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: _____

6b. 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
9.e.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. SEX AT BIRTH: ☐ Male ☐ Female ☐ Unknown ☐ Transgender

13. ETHNIC ORIGIN: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

14. RACE: *(Check all that apply)*

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ 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
☐ LTCF Facility ID: _____
☐ Hospital Inpatient Facility ID: _____

16a. Was the patient transferred from this hospital?
☐ Yes ☐ No ☐ Unknown

☐ LTACH Facility ID: _____
☐ Homeless
☐ Incarcerated
☐ Other (*specify*): _____
☐ Unknown

17. 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** (*specify*): _____

☐ **Unknown**

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 *(specify):* _____
☐ 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:** _____ ☐ Unknown
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 ☐ 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
☐ 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
☐ Parkinson's disease
☐ Other (*specify*):
_____

Plegias/Paralysis
☐ Hemiplegia
☐ Paraplegia
☐ Quadriplegia

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

Skin condition
☐ Burn
☐ Decubitus/pressure ulcer
☐ Surgical wound
☐ Other chronic ulcer or chronic wound
☐ Other (*specify*):
_____

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 ☐ Tobacco ☐ Unknown ☐ E-Nicotine Delivery System ☐ Marijuana

23b. Alcohol abuse: ☐ 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 *(specify)*: _____	☐ 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
- ☐ No
- ☐ Not admitted
- ☐ Unknown

25a. If YES, what was the POA code assigned to it?

- ☐ Y, Yes
- ☐ N, No
- ☐ U, Unknown
- ☐ W, Clinically Undetermined
- ☐ Missing
- ☐ 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. 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
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

29b. Clinical findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ileus
- ☐ Neither toxic megacolon nor ileus
- ☐ 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
- ☐ No
- ☐ Not Done
- ☐ Information not available

31. Colectomy (related to CDI):

- ☐ Yes
- ☐ No
- ☐ Unknown

31a. If YES, Date of Procedure:

_____

☐ Unknown

32. 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

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 *(Check all that apply)*

- ☐ Steroids
- ☐ Chemotherapy
- ☐ Other agents *(specify)*:
- ☐ None
- ☐ Unknown

_____

34d. 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
- ☐ Ceftizoxime
- ☐ Ceftolozane/tazobactam
- ☐ Ceftriaxone
- ☐ Cefuroxime
- ☐ Cephalexin
- ☐ Ciprofloxacin
- ☐ Clarithromycin
- ☐ Clindamycin
- ☐ Dalbavancin
- ☐ Daptomycin
- ☐ Delafloxacin
- ☐ Doripenem
- ☐ 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)*:

_____

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? *(Check all that apply)*
☐ Metronidazole
☐ Vancomycin
☐ Fidaxomicin
☐ Other, *(specify)*: _____
☐ 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)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.2 Course 2

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.3 Course 3

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35a.4 Course 4

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO)
☐ Vancomycin (Rectal)
☐ Vancomycin (Unknown route)
☐ Vancomycin taper (any route)
☐ Metronidazole (PO)
☐ Metronidazole (IV)
☐ Metronidazole (Unknown route)
☐ Fidaxomicin
☐ Rifaximin
☐ Nitazoxanide
☐ Other *(specify)*: _____

35b. ☐ **Probiotics *(specify)*:** _____

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?
☐ Yes ☐ No ☐ Unknown

36a. Specimen collection dates for positive tests in the 90 days before or day of DISC

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):
☐ 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: