Participant ID:	CoVPN 5001	Visit Code:	

Form: Dietary Information

This form should only be completed for participants who provide a stool sample.	
In the last 6 months, did the participant follow a special diet?	Yes
If "No", go to "Does the participant limit or avoid any food or food groups (such as meat, dairy, carbs)?"	No
What kind of special diet did the participant follow? Specify:	
Does the participant limit or avoid any food or food groups (such as meat, dairy, carbs)?	Yes No
If "No", go to "Did the participant eat fermented milk productsin the last 24 hours prior to sample collection?"	
What food groups does the participant limit or avoid?	
Mark all that apply.	
Meat	
Wheat/Grains	
Fish	
Carbohydrates	
Dairy	
Other	
If "Other", specify (max. 200 characters):	
Did the participant eat fermented milk products (such as yogurt, amahewu if made with milk, etc.) in the last 24 hours prior to sample collection?	Yes No
Did the participant eat fermented milk products (such as yogurt, amahewu if made with milk, etc.) in the last 6 months prior to day	Yes
of sample collection?	140
Did the participant take any probiotic supplements in the last 24 hours prior to sample collection?	Yes No
Did the participant take any probiotic supplements in the last 6	Yes
months prior to day of sample collection?	No
Did the participant take any antibiotics in the last 24 hours prior to sample collection?	Yes
If "Yes", record on the Concomitant Medications log.	
Did the participant take any antibiotics in the last 6 months prior to day of sample collection?	Yes
If "Ves" record on the Concomitant Medications log	NO

This module contains Form "Dietary Information" (page 10) from the full document "Prospective Study of Acute Immune Responses to SARS COV-2 Infection"