

# EUROPEAN SURVEILLANCE OF CLOSTRIDIUM DIFFICILE INFECTIONS (ECDIS-Net)

## Pilot Surveillance Protocol Version 1.1

### Form E: Additional case-based data enhanced protocol (to be combined with Form C of the light protocol)

Hospital code:	<input type="text"/>	*
Patient counter:	<input type="text"/>	*
Ward (Unit) Id:	<input type="text"/>	*
Ward specialty (see code list):	<input type="text"/>	*
Previous healthcare admission in the last 3 months:	<input type="radio"/> Yes, Hospital <input type="radio"/> No <input type="radio"/> Yes, other <input type="radio"/> Unknown	*
Antibiotic treatment in the last 3 months:	<input type="radio"/> Yes, one course <input type="radio"/> Yes, multiple course <input type="radio"/> No <input type="radio"/> Unknown	*
Physical status (McCabe Score):	<input type="radio"/> Non-fatal underlying disease (survival at least 5 years) <input type="radio"/> Ultimately fatal underlying disease (1-4 years) <input type="radio"/> Rapidly fatal underlying disease (less than 1 year) <input type="radio"/> Unknown	*

### Comorbidity:

1) Did the patient have liver cirrhosis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
2) Did the patient have NYHA class IV heart failure or angina when the stool sample was collected?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
3) Did the patient have pulmonary disease as defined in the chronic health points score of APACHE II?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
4) Did the patient receive chronic dialysis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
Was the patient immunocompromised as defined in the chronic health points score of APACHE II?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
Complicated course of CDI:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*
Mortality: Did the patient die during the current admission?	<input type="radio"/> Yes, death related to CDI <input type="radio"/> Yes, death unrelated to CDI <input type="radio"/> Yes, relationship to CDI unknown <input type="radio"/> No death	*
Date of hospital discharge/death (dd/mm/yyyy):	<input type="text"/>	

\* = required

Form Version 0.4