1. PATIENT ID:	2. STATE ID:
3. SPECIMEN ID:	4. DATE OF INCIDENT C. diff+ STOOL COLLECTION: / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /

Form Approved						
OMB No. 092-0978						

CLOSTRIDIOIDES DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

J	
	See.
Store X	CENTERS FOR DISEASE CANTERS AND PREVENTION

Patient's Name:				Phone No.: ()					
(Last, First, M.I.)									
Address:(Number, Street, Apt. No.)				Chart Number:					
(City) (Ctoto)				Hospital:					
				(Zip Code) GNOSTIC ASSAY FOR C. diff+					
5. STATE: 6. COUNTY: (Residence of Patient) (Residence of Patient)									
			9a. EIA 9b. GDH	Positive Negative Not tested					
				Positive Negative Not tested					
7. LABORATORY ID WHERE 8. FACILITY ID WHERE 9c. Cytotoxir INCIDENT SPECIMEN 9d. NAAT (C. 9e. NAAT (GI IDENTIFIED 0 o 11 kinger 9c. 0 1 kinger			Positive Negative Not tested						
				anel) Positive Negative Not tested ive, was result suppressed? Yes No Unknown					
			-						
			91. Other (specify):	5					
10. DATE OF BIRT	H:	12. SEX AT BIRTH:		14. RACE: (Check all that apply)					
//. 		— _		American Indian or Native Hawaiian or Alaska Native Other Pacific Islander					
Unknown									
		13. ETHNIC ORIGIN		Right or African American Ulphynown					
11. AGE: (years):		— Hispanic or Latin	o 🗌 Not Hispanic or Latir	no 🗌 Unknown 📕					
15. Was the patie	ent hospital	ized on the day of or in	the 6 calendar days afte	er the date of incident C. diff+ stool collection? Yes No Unknown					
			Unknown						
16. Where was th	e patient lo	ocated on the 3 rd calend	ar day before the date of	of incident C. <i>diff</i> + stool collection?					
Private Resider				Homeless					
LTCF Facility ID:									
				Other (<i>specify</i>):					
LTACH		y ID:	? 🗌 Yes 🗌 No 🗌 Unkno						
		iff+ stool collection		18. HCFO classification questions:					
Outpatient	-	Hospital Inpatient		18a. Was incident C. diff+ stool collected at least 3 calendar					
Facility ID:	_	Facility ID:	Facility ID:	days after the date of hospital admission?					
Emergency r	oom			18b. Was incident C. diff + stool collected in an outpatient					
Clinic/doctor	r's office	OR	Facility ID:	setting for a LTCF resident, or in a LTCF or LTACH?					
Dialysis cent	er	Radiology		Yes (HCFO - go to 18d)					
Surgery		Other inpatient	Autopsy	18c. Was the patient admitted from a LTCF or a LTACH? Yes (HCFO - go to 18d) NO (CO - complete CRF)					
Observation/ Other (specify):			Other (specify):	Facility ID:					
Clinical decision unit			— 18d. If HCFO, was this case sampled for full CRF?						
Other outpatient Unknown				Yes (Complete CRF) No (STOP data abstraction here!) 1 2 3 4 5 6 7 8 9 10					
19. Patient Outco		Unknown							
		OIIKIIOWII		Died					
19a. Date of disc	harge:	_//	Unknown	19c. Date of death:/// 🗌 Unknown					
Left against 19b. If survived,	medical adv discharged	ice (AMA) to:							
Private residen	ce								
	Facility ID: _								
LTACH I	Facility ID: _								
Other (specify):									
Unknown			utes per response, including the time for						
LTCF	Facility ID: _ Facility ID: _								

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). CDC Rev. 08-2019 CS308111 Page

20. Exposures to healthcare in the 12 weeks b	efore the date of incident C. dif	f+ stool coll	lection			
20a. Previous hospitalization		Yes	No	Unknown	Facility ID:	
20a.1 If yes, date of discharge closest to date	of incident C. diff + stool collection				,	
// 🗆 Unk	nown					
20b. Overnight stay in LTACH		Yes	No 🗌	Unknown	Facility ID:	
20c. Overnight stay in LTCF	Yes	No	Unknown	Facility ID:		
20d. Chronic dialysis		Yes	No	Unknown		
20d.1 Type Hemodialysis Peritonea	al 🗌 Unknown			1		
20e. Surgery 20f. ER visit				Unknown		
201. ER VISIT 20g. Observation/CDU stay		☐Yes ☐ ☐Yes ☐	」No ∟]No □] Unknown] Unknown		
21. UNDERLYING CONDITIONS: (Check all that appl Chronic lung disease	y) 🗆 None 🗀 Unknown iver disease		Dlogi	as/Paralysis		
Critofic fung disease	Chronic liver disease			emiplegia		
Chronic pulmonary disease				iraplegia		
Chronic metabolic disease				uadriplegia		
\Box Diabetes mellitus	\Box Hepatic encephalopathy			disease		
With chronic complications	Variceal bleeding			nronic kidney di	sease	
Cardiovascular disease	Hepatitis C				atinine:	mg/DL
CVA/Stroke/TIA	Treated, in SVR			Unknown or no		
Congenital heart disease	Current, chronic		Skin o	ondition		
Congestive heart failure	Nalignancy		Βι			
Myocardial infarction	🗌 Malignancy, hematologic			ecubitus/pressu	re ulcer	
Peripheral vascular disease (PVD)	Alignancy, solid organ (non-i	metastatic)		irgical wound		
Gastrointestinal disease	🗌 Malignancy, solid organ (meta	static)			er or chronic wound	
	leurologic condition			ther (specify):		
	Cerebral palsy		04h au			
Peptic ulcer disease	Chronic cognitive deficit		Other	onnective tissue	dicasco	
Short gut syndrome	Dementia			besity or morbic		
Immunocompromised condition	Epilepsy/seizure/seizure disord	der		egnancy	Obesity	
\square AIDS/CD4 count < 200	Multiple sclerosis			cynuncy		
$\Box = AID3/CD4 COUTL < 200$						
	Neuropathy					
Primary immunodeficiency	Parkinson's disease					
 Primary immunodeficiency Transplant, hematopoietic stem cell 						
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 	Parkinson's disease Other (specify):	_			22c. BMI	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight 	Parkinson's disease Other (specify): 22b. Height	cm	Unł		22c. BMI	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight 	Parkinson's disease Other (specify): 22b. Height	cm	Unł		_	
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 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknov 23a. Smoking: None Unknown 	Parkinson's disease Other (specify): 22b. Height wnftin OR	cm			Unknown	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknow 23. Substance Use 	Parkinson's disease Other (specify): 22b. Height wnftin OR	cm		known .	🗌 Unknown	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknov 23a. Smoking: None Unknown 	Parkinson's disease Other (specify):		23	snown . B b. Alcohol abu	se: Yes No Unknown	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbsoz ORkg Unknow 23a. Substance Use 23a. Smoking: None Unknown Tobacco E-Nicotine Deliv 23c. Other substances: (Check all that apply) Nor 	Parkinson's disease Other (specify): 22b. Height wnftin OR ery System Marijuana		2: Mode o	shown	se: Yes No Unknown	
 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ 22a. Weight lbs oz OR kg Unknow 23. Substance Use 23a. Smoking: None Unknown Tobacco E-Nicotine Deliv 23c. Other substances: (Check all that apply) Nor Marijuana/cannabinoid (other than smoking) 	Parkinson's disease Other (specify):	DUD)/Abuse? e	Mode o	strown	se: Yes No Unknown all that apply) g non-IDU Unkn	
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27. Symptoms (in the 6 calendar days before, the day of, or 1 calendar day after the date of incident <i>C. diff</i> + stool collection) (<i>Check all that apply</i>)					28. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident <i>C. diff</i> + stool collection)					
"Asymptomatic" documente	ed in medical record			28a. Radiographic findings			28b. Clinical findings			
\Box Diarrhea by definition (unformed or watery stool, \geq 3/day for \geq 1 day)			Toxic megacolon			□ Toxic megacolon				
\Box Diarrhea documented, but unable to determine if it is by definition			finition	□lleus			🗌 lleus			
□ Nausea				Both to	xic megacolon an	d ileus	\Box Both toxic megacolon and ileus			
Vomiting				Both toxic megacolon and ileus			Neither toxic megacolon nor ileus			
No diarrhea, nausea, or vom	niting documented				5		Information not available			
\Box Information not available	inting abcamented				gy not performed ation not available		Information not available			
			4h a l a mu	1						
 29. 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 date of incident <i>C. diff</i>+ stool collection? Yes Not Done No Information not available 			ore,	30. Colectomy 30a. If YES, Date of Procedure: (related to CDI): // Yes // No // Unknown /						
31. Were other enteric patho	gens isolated from	stool collect	ted on the				6 calendar days before, the			
date of incident C. diff+ st				day	of, or the 6 calen	dar days af	fter the date of incident			
Campylobacter				1	iff+ stool collectic Albumin ≤2.5g/d	,				
□ Norovirus □ Rotavirus					-					
Salmonella					10					
Shiga Toxin-Producing <i>E.coli</i>	i				lot Done					
\Box Shigella					nformation not a		200/			
Other (specify):		_			White blood cell	$count \leq 1, c$	ου/μι:			
□ None										
No other pathogens tested					lot Done					
Unknown					nformation not a	vailable				
				32c. White blood cell count \ge 15,000/µl:						
				☐ Yes □ No						
					lot Done					
					nformation not a	vailable				
33. MEDICATIONS TAKEN in t	he 12 weeks before	the date of	incident C.	diff+ stoo	l collection:					
33a. Proton pump inhibito		33b. H2 Bl				33c. Imm	nunosuppressive therapy			
(e.g. Omeprazole, Lan	soprazole,						eck all that apply)			
Pantoprazole, Rabepra	azole)	□Yes				Steroid				
				Chemot			therapy igents (<i>specify</i>):			
Unknown			wn							
							own			
33d. Antimicrobial therapy ((None	Unknow	n							
Amikacin					Meropenem		Telavancin			
Amoxicillin	Cefpodoxime		Dalbavanc			/aborbacta				
			Daptomyc							
Ampicillin Ceftazidime Delafloxa						Trimethoprim				
Ampicillin/sulbactam Ceftazidime/avibactam Doripener						Trimethoprim/sulfamethoxazole Vancomycin (IV)				
	Ceftolozane/tazobactam					\Box Other (specify):				
						zobactam				
Cefdinir	Cefuroxime Gentamici		in 🗌 Polymyxin B							
Cefepime	Cephalexin		Imipenem			colistin)				
Cefixime	☐ Ciprofloxacin ☐ Clarithromycin		Levofloxad Linezolid	in	☐ Rifaximin ☐ Tedizolid					
33e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident <i>C. diff</i> + stool collection?							t C diff+ stool collection?			
Yes No	Unknown				s servic the uale	Sincuell				
33e.1 If YES, which medicatio		all that app	oly):							
Metronidazole Vancomy			her, (specify)				Unknown			

34. Treatment for incident CDI	No treatment 🛛 Unknown treatme	nt				
34a.1 Course 1						
Start Date: / / / / /	🗌 Unknown Stop Date:		Unknown	<u>OR</u> Du	uration (days)	🗌 Unknown
🗌 Vancomycin (PO)	🗌 Metronidazo	le (PO)		Rifa	iximin	
🗌 Vancomycin (Rectal)	🗌 Metronidazo	. ,		🗌 Nita	azoxanide	
Vancomycin (Unknown route)		le (Unknown route)		Oth	ner (specify):	
\Box Vancomycin taper (any route)	🗌 Fidaxomicin					
34a.2 Course 2						
Start Date: / / / /	•		Unknown		-	🗌 Unknown
□ Vancomycin (PO)	Metronidazo			Rifa		
☐ Vancomycin (Rectal)	Metronidazo			_	azoxanide	
Vancomycin (Unknown route)		le (Unknown route)		□Oth	ner (specify):	
Vancomycin taper (any route)	Fidaxomicin					
34a.3 Course 3			—			—
Start Date:///	<u> </u>		Unknown		•	Unknown
□ Vancomycin (PO) □ Vancomycin (Rectal)	└─ Metronidazo └─ Metronidazo				azoxanide	
		le (IV) le (Unknown route)				
□ Vancomycin (Unknown route) □ Vancomycin taper (any route)	☐ Metronidazo	ie (Unknown route)			ner (specify):	
34a.4 Course 4						
34a.4 Course 4 Start Date: / / / / /	Unknown Stop Date:			00.0	wation (dawa)	
Vancomycin (PO)					aximin	
\Box Vancomycin (Rectal)		()			azoxanide	
Vancomycin (Unknown route)		le (Unknown route)			ier (specify):	
\Box Vancomycin taper (any route)						
34b. 🗌 Probiotics (specify):						
34c. Stool transplant Date:	// Unkno					
		1		-		
35. Previous unique CDI episode (>8 weeks before the date of	36. Any recurrent C. diff+ episodes following this	37. CRF status:	38. Initials	of	39. Date of abst	traction:
incident <i>C. diff</i> + stool collection):		Complete	S.O:			
Yes	Yes				/	/
□No	□No	Chart unavailable				
35a. If YES, previous STATEID:	36a. If YES, Date of first	after 3 requests				
-	recurrent specimen:					
	//					
40. Did the patient have a	40a. If YES, complete table belo	1	1			
POSITIVE test(s) for SARS-		Specimen collecti	on data	Tee	• • · · · • •	
CoV-2 (molecular assay,		Specimen conecu	onuale	· · · ·		
serology or other confirmatory	FIRST positive test for				Molecular assay Serology Unknown Other (<i>specify</i>):	
test) on or before the DISC?	SARS-CoV-2 on or before the DISC:					
□ Yes	Disc.	Unknown				
No						
Unknown	MOST RECENT positive test	1 1			Molecular assay Serology	
	for SARS-CoV-2 on or before	\Box Unknown			Jnknown	
	the DISC:				Other (specify):	
	-					
41a. COVID-NET Case ID	41b. NNDSS IDs (please provide at least one of the	Local Case ID:				
	Local Record ID:					
	following when applicable):	State case identifier:	er:			
		Legacy case identifie	er:			
Comments:		Legacy case identifie	er:			
Comments:		Legacy case identifie	er:			
Comments:		Legacy case identifie	er:			
Comments:		Legacy case identifie	er:			
Comments:		Legacy case identifie	Pr:			