

**Form: Dietary Information**


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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

No

If "No", go to "Does the participant limit or avoid any food or food groups (such as meat, dairy, carbs)?"

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 products...in 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 of sample collection? Yes

No

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 months prior to day of sample collection? Yes

No

Did the participant take any antibiotics in the last 24 hours prior to sample collection? Yes

No

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

No

If "Yes", record on the Concomitant Medications log.

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