## Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey

Facility Name		Phone number	
agents of the acute care fa		.] We are calling e county]to ask a fe	
Speaking to	correct person:		
If YES, Reco	ord name and title:		_
Phor	ne number:		
If NO, Nam	Name of person and title:		
Phor	ne number:		
Best	time to reach this person:	·	
Once you're	speaking to the correct persor	า:	
1. Do you co	ollect stool specimens in the fa	acility to be sent for <i>Clostri</i>	dioides difficile testing?
	□ YES □ NO		
2. If `	YES, please name the laborato	ories to which you send sto	ool specimens for C. diff 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).