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Unique study identifier ☐ ☐ ☐ ☐
Complete last see notes **

Section 1. Cover sheet

SUBJECT DETAILS

1. First name ______________________________

2. Family Name ______________________________

3. Sex: Male ☐ Female ☐

4. Date of birth ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

5. NHS Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

6. Name of Registered General Practitioner at Index admission ________________________________

7. Practice Name and Address ____

8. Home address at index admission

House or Building ___________________

Street, ____________________,

Town ________________

Post code ☐ ☐ ☐ ☐ ☐ ☐ ☐

9. Addenbrooke's Hospital number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10. Date completion of this questionnaire ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

11. Initials of investigator completing this questionnaire ………………….

** Note: Complete unique study identifier last, and enter into boxes in top right hand corner of **all pages** of this questionnaire. Detach this cover sheet (Section 1) from the rest of the questionnaire (Sections 2 to 5). File and transport this cover sheet (Section 1) separately from the rest of the questionnaire (Sections 2 to 5) See also notes entitled " Instructions on completing questionnaire 1 *C.difficile* life table study"

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Section 2. Index admission

All questions in Section 2 relate to the Index Admission episode to Addenbrooke's Hospital

12. Date and time of index admission episode
Date ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

Time ☐☐ : ☐☐
24 hour format h h m M

12 b Date of discharge from index admission
Date ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

13. Patient was admitted from:

Own home ☐
Residential care ☐ Details ………………………………………………………………………………
Another hospital ☐ Details ……………………………………………………………………………….
Other ☐ Details ……………………………………….. …………………………………

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14. Main Medical diagnosis at index admission……………………………………………………………….

15. Clinical Directorate of Consultant under whom admitted ……………………………………………….

16a. Major active medical conditions at index admission List

	Major active medical conditions
1	
2	
3	
4	
5	

16 b. Categories of Main Diagnosis at Index Admission New

Diagnosis Group	**Code**	**Tick**
Cardiovascular	1	
Hypertension	2	
Diabetes mellitus	3	
Respiratory	4	
Gastrointestinal	5	
Renal	6	
Urinary tract	7	
Genital	8	
CNS	9	
Psychiatric	10	
Metabolic other than diabetes	11	
Endocrine	12	
Trauma	13	
Malignancy	14	
Skin	15	
Muscular skeletal	16	
Elective surgery	17	
Haematology	18	
Infection	19	
Other……………………………	20	

17. Recorded smoking history at index admission (tick one)

Current smoker ☐
Past smoker ☐
Never smoked ☐
Not recorded ☐

18. Current smoking (tick all that apply)
Cigarettes ☐
Pipe ☐
Cigar ☐

19. Past smoking (tick all that apply)
Cigarettes ☐
Pipe ☐
Cigar ☐

20. Details in notes on smoking
(E.g. number of cigarettes per day - light, moderate or heavy smoker, and years smoked)

…………………………………………………………..

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21. Alcohol history at index admission (tick one)

Current drinker ☐
Past drinker ☐
Never drank alcohol ☐
Not recorded ☐

22. Comments in notes alcohol use (tick all that apply

Social ☐
Light ☐
Moderate ☐
Heavy ☐
No comment ☐

23. Comments on alcohol use …………………………………………………………………………..

……

24. Immune-compromised at index admission
Did this person have any immune compromise, including causes listed below, at index admission?

Yes ☐ No ☐

25. If yes, tick any which apply:

☐HIV infection with current symptoms

☐Severe Combined Immunodeficiency Syndrome (SCID) or other immunodeficiency syndrome

☐ Being treated for malignant disease with chemotherapy or generalised radiotherapy OR within 6 months of terminating such treatment

☐Received organ transplant and currently on immunosuppressive treatment

☐Received bone marrow transplant within the last 6 months

☐Receive corticosteroids equivalent to 40mg or more per day of prednisolone for more than a week

☐Has Chronic renal disease including being on haemodialysis

☐Other describe …………………………………………..

25 b Earliest blood test results at index admission New

Haemoglobin	
Total White cell count	
Creatinine	
Urea	
Glucose	

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26. List below antibiotics started **on or AFTER** the date of index admission

	Name of antibiotic	Date (dd/mm/yy) of starting antibiotic	Date (dd/mm/yy)of stopping antibiotic	Route of administration PO/ IM/ IV/ PR	Dose and frequency (if available)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

27. Were any Probiotics given during index admission?

Yes ☐ No ☐

28. If yes, describe and dates (dd/mm/yy)

	Name of pro biotic	Date of starting pro biotic	Date of stopping Probiotics	Dose and frequency (if available)
1				
2				

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Unique study identifier ☐ ☐ ☐ ☐

29. Was the patient prescribed any anti-ulcer medication **at or during** index admission?

Protein pump inhibitors (e.g. omeprazole): Yes ☐ No ☐ detail ....

H_2 antagonists (e.g. ranitidine): Yes ☐ No ☐ detail ....

30. Was a nasogastric tube inserted at any time during index admission?

Yes ☐ No ☐

31. If yes, date inserted ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

32. Date removed ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

33. Was a gastrostomy established, including a Percutaneous Endoscopic Gastrostomy (PEG?)

For enteral nutrition, during the index admission?

Yes ☐ No ☐

34. If yes, date inserted ☐☐ ☐☐ ☐☐☐☐
D d m m y y y y

35. Date removed ☐☐ ☐☐ ☐☐☐☐
D d m m y y y y

36. Did the patient undergo surgery of any kind during index admission?

Yes ☐ No ☐

37. If yes, description of operation and dates (dd/mm/yy)

Number of operation (s)	Description of operation(s)	Date (dd/mm/yy) of operation
1		
2		
3		
4		
5		

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38. Did patient undergo any invasive procedures other than surgery during index admission?

Yes ☐ No ☐

39. If yes, description of invasive procedures and date (dd/mm/yy)

Number of procedure (s)	Description of procedure(s)	Date (dd/mm/yy) of procedure (s)
1		
2		
3		
4		
5		

40. Was there evidence of shock (such as systolic BP 100 mmHg or less at any time, and/or oliguria) during index admission: Yes ☐ No? ☐

41. Was there evidence of fever (more than 38^0 C at any time) during index admission?

Yes ☐ No ☐

42. Was there evidence of fever (more than 38^0 C at any time) **associated with diarrhoea** during index admission?

Yes ☐ No ☐

Was there any record of the presence of any of the following during index admission?

43. Diagnosis of paralytic ileus: Yes ☐ No ☐

44. Leukocytosis (count of $11x10^9$ /L or higher) Yes ☐ No ☐

45. Any abnormal abdominal Radiological findings Yes ☐ No ☐

46. If yes describe ……………………………………………………..
…………………………………………………………………………………

47. Was there any record of abdominal pain Yes ☐ No ☐

Was there any record of the presence of any of the following clinical conditions during index admission?

48. Diagnosis of pseudo membranous colitis: Yes ☐ No ☐

49. Evidence of toxic megacolon: Yes ☐ No ☐

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Unique study identifier ☐ ☐ ☐ ☐

50. Was there any clinical record of diarrhoea during index admission?
Yes ☐ No ☐

51. If yes date of onset of diarrhoea ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

52. If yes, Recorded Maximum daily frequency of diarrhoea __

3 - 5 loose stools in 24 hours: ☐

6 or more loose stools in 24 hours: ☐

Not recorded ☐

53. Bristol Stool chart Was there a record of Bristol stool grading Yes ☐ No ☐

54. If yes, Indicate which Bristol stool Grades recorded once or more 5 ☐ 6 ☐ 7 ☐

55. Any record of Blood in stools: Yes ☐ No ☐

56. Date last recorded as Continuing to have diarrhoea ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

57. Date recording diarrhoea has stopped ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

58. Was there any record of diarrhoea having relapsed Yes ☐ No ☐
(Relapse is defined as a return of diarrhoea having previously been reported to have stopped)

59. If yes, describe sequence of relapse (s) …………………………………………………………………………….

60. Was a colectomy performed during index admission Yes ☐ No ☐

61. If yes, date of colectomy ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

62. Describe degree of colectomy ……………………………………………………….

63. Consultant Surgeon's name who did colectomy ………………………………………………………………

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64. Wards in Addenbrooke's to which the patient was admitted during index admission and reason for leaving ward

Complete in chronological order

Ward spell number	Ward name	Date (dd/mm/yy) into ward	Date (dd/mm/yy) moved from ward	Type of move 1. Move ward within Addenbrooke's Hospital 2. Discharge to another care setting 3. Discharged home 4. Died
1 (earliest)				
2				
3				
4				
5				
6				
7				
8				
9				
10				

65. List below drugs other than antibiotics given during index admission

	Name of drug	Date (dd/mm/yy) of starting drug	Date (dd/mm/yy) of stopping drug	Route of administration	Dose and frequency (if available)
1					
2					
3					
4					
5					

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65. List below drugs other than antibiotics given during index admission (Continued)

	Name of drug	Date (dd/mm/yy) of starting drug	Date (dd/mm/yy) of stopping drug	Route of administration	Dose and frequency (if available)
6					
7					
8					
9					
10					
11					
12					

66. Record in notes of having died during index admission Yes ☐ No ☐

67. If yes, main cause of death given in Patient Administration System (PAS) record and / or as a record in the Medical notes

Enter free text ……………………………………………..……………………………………………………………..

68. Other causes of death given in the PAS record or in the clinical notes

1. …………………………………………………………………………

2. …………………………………………………………………………

3. …………………………………………………………………………

4. ………………………………………………………………………………..

69. Was a copy of the death certificate present in the notes Yes ☐ No ☐

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70. If yes,

Ring which of the following are recorded in the death certificate

A. Ring one of the following

1. The certified cause of death takes into account information obtained at post-mortem
2. Information from post mortem may be available later
3. Post mortem not being held
4. I have reported this death to the Coroner for further action (complete C below)

71. B. Complete all details for the Cause of Death

I a) Disease or condition directly leading to death ____

b) Other diseases or conditions ., if any leading to 1 (a) _________________________________

c) Other diseases or conditions ., if any leading to 1 (b) __________________________________

Other significant conditions
Contributing to the Death but not related to the disease or condition causing it
_________________________ ____

72. C Result of Coroner's Inquest ____

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Section 3 Before and at Index Admission Reworded. Dates of start and stop will not be available

73. Were any antibiotics given within 8 weeks (56 days) before index admission?

yes ☐ No ☐ Not known ☐

74. If yes, list in the table At admission

	Name of antibiotic	Date (dd/mm/yy) of starting antibiotic	Date (dd/mm/yy) of stopping antibiotic	Route of administration PO/ IM/ IV/ PR	Dose and frequency (if available)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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Unique study identifier ☐ ☐☐☐

75. Were any Probiotics given within 8 weeks (56 days) before index admission?

yes ☐ No ☐ Not known ☐

76. If yes, describe At index admission At index admission added

	Name of pro biotic	Date (dd/mm/yy) of starting pro biotic	Date (dd/mm/yy) of stopping Probiotic	Dose and frequency (if available)
1				
2				

77. Was the patient on any of the following anti-ulcer medication within 8 weeks (56 days) of date of index admission?

Protein pump inhibitors (e.g. omeprazole): Yes ☐ No ☐ detail ………………………….

H_2 antagonists (e.g. ranitidine): Yes ☐ No ☐ detail…………………………..

78. Had the patient undergone any gastric or duodenal surgery at any time prior to index admission?

Yes ☐ No ☐

79. If yes, describe …………………………………………………………

80. Had the patient had a nasogastric tube in place inserted at any time within 8 weeks (56 days) of date of index admission?

Yes ☐ No ☐

81. Had the patient had a gastrostomy including a Percutaneous Endoscopic Gastrostomy (PEG) for enteral nutrition at any time within 8 weeks (56 days) of date of index admission?

Yes ☐ No ☐

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Unique study identifier ☐ ☐ ☐ ☐

82. List below drugs other than antibiotics given within 8 weeks (56 days) before date of index admission or at index admssion

	Name of drug	Date (dd/mm/yy) of starting drug (if known)	Date (dd/mm/yy) of stopping drug (if known)	Route of administration	Dose and frequency (if available)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

83. Was patient admitted to a hospital in the 12 months before index admission Yes ☐ No ☐

84. If yes, Indicate in the table the hospital (s) of admission and details in the table

Pre index admission number	Date (dd/mm/yy) admitted	Date (dd/mm/yy) discharged	Main discharge diagnosis	Subsidiary discharge diagnoses
1 (The most recent)				
2				
3				
4				
5				

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Section 4 Admissions following index admission to Addenbrooke's Hospital and available in medical notes

85. Were there any more admissions to Addenbrooke's Hospital following index the admission Not possible to obtain

Yes ☐ No ☐

86. If yes, please summarise admission episodes to Addenbrooke's Hospital following the index admission to Addenbrooke's Hospital in the table Not possible to obtain

Post index admission number	Date (dd/mm/yy) admitted	Date (dd/mm/yy) discharged	Main discharge diagnosis	Subsidiary discharge diagnoses
1				
2				
3				
4				
5				
6				
7				
8				
9				

Section 5
Microbiology Laboratory faecal test results

Laboratory results DURING Index admission. This section may be provided by the lab but may be not

87. Were one or more faecal specimens sent to the Microbiology laboratory at Addenbrooke's Hospital **during** the index admission?

Yes ☐ No ☐

88. If yes, did one or more stool specimen test positive for *C.difficile* **during** index admission

Th presence of a C difficile positive test result and its date in Q 89 and Q 90 is taken from the Infection Control team data base and not from the microbiology Department

Yes ☐ No ☐

If yes,

89. Did any test positive specimen results lead to a diagnosis of *C.difficile* Infection?

in this patient **during** index admission Yes ☐ No ☐

90. If yes , date and time of the **earliest** specimen resulting in the diagnosis of *C.difficile* infection

☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

Time
24 hour format

☐☐ : ☐☐
h h M M

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Unique study identifier ☐ ☐ ☐ ☐

91. Were there any more *C. difficile* positive tests identified in any faecal specimens during index admission?

Yes ☐ No ☐

92. If yes, list all Microbiology test results positive for *C.difficile* in faeces during index admission

93.Specimen date (dd/mm/yy)	Specimen number

94. Were any faeces test results positive for **enteric pathogens other than** *C. difficile* during index admission

Yes ☐ No ☐

If yes , give details in the table

95. Specimen date (dd/mm/yy)	Specimen number	Enteric pathogen *

* Norovirus, rotavirus, *Salmonella*, *Campylobacter*, VTEC / *E.coli* O157, *Shigella*, *Cryptosporidium, Giardia*

95 B) First serum creatnine level on admssion ___________ 95 B and 95 C are redundant have been replaced by 25 b
95 C) First serum urea on admission ___________

Laboratory results BEFORE Index admission.

96. Were there any positive faecal tests results positive for *C.difficile* held in the Addenbrooke's Hospital Microbiology data base **before** the date of index admission and discharge?

Yes ☐ No ☐

If yes, give details in the table

97. Specimen date (dd/mm/yy)	Specimen number

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98. Were there any positive faecal tests results for enteric pathogens other than *C. difficile* held in the Addenbrooke's Hospital Microbiology data base **before** the date of index admission and discharge?

Yes ☐ No ☐

If yes, please detail in the table

99 Specimen date (dd/mm/yy)	Specimen number	Enteric pathogen *

* Norovirus, rotavirus, *Salmonella*, *Campylobacter*, VTEC / *E.coli* O157, *Shigella*, *Cryptosporidium, Giardia*

Laboratory results AFTER Index admission.

100. Were there any positive faecal tests results positive for *C.difficile* held in the Addenbrooke's Hospital Microbiology data base **after** the date of index admission and discharge?

Yes ☐ No ☐

If yes, give details in the table

101. Specimen date (dd/mm/yy)	Specimen number

102. Were there any positive faecal test results for enteric pathogens other than *C.difficile* held in the Addenbrooke's Hospital Microbiology data base **after** the date of index admission and discharge?

Yes ☐ No ☐

If yes, please detail in the table

103.Specimen date (dd/mm/yy)	Specimen number	Enteric pathogen *

- Norovirus, rotavirus, *Salmonella* , *Campylobacter*, VTEC / *E.coli* O157, *Shigella*, *Cryptosporidium, Giardia*

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Section 6 Index of Multiple Deprivation Score
This will be derived from the post code of residence and s set of ONS standard tables

104. Index of Multiple Deprivation Score ………………………………………..

(To be completed by EEREU from post code of address of residence at admission)