CCF IRB #: IRB 8458
Approval Date: 12/27/2016
Expiration Date: 9/22/2017

PHTS Microbiome Study Questionnaire

Age (years): _____

Sex (check one):
☐ Male
☐ Female
☐ Other (specify): _____

BMI
Height (in): _____
Weight (lbs): _____

Race/ethnicity (check all that apply):
☐ White non-Hispanic/Latino
☐ White Hispanic/Latino
☐ Black or African-American
☐ Asian or Pacific Islander
☐ Native American or Alaskan Native
☐ Other (specify): _____

Smoking status
☐ Never smoker
☐ Former smoker
  ○ _____ packs/day, _____ years
☐ Current smoker
  ○ _____ packs/day, _____ years

Do you use probiotics regularly (3 or more times per week)? ☐ Yes ☐ No

Alcohol consumption
☐ Never
☐ Occasional
  ○ _____ drinks per ☐day ☐week ☐month
☐ Social
  ○ _____ drinks per ☐day ☐week ☐month
☐ Frequent
  ○ _____ drinks per ☐day ☐week ☐month

Last oral antibiotic or antifungal use (>1 day):
☐ <1 month ago
☐ 1-6 months ago
☐ 6-12 months ago
☐ >12 months ago

Do you use laxatives regularly (3 or more times per week)? ☐ Yes ☐ No
If Yes, last laxative use:
☐ ≤ 7 days ago
☐ >7 days ago

Diet (check one):
☐ American/Western ☐ Mediterranean
☐ Vegetarian ☐ Vegan
☐ Gluten-free ☐ Low-carb/Atkins
☐ Paleo
☐ Country-specific (Country: _____)
☐ Other: _____

Oral hygiene
How many times per day do you brush your teeth?
☐ Once or less ☐ Twice ☐ 3 or more times
When did you last eat before the oral rinse?
☐ < 1 hour ☐ 1-4 hours ☐ More than 4 hours
When did you brush your teeth before the oral rinse?
☐ < 1 hour ☐ 1-4 hours ☐ More than 4 hours

Past medical history (check all that apply):
☐ Cancer (if yes, please specify): _____
_____
  ○ Date of diagnosis (year): _____
_____
☐ Recent hospitalization
  ○ If yes, how long: _____ ☐days ☐weeks
  ○ When (month/year): _____
  ○ Reason? _____
☐ ICU stay
  ○ If yes, how long: _____ ☐days ☐weeks
  ○ When (month/year): _____
  ○ Reason? _____
☐ Recent UTI (if yes, when? ___ ☐weeks ☐mos. ago)
☐ History of kidney stones

☐ Neurological impairment or spinal cord injury with persistent symptoms
  Please describe: _____
☐ Bladder or GI surgery
  Please specify: _____
☐ Ulcerative colitis or Crohn's disease
☐ Diverticulitis
☐ C. difficile infection ("C. diff")
  Have you had a fecal microbiota transplant?
  ☐ Yes ☐ No

Birth and developmental history
Were you born via ☐ Vaginal delivery ☐ C-section ☐ Unknown
Were you breastfed as a baby? ☐ Yes ☐ No ☐ Unknown

Have you been given a formal diagnosis of autism or autism spectrum disorder? ☐ Yes ☐ No

Name: _____ CCF#: _____

PHTS Microbiome Study Questionnaire

Please record the following:

- Date _____and time_____ **stool** was collected
  - How long after it was collected was it put in the REFRIGERATOR? _____ ☐ minutes ☐ hours
- Date _____and time_____ **urine** was collected
  - How long after it was collected was it put in the REFRIGERATOR? _____ ☐ minutes ☐ hours
- Date _____and time_____ **oral rinse** was collected
  - How long after it was collected was it put in the REFRIGERATOR? _____ ☐ minutes ☐ hours

** Please DO NOT place the stool, urine, or oral rinse samples in the FREEZER! **

Thank you for your participation in this study!

Name: _____ CCF#: _____