Form Approved OMB
No. 0920-0978

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

Facility Name_____ Phone number_____

Hi, I'm _____ and I'm calling from the____ [EIP site]_____ Emerging Infections Programs, agents of the _____[health department]_____. We are calling area nursing homes and long-term acute care facilities in _____[name of the county]_____to ask a few questions about patient specimens submitted for laboratory testing. Who would be the best person for me to talk to?

Speaking to correct person:

If YES, Record name and title:_____

Phone number: _____

If NO, Name of person and title:_____

Phone number:_____

Best time to reach this person:_____

Once you're speaking to the correct person:

1. Do you collect stool specimens in the facility to be sent for ***Clostridioides difficile*** testing?

□ YES □ NO

2. If YES, please name the laboratories to which you send stool specimens for C. *diff* testing:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____