36d. Antimicrobial therapy (<i>Check all that apply</i>)				
Yes, name unknown		None	Unknown	
Amikacin	Cefpodoxime	Eravacycline	Piperacillin/tazobactam	
Amoxicillin	Ceftaroline	Ertapenem	Polymyxin B	
Amoxicillin/clavulanic acid	Ceftazidime	Fosfomycin	Polymyxin E (colistin)	
Ampicillin	Ceftazidime/avibactam	Gentamicin	Rifaximin	
Ampicillin/sulbactam	Ceftolozane/tazobactam	Imipenem/cilastatin	Tedizolid	
Azithromycin	Ceftriaxone	Levofloxacin	Telavancin	
Aztreonam	Cefuroxime	Linezolid	Tigecycline	
Cefadroxil	Cephalexin	Meropenem	Tobramycin	
Cefazolin	Ciprofloxacin	Meropenem/vaborbactam	Trimethoprim	
Cefdinir	Clarithromycin	Metronidazole	Trimethoprim/sulfamethoxazole	
Cefepime	Clindamycin	Moxifloxacin	Vancomycin (IV)	
Cefiderocol	Dalbavancin	Nitrofurantoin	Vancomycin (PO for prophylaxis)	
Cefixime	Daptomycin	Omadacycline	Other (<i>specify</i>): _____	
Cefotaxime	Delafloxacin	Oritavancin		
Cefoxitin	Doxycycline	Penicillin		

