SCCS
Southern Community Cohort Study

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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	■ ☒	☑ ⬬ •

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.) ☐☐ : ☐☐ ☐ am ☐ 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 cholestryamine (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?**

	Never	1 or 2 days	3 to 6 days	7 days
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.

	Never	1 or 2 days	3 to 6 days	7 days
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)	☐	☐	☐	☐

continued,

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.

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

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 ☐ Yes

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