

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> 9a. EIA 9b. GDH 9c. Cytotoxin 9d. NAAT (<i>C. diff</i> only) 9e. NAAT (GI panel) 9.e.1 If positive, was result suppressed? 9f. Other (<i>specify</i>): _____	Positive	Negative	Not tested	Unknown
	6b. PLANNING REGION: _____		Positive	Negative	Not tested	Unknown
7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____		Positive	Negative	Not tested	Unknown	
8. FACILITY ID WHERE PATIENT TREATED: _____		Positive	Negative	Not tested	Unknown	

10. DATE OF BIRTH: _____ Unknown	12. PATIENT SEX: Male Female Missing value	14. RACE: (<i>Check all that apply</i>) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Unknown
11. AGE: (years) _____	13. ETHNIC ORIGIN: Hispanic or Latino Not Hispanic or Latino 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 <i>C. diff</i> + stool collection	Outpatient	Hospital Inpatient	LTCF	Autopsy
Facility ID: _____	Emergency room	ICU	Facility ID: _____	Other (<i>specify</i>): _____
Clinic/doctor's office	OR	LTACH	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 Left against medical advice (AMA)					19c. Date of Death: _____ Unknown				
19b. If survived, discharged to: Private residence LTCF Facility ID: _____ LTACH Facility ID: _____ Other (<i>specify</i>): _____ 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)									
			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			Burn			
Myocardial infarction			Malignancy, hematologic			Decubitus/pressure ulcer			
Peripheral vascular disease (PVD)			Malignancy, solid organ (non-metastatic)			Surgical wound			
Gastrointestinal disease			Malignancy, solid organ (metastatic)			Other chronic ulcer or chronic wound			
Diverticular disease			Neurologic condition			Other (<i>specify</i>): _____			
Inflammatory bowel disease			Cerebral palsy			Other			
Peptic ulcer disease			Chronic cognitive deficit			Connective tissue disease			
Short gut syndrome			Dementia			Obesity or morbid obesity			
Immunocompromised condition			Epilepsy/seizure/seizure disorder			Pregnancy			
HIV			Multiple sclerosis						
AIDS/CD4 count < 200			Neuropathy						
Primary immunodeficiency			Parkinson's disease						
Transplant, hematopoietic stem cell			Other (<i>specify</i>): _____						
Transplant, solid organ (<i>specify</i>): _____									

22a. Weight				22b. Height				22c. BMI	
_____ lbs	_____ oz	OR _____ kg	Unknown	_____ ft	_____ in	OR _____ cm	Unknown	_____	Unknown

23. Substance Use		23a. Smoking:		None		Unknown		23b. Alcohol abuse:	
		Tobacco		E-Nicotine Delivery System		Marijuana		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 (<i>specify</i>): _____			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 Not admitted No 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, ≥ 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 ileus 29b. Clinical findings Neither toxic megacolon nor ileus Radiology not performed 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 Not Done No Information not available	31. Colectomy (related to CDI): Yes No Unknown																																																																	
32. Were other enteric pathogens isolated from stool collected on the DISC? Astrovirus Campylobacter Enteraggregative <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 (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 <i>(Check all that apply)</i> Steroids Chemotherapy Other agents (specify): _____ None Unknown																																																																		
34d. Antimicrobial therapy <i>(Check all that apply)</i> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">Yes, name unknown</th> <th style="width:20%;">None</th> <th style="width:30%;">Unknown</th> </tr> </thead> <tbody> <tr><td>Amikacin</td><td>Cefpodoxime</td><td>Doripenem</td><td>Oritavancin</td></tr> <tr><td>Amoxicillin</td><td>Ceftaroline</td><td>Doxycycline</td><td>Penicillin</td></tr> <tr><td>Amoxicillin/clavulanic acid</td><td>Ceftazidime</td><td>Eravacycline</td><td>Piperacillin/tazobactam</td></tr> <tr><td>Ampicillin</td><td>Ceftazidime/avibactam</td><td>Ertapenem</td><td>Polymyxin B</td></tr> <tr><td>Ampicillin/sulbactam</td><td>Ceftizoxime</td><td>Fosfomycin</td><td>Polymyxin E (colistin)</td></tr> <tr><td>Azithromycin</td><td>Ceftolozane/tazobactam</td><td>Gentamicin</td><td>Rifaximin</td></tr> <tr><td>Aztreonam</td><td>Ceftriaxone</td><td>Imipenem/cilastatin</td><td>Tedizolid</td></tr> <tr><td>Cefadroxil</td><td>Cefuroxime</td><td>Levofloxacin</td><td>Telavancin</td></tr> <tr><td>Cefazolin</td><td>Cephalexin</td><td>Linezolid</td><td>Tigecycline</td></tr> <tr><td>Cefdinir</td><td>Ciprofloxacin</td><td>Meropenem</td><td>Tobramycin</td></tr> <tr><td>Cefepime</td><td>Clarithromycin</td><td>Meropenem/vaborbactam</td><td>Trimethoprim</td></tr> <tr><td>Cefiderocol</td><td>Clindamycin</td><td>Metronidazole</td><td>Trimethoprim/sulfamethoxazole</td></tr> <tr><td>Cefixime</td><td>Dalbavancin</td><td>Moxifloxacin</td><td>Vancomycin (IV)</td></tr> <tr><td>Cefotaxime</td><td>Daptomycin</td><td>Nitrofurantoin</td><td>Vancomycin (PO for prophylaxis)</td></tr> <tr><td>Cefoxitin</td><td>Delafoxacin</td><td>Omadacycline</td><td>Other (specify): _____</td></tr> </tbody> </table>				Yes, name unknown	None	Unknown	Amikacin	Cefpodoxime	Doripenem	Oritavancin	Amoxicillin	Ceftaroline	Doxycycline	Penicillin	Amoxicillin/clavulanic acid	Ceftazidime	Eravacycline	Piperacillin/tazobactam	Ampicillin	Ceftazidime/avibactam	Ertapenem	Polymyxin B	Ampicillin/sulbactam	Ceftizoxime	Fosfomycin	Polymyxin E (colistin)	Azithromycin	Ceftolozane/tazobactam	Gentamicin	Rifaximin	Aztreonam	Ceftriaxone	Imipenem/cilastatin	Tedizolid	Cefadroxil	Cefuroxime	Levofloxacin	Telavancin	Cefazolin	Cephalexin	Linezolid	Tigecycline	Cefdinir	Ciprofloxacin	Meropenem	Tobramycin	Cefepime	Clarithromycin	Meropenem/vaborbactam	Trimethoprim	Cefiderocol	Clindamycin	Metronidazole	Trimethoprim/sulfamethoxazole	Cefixime	Dalbavancin	Moxifloxacin	Vancomycin (IV)	Cefotaxime	Daptomycin	Nitrofurantoin	Vancomycin (PO for prophylaxis)	Cefoxitin	Delafoxacin	Omadacycline	Other (specify): _____
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34e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?		Yes	No	Unknown
34e.1 If YES, which treatment was taken? <i>(Check all that apply)</i>		Metronidazole Vancomycin Fidaxomicin	Other, <i>(specify)</i> : _____ 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)		Metronidazole (PO)		Rifaximin
Vancomycin (Rectal)		Metronidazole (IV)		Nitazoxanide
Vancomycin (Unknown route)		Metronidazole (Unknown route)		Other <i>(specify)</i> : _____
Vancomycin taper (any route)		Fidaxomicin		
35a.2 Course 2				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____ Unknown
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		
35a.3 Course 3				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____ Unknown
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		
35a.4 Course 4				
Start Date: _____	Unknown	Stop Date: _____	Unknown	OR Duration (days): _____ Unknown
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		
35b. Probiotics <i>(specify)</i>: _____				
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: _____ 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):	39. Any recurrent <i>C. diff</i>+ episodes following this incident <i>C. diff</i>+ 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:				