

EUROPEAN SURVEILLANCE OF CLOSTRIDIUM DIFFICILE INFECTIONS (ECDIS-Net)

Pilot Surveillance Protocol Version 1.1

Form C: Cased-based data (light protocol)

Hospital code:	<input type="text"/>	*
Surveillance period: From (dd/mm/yyyy):	<input type="text"/>	*
Surveillance period: To (dd/mm/yyyy):	<input type="text"/>	*
Patient counter:	<input type="text"/>	*
Age in years:	<input type="text"/>	*
If < 2 years old, age in months:	<input type="text"/>	*
Sex:	<input type="radio"/> Male <input type="radio"/> Female	*
Date of hospital admission (dd/mm/yyyy):	<input type="text"/>	*
Recurrent CDI (return of diarrhoeal stools with a positive laboratory tests after the end of treatment occurring > 2 weeks and ≤ 8 weeks following the onset of a previous episode)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Symptoms of CDI present at admission:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
Date of onset of CDI (dd/mm/yyyy):	<input type="text"/>	
CDI origin:	<input type="radio"/> Healthcare-associated (current hospital) <input type="radio"/> Healthcare-associated (other hospital) <input type="radio"/> Healthcare-associated (long term care facility) <input type="radio"/> Healthcare-associated (other) <input type="radio"/> Community-associated <input type="radio"/> Unknown	*
First or only test used for diagnosis of CD (screening test or single test):	<input type="radio"/> Toxin EIA <input type="radio"/> GDH EIA <input type="radio"/> Toxin PCR <input type="radio"/> GDH PCR <input type="radio"/> Toxinogenic culture <input type="radio"/> Cell cytotoxicity test <input type="radio"/> CDI diagnosed by means other than microbiology <input type="radio"/> Unknown	
Confirmation test for diagnosis of CDI (if any):	<input type="radio"/> Toxin EIA <input type="radio"/> Toxin PCR <input type="radio"/> Toxinogenic culture <input type="radio"/> Cell cytotoxicity test <input type="radio"/> Unknown	
Enhanced data (Form E) collected for this patient:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Enhanced microbiological data (Form M) collected for this patient:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	