

Supplementary Methods

Tannin-Dose Response Trial Screening Questionnaire

Name:

DOB:

Height:

Weight:

1.) Medical history:

Are you currently taking any prescribed medications? (please list the name, how often you take, and the dose)

Are you currently taking any non-prescribed medications, including multivitamins, herbs, mineral supplements, vitamin supplements? (please list the name, how often you take, and the dose)

Are you currently taking any iron supplementation (including prescribed or over the counter iron supplements)? (please list what you are taking, and your current dose)

Do you have any food allergies? (please list your food allergies, and reaction to the food)

Are you currently pregnant, planning to become pregnant, or breastfeeding?

Are you a current tobacco (smoking, chewing) user?

How often do you consume alcohol (circle one)?

Daily Weekly Monthly Never

If you consume alcohol, how much do you consume, per occasion? One drink equals 1 oz of liquor, 12 ounces of beer, or 4 oz of wine (circle one).

1 drink 2-3 drinks 3 or more drinks

Please check the following medical conditions that you may have:

History of gastrointestinal illness, including:

- Irritable bowel syndrome
- Irritable bowel disease (Crohn's, Ulcerative Colitis)
- History of colostomy/colectomy
- Diagnosed condition of malabsorption (including diagnosis of chronic diarrhea)
- Other, please list:

History of oral illness, including:

- Sjogren's syndrome
- Burning mouth syndrome
- Active mouth bleeding, oral ulcerations
- Periodontal or gum disease
- Multiple or severe cavities
- Other, please list:

History of blood disorders, including:

- Sickle cell anemia
- Alpha or Beta Thalassemia
- Anemia of chronic disease
- Other, please list: