## 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 o	care facilities in _	[name of the coun	ty]to ask a fe	ew questions about patient
specim	nens submitted fo	or laboratory testing. Who	o would be the best	person for me to talk to?
Speaki	ng to correct per	son:		
If YES,	Record name a	nd title:		_
	Phone number	:		
If NO,	Name of person and title:			
	Phone number:			
	Best time to reach this person:			
Once y	ou're speaking to	o the correct person:		
1. Do y	you collect stool	specimens in the facility t	to be sent for <i>Clostr</i>	idioides difficile testing?
	□ YES	□NO		
	2. If YES, please	e name the laboratories to	o 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).