

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

CLOSTRIDIoidES 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	9d. NAAT (<i>C. diff</i> only)	Positive	Negative	Not tested	Unknown
			9e. NAAT (GI panel)	Positive	Negative	Not tested	Unknown
8. FACILITY ID WHERE PATIENT TREATED: _____		9e.1 If positive, was result suppressed?	9f. Other (<i>specify</i>): _____	Positive	Negative	Not tested	Unknown

10. DATE OF BIRTH: _____ Unknown	12. SEX AT BIRTH: Male Female Unknown Transgender	13. RACE AND/OR ETHNICITY: (<i>Select all that apply</i>) American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White 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 (LTFCFO - 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	
LTACH	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	Unknown	_____ ft _____ in	OR _____ cm	Unknown
23. Substance Use				
23a. Smoking:		None documented		23b. Alcohol abuse:
Tobacco		Unknown		Yes
		E-Nicotine Delivery System		None documented
		Marijuana		Unknown
23c. Other substances: (Check all that apply)				
		Opioid use disorder		None documented
		Injection drug use		Unknown
24. Was CDI a primary or contributing reason for patient's admission?		25. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?		26. Was the patient in an ICU on the day of or in the 6 days after the DISC?
Yes		Yes		Yes
No		No		No
Not admitted		Not admitted		Unknown
Unknown		Unknown		
		25a. If YES, what was the POA code assigned to it?		26a. If YES, date of ICU admission: _____
		Y, Yes		Unknown
		W, Clinically Undetermined		
		N, No		
		Missing		
		U, Unknown		
		Not Applicable		

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			30b. Clinical findings Toxic megacolon Ileus Both toxic megacolon and ileus		
Neither toxic megacolon nor ileus Radiology not performed Information not available		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			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 <i>Campylobacter</i> Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) Norovirus Rotavirus <i>Salmonella</i> Sapovirus Shiga Toxin-Producing <i>E. coli</i> <i>Shigella</i> <i>Yersinia enterocolitica</i> Other (<i>specify</i>): _____		34. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)			
None No other pathogens tested Unknown		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>): _____	
36d. Antimicrobial therapy (<i>Check all that apply</i>)		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 Ceftolozane/tazobactam Ceftriaxone Cefuroxime Cephalexin Ciprofloxacin Clarithromycin Clindamycin Dalbavancin Daptomycin Delafloxacin 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 (<i>specify</i>): _____	

36e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?		Yes	No	Unknown
36e.1 If YES, which medication was taken <i>(Check all that apply):</i>		Metronidazole Vancomycin Fidaxomicin	Other, <i>(specify):</i> _____ Unknown	
37. Treatment for incident CDI	No treatment	Unknown treatment		
37a.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 <i>(specify):</i> _____
Vancomycin taper (any route)		Fidaxomicin		
37a.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 <i>(specify):</i> _____
Vancomycin taper (any route)		Fidaxomicin		
37a.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 <i>(specify):</i> _____
Vancomycin taper (any route)		Fidaxomicin		
37a.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 <i>(specify):</i> _____
Vancomycin taper (any route)		Fidaxomicin		
37b. Probiotics <i>(specify):</i> _____				
37c. Adjunctive therapy				
Conventional FMT	Date: _____	Unknown	Bezlotoxumab	Date: _____
Rebyota	Date: _____	Unknown	Other <i>(specify):</i>	Date: _____
Vowst	Date: _____	Unknown	_____	
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:				