



ARIC GUT MICROBIOME – HOME SURVEY

ID NUMBER:
[Staff: Add ID label here]

FORM CODE:

DATE: 2/17/2017
Version 1.0








Instructions: Please complete this survey, place it in the zip-lock bag, and send it in the same box as the completed stool sample.

ADMINISTRATIVE INFORMATION

1. Date stool sample collected: / /
Month Day Year

2. Time stool sample collected: : [am] [pm]
Hours Minutes

3. Based on the picture below, what was the appearance of the stool you collected? **Please check only one of the boxes.**

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

FOR LAB USE ONLY: Date sample received (mm\dd\yyyy) _____

FOR LAB USE ONLY: Homogenization (Y/N) _____

FOR LAB USE ONLY: Preservative remaining (Y/N) _____