

**Clostridium difficile associated diarrhea (CDAD)
Patient Questionnaire**

Please complete this form for EACH episode of CDAD identified during the surveillance period
(March 1st to April 30th, 2007)

CHEC Site _____

Patient ID _____

Has the patient ever had CDAD? Yes, less than 6 months ago
Yes, more than 6 months ago
Yes, but unable to determine when
No

1. **Date of Birth OR
Age at Onset** _____ (mm/dd/yyyy)

OR
_____ (age in years)

2. **Gender** female
male
unknown

3. **Date of admission** _____ (mm/dd/yyyy)

4. **Date onset symptoms
OR first positive lab
specimen** _____ (mm/dd/yyyy)

5. **Source of CDAD
infection** nosocomial, my hospital
nosocomial, other acute care hospital
nursing home or other chronic care facility
long-term care ward or awaiting placement unit in my facility
ambulatory care
community-associated
*(complete with best
information available from
chart)* no known contact with health care, last 6 months
hospital admission > 6 months ago
home care, household contact in hospital, or
other known contact

Appendix A

6. **Location of patient at CDAD symptom onset**
- Surgical ward
Medical ward
Combined (med/surg) ward
ICU; specify _____
Home
Other; specify _____

OUTCOMES

7. **Did patient require ICU admission for this episode?**
- No
Yes, admitted to ICU for complications of CDAD
Admitted to ICU, but for a reason other than CDAD
8. **Did the patient require a colectomy?**
- No
Yes
9. **Patient outcome at 30 days after diagnosis or at the time of discharge**
- Dead **GO TO Q10**
Alive, in hospital
Discharged from the hospital
10. **If patient died:**
- Based on judgment of the reviewing physician*
- CDAD is cause of death
CDAD contributed to death
Died of non-CDAD reason
Unable to judge

Date of death _____ (mm/dd/yyyy)
As recorded on death record

Please send completed questionnaires to:

Katie Cassidy
Nosocomial and Occupational Infections Section
Centre for Infectious Disease Prevention and Control
100 Eglantine Driveway, P.L. 0601E2
Ottawa, Ontario K1A 0L2
Fax: 613-952-0698; Phone: (613) 954-1718