

Thank you for being in the Add Health Wave VI Microbiome Study.

The following questions are about you and the sample you have collected. Please complete and return this card with your collected sample in the padded shipping envelope.

There are two sides to this card. After finishing Side A, please make sure to flip over and complete Side B.

GBF:
Place ID here

1. A. Did you collect your stool sample?

Yes No

B. Was your stool sample contaminated?

(For example: "My scoop fell onto the floor")

Yes No

(If you marked "Yes" to question 1.A)

Date collected: / /
MM / DD / YYYY

Time collected: :
HH : MM AM/PM

Date mailed: / /
MM / DD / YYYY

(If you marked "No" to question 1.A)

2. Why didn't you collect the stool sample?

3. A. Have you traveled outside of the United States (check the box that applies):

In the past month In the past 6 months
 In the past 3 months In the past 12 months
 Not in the past year

B. If yes, on what date did you most recently return to the United States?

/ /
MM / DD / YYYY

Side A

Turn over to complete Side B

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/ /
MM / DD / YYYY

Side A

Turn over to complete Side B

4. In the last 4 weeks, have you taken any antibiotics? Yes No

If yes, complete the table below. Include any antibiotics you have taken in the past 4 weeks and those you are currently taking. Copy the name from your medication container, if possible. If you do not know the name of the medication, describe it as best as you can. (For example: reason for taking the antibiotic; if it was a pill, injection, etc.)

List the name of each antibiotic. Print in all CAPS.

Enter the date of last dose

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY

Thank you for participating in the Wave VI Microbiome Study!

You may expect to receive your incentive in the mail 4-6 weeks after returning your sample to Add Health.

Side B

Turn over to complete Side A

4. In the last 4 weeks, have you taken any antibiotics? Yes No

If yes, complete the table below. Include any antibiotics you have taken in the past 4 weeks and those you are currently taking. Copy the name from your medication container, if possible. If you do not know the name of the medication, describe it as best as you can. (For example: reason for taking the antibiotic; if it was a pill, injection, etc.)

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Enter the date of last dose

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YYYY

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Side B

Turn over to complete Side A