Marking Instructions
Please use a No. 2 pencil or black or blue ink only.
Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters Correct Mark Incorrect Marks
1 2 3 A B C X 0 1

Month Day Year

1. What is your date of birth?

Month Day 19 Year

2. On what date did you collect your stool sample?

Month Day 20 Year

3. At what time of day did you collect your stool sample?
(Remember to choose am or pm.)

4. Based on the pictures below, what did the stool you put on to the card look like? (Choose one answer)

- Type 1: Separate hard lumps, like nuts (hard to pass)
- Type 2: Sausage-shaped but lumpy
- Type 3: Like a sausage but with cracks on the surface
- Type 4: Like a sausage or snake, smooth and soft
- Type 5: Soft blobs with clear-cut edges
- Type 6: Fluffy pieces with ragged edges, a mushy stool
- Type 7: Watery, no solid pieces. Entirely liquid

5. Not including the stool sample you collected today, when was your last bowel movement?

- Today
- Yesterday
- Two days ago
- More than two days ago

6. How often do you usually have a bowel movement?

- More than once per day
- Once per day
- Every other day
- Every 3-4 days
- Every 5-6 days
- Once a week or less

7. In the PAST 2 MONTHS, when was the last time that you took any of the following medicines as pills or injections or through the vein?

- Did not use in the past 2 months
- This week
- Last week
- 2-4 weeks ago
- 5-8 weeks ago

Antibiotic (DO NOT INCLUDE OINTMENTS)
Chemotherapy
Immunosuppressants or steroids such as oral corticosteroids, prednisone or others (DO NOT INCLUDE INHALERS)
Acid reducing medicines such as famotidine (Pepcid AC), cimetidine (Tagamet HB), ranitidine (Zantac), esomeprazole (Nexium), lansoprazole (Prevacid), or omeprazole (Prilosec OTC)
Bile modifying medicines such as cholestyramine (Questran, Prevalite), colesevelam (Welchol), or colestipol (Colestid)
8. **In the PAST 2 MONTHS**, have you undergone a colonoscopy, sigmoidoscopy, or other procedure requiring bowel preparation?  
☐ No ☐ Yes

9. **In the PAST 2 MONTHS**, have you had diarrhea (a condition in which feces are discharged from the bowels frequently in a liquid form)?  
☐ No ☐ Yes

10. **If yes**, when was the last time you had diarrhea?  
☐ This week ☐ Last week ☐ 2-4 weeks ago ☐ 5-8 weeks ago

11. **In the PAST 2 MONTHS**, have you been hospitalized for any reason?  
☐ No ☐ Yes

12. **In the PAST 7 DAYS**, have you had a cold or flu?  
☐ No ☐ Yes

13. **In the PAST 7 DAYS**, have you smoked cigarettes?  
☐ No ☐ Yes

14. **If yes**, how many cigarettes per day do you usually smoke? [cigarettes]

15. **In the PAST 7 DAYS**, on how many days did you take or eat any of the following?  
- Fiber substitute, such as Metamucil, Konsyl or Citracel
- Laxatives, such as Ex-lax, Dulcolax, Miralax, Senna, or enema
- Stool softener, such as Colace
- Yogurt or kefir with live active cultures
- Other fermented foods, such as sauerkraut, kimchi, or kombucha
- Probiotic supplement

16. **In the PAST 7 DAYS**, on how many days did you eat or drink any of the following foods? Please choose only one answer for each food or beverage.  
- Tea or coffee with no sugar and no sugar substitutes (such as Stevia, Equal, Splenda)
- Soft drinks, tea or coffee with sugar (such as sugar, honey, corn syrup, maple syrup, cane sugar)
- Diet soft drinks, tea or coffee with sugar substitute (such as Stevia, Equal, Splenda)
- Fruit juice (such as orange, apple, cranberry, grape, prune)
- Alcohol (such as beer, wine, or liquor)
- Dairy (milk, cream, ice cream, cheese, cream cheese, yogurt)
- Fresh or frozen fruits not including juice (such as apples, raisins, bananas, oranges, strawberries, or blueberries)
- Fresh or frozen vegetables (such as salad, tomatoes, onions, greens, carrots, peppers, green beans)
- Beans or lentils (such as black beans, kidney beans, tofu, soy, soy burgers, or lima beans)
- Nuts (such as peanuts, walnuts, almonds, or pecans)
- Whole grains (such as wheat, oats, brown rice, rye, quinoa, whole wheat bread, or wheat pasta)
16. **In the PAST 7 DAYS,** on how many days did you eat or drink any of the following foods? Please choose only one answer for each food or beverage.

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Never</th>
<th>1 or 2 days</th>
<th>3 to 6 days</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Starch</strong> (such as white rice, bread, pizza, potatoes, yam, cereals, or pancakes)</td>
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<td><strong>Eggs</strong></td>
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<tr>
<td><strong>Red meat</strong> (such as beef, hamburger, pork, or lamb)</td>
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<tr>
<td><strong>White meat</strong> (such as chicken, turkey, or other poultry)</td>
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<tr>
<td><strong>Processed meat</strong> (other red meat and other white meat such as bacon, hot dog, lunch meat, ham, salami, bologna, sausage, or kielbasa)</td>
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<tr>
<td><strong>Shellfish</strong> (such as shrimp, lobster, or scallops)</td>
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<tr>
<td><strong>Fish</strong> (such as fish nuggets, breaded fish, fish cakes, salmon, or tuna)</td>
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<tr>
<td><strong>Sweets</strong> (such as pies, jam, chocolate, cake, or cookies)</td>
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</tbody>
</table>

17. **Did you have any problems or concerns with the stool sample collection?** For example the stool fell off of the card or paper?

- [ ] No  
- [x] Yes  

18. **Please describe the problems or concerns you had with the stool collection.**

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