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

Form Approved
OMB No. 092-0978
Expiration Date: X/XX/XX

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: _____

6. PLANNING REGION: _____

7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____

8. FACILITY ID WHERE PATIENT TREATED: _____

9. Diagnostic assay for *C. diff*

9a. EIA	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9b. GDH	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9c. Cytotoxin	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9d. NAAT (*C. diff* only)	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
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

11. AGE: (years) _____

12. PATIENT SEX:
☐ Male
☐ Female
☐ Missing value

13. RACE AND/OR ETHNICITY: *(Select all that apply)*
☐ 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

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
☐ LTCF Facility ID: _____
☐ Hospital Inpatient Facility ID: _____
15a. Was the patient transferred from this hospital?
☐ Yes ☐ No ☐ Unknown
☐ LTACH Facility ID: _____
☐ Homeless
☐ Correctional or detention facility
☐ Drug/alcohol rehabilitation
☐ 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**

17a. Previous hospitalization in the 12 weeks before 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 DISC: ☐ Yes ☐ No ☐ Unknown **Facility ID:** _____
17c. Overnight stay in LTCF in the 12 weeks before 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

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:** _____ ☐ Unknown

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
- ☐ Cystic fibrosis
- ☐ Chronic pulmonary disease

Chronic metabolic disease
- ☐ Diabetes mellitus
  - ☐ With chronic complications

Cardiovascular disease
- ☐ CVA/Stroke/TIA
- ☐ Congenital heart disease
- ☐ Congestive heart failure
- ☐ Myocardial infarction
- ☐ Peripheral vascular disease (PVD)

Gastrointestinal disease
- ☐ Diverticular disease
- ☐ Inflammatory bowel disease
- ☐ Peptic ulcer disease
- ☐ Short gut syndrome

Immunocompromised condition
- ☐ HIV
  - ☐ AIDS/CD4 count < 200
- ☐ Primary immunodeficiency
- ☐ Transplant, hematopoietic stem cell
- ☐ Transplant, solid organ (*specify*):

_____

Liver disease
- ☐ Chronic liver disease
  - ☐ Ascites
  - ☐ Cirrhosis
  - ☐ Hepatic encephalopathy
  - ☐ Variceal bleeding
- ☐ Hepatitis C
  - ☐ Treated, in SVR
  - ☐ Current, chronic

Malignancy
- ☐ Malignancy, hematologic
- ☐ Malignancy, solid organ (non-metastatic)
- ☐ Malignancy, solid organ (metastatic)

Neurologic condition
- ☐ Cerebral palsy
- ☐ Chronic cognitive deficit
- ☐ Dementia
- ☐ Epilepsy/seizure/seizure disorder
- ☐ Multiple sclerosis
- ☐ Neuropathy
- ☐ Paresis
- ☐ Parkinson's disease
- ☐ Spinal cord injury

Plegias/Paralysis
- ☐ Hemiplegia
- ☐ Paraplegia
- ☐ Quadriplegia

Renal disease
- ☐ Chronic kidney disease
  - Lowest serum creatinine: _____ mg/DL
  - ☐ Unknown or not done

Skin condition
- ☐ Blistering condition
- ☐ Burn
- ☐ Decubitus/pressure ulcer
- ☐ Eczema
- ☐ Psoriasis
- ☐ Surgical wound
- ☐ Other chronic ulcer or chronic wound

Other
- ☐ Connective tissue disease
- ☐ Obesity or morbid obesity
- ☐ Pregnancy

22a. Weight _____ lbs _____ oz OR _____ kg ☐ Unknown

22b. Height _____ ft _____ in OR _____ cm ☐ Unknown

22c. BMI _____ ☐ Unknown

---

23. Substance Use

23a. Smoking: ☐ None documented ☐ Unknown ☐ Tobacco ☐ E-Nicotine Delivery System ☐ Marijuana

23b. Alcohol abuse: ☐ Yes ☐ None documented ☐ Unknown

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 ☐ 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)
(Check all that apply)

- ☐ "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. Did provider indicate that patient may be colonized by *C. difficile*? ☐ 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 ilieus
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

30b. Clinical findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ilieus
- ☐ 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 *E. coli* (EAEC)
- ☐ Enteropathogenic *E. coli* (EPEC)
- ☐ Enterotoxigenic *E. coli* (ETEC)
- ☐ Norovirus
- ☐ Rotavirus
- ☐ *Salmonella*
- ☐ Sapovirus
- ☐ Shiga Toxin-Producing *E.coli*
- ☐ *Shigella*
- ☐ Yersinia enterocolitica
- ☐ Other *(specify)*:

_____

- ☐ None
- ☐ No other pathogens tested
- ☐ Unknown

34. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)

34a. Albumin ≤ 2.5g/dl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34b. White blood cell count ≤ 1,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34c. White blood cell count ≥ 15,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34d. Serum creatinine > 1.5 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 *(Check all that apply)*

- ☐ Steroids
- ☐ Chemotherapy
- ☐ Other agents *(specify)*:

_____

- ☐ None
- ☐ Unknown

36d. Antimicrobial therapy *(Check all that apply)* ☐ 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 *(specify)*:

_____

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 *(Check all that apply)*: ☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, *(specify)*: _____ ☐ Unknown

37. Treatment for incident CDI ☐ No treatment ☐ Unknown treatment

37a.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 *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.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 *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.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 *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.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 *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37b. ☐ **Probiotics *(specify)*:** _____

37c. Adjunctive therapy

☐ Conventional FMT Date: _____ ☐ Unknown ☐ Bezlotoxumab Date: _____ ☐ Unknown
☐ Rebyota Date: _____ ☐ Unknown ☐ Other (specify): Date: _____ ☐ Unknown
☐ Vowst Date: _____ ☐ Unknown _____

38. Previous unique CDI episode (>8 weeks before the DISC):
☐ Yes
☐ No

38a. If YES, previous STATEID:
_____

39. Any recurrent *C. diff*+ episodes following this incident *C. diff*+ episode?
☐ Yes
☐ No

39a. If YES, Date of first recurrent specimen:
_____

40. CRF status:
☐ Complete
☐ Incomplete
☐ Chart unavailable after 3 requests

41. Initials of S.O.:
_____

42. Date of abstraction:
_____

Comments: