

## C.diff (Clostridioides difficile) Outbreak Line List for Long-Term Care Facilities

C.uljj (clostridioldes uljjicile) Odibreak Line List for Long-refin Care racinities																						
Facility Name: Facility Contact Name: Phone:																						
	Date of Birth		Gender		Roommate (Y/N)	Date admitted to facility		Date of onset of diarrhea	frequency	Date of last episode of diarrhea			Environmental cleaning/disinfection performed daily with EPA-approved product (Y/N)	Date Well	Stool Testing Results		Healthcare Facility Stay(s) during Last 3 Months		Antibiotics during	Proton pump inhibitors (PPI)		Underlying
Patient Name															Type of test/ result	Date	Date	Facility Name	previous 3 Months (Y/N)	or H2 blockers (Y/N)	ventilation (Y/N)	Conditions (specify)
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