



# MICROBIOME RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:

DATE: 4/9/2018  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

**Script:** *Good morning/afternoon, [ppt name].*

*I would like to tell you about a new study that we are doing.*

*We are interested in how the bacteria living in your lower stomach may affect cognitive functions, like memory and thinking, and other measures of health.*

*The community of bacteria in your lower intestine is called your "gut microbiome." The microbial communities of the body have received a lot of attention recently among scientific researchers and in the news as possible new risk factors for health.*

*This year we are beginning to study these bacterial communities in ARIC.*

*We can measure these bacteria from samples of your bowel movement (or stool).*

*If you decided to participate in the study, we would ask you to collect a small sample of your bowel movement/stool after your visit today in the privacy of your home.*

*We will provide all study materials and will reimburse you \$35.00 for providing a stool sample.*

1. Are you interested in participating in this study?

Yes- [Field Center staff goes over consent with participant]

No- [Thank the participant for their time]

2. Did the participant consent to provide a saliva sample for the oral microbiome measurement?

Yes

No

3. Did the participant consent to answer study questions and provide a stool sample for the gut microbiome measurement?

Yes

No

**If Yes to 3: SCRIPT:** “Great. I need to ask you a few questions to make sure that you are eligible for the study.” Continue to Question 4.

**If No to 3:** “Thank you for your time.”

4. Do you conduct your bathroom toileting independently (by yourself) without assistance?

Yes

No- [Skip to Item 9]

5. Have you taken antibiotics in the past month?

Yes [Skip to Item 9]

No

6. Have you had an acute GI illness in the past week (e.g., vomiting, diarrhea that is not typical)?

Yes- [Skip to Item 9]

No

7. Have you ever been diagnosed with inflammatory bowel disease (IBD), such as Crohn’s disease?

Yes [Skip to Item 9]

No

8. Have you ever had major bowel surgery, including colon removal/resection (or colectomy) or bariatric surgery (such as gastric bypass)?

Yes

No

9. Is the participant eligible for the Gut Microbiome study?

Yes [Read Script A]

No [Read Script B]

**SCRIPT A-** “Based on your responses, you are eligible to enroll in the study.”

10. FedEx tracking number for kit given to participant: \_\_\_\_\_

**CLOSING SCRIPT B-** “Based on your responses, you are ineligible to enroll in the study.”

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11. Has the participant been reimbursed for the gut microbiome component?

1  Yes

0  No

12. Was the stool sample returned to the clinic?

1  Yes (go to 13a)

0  No

**FOR CLINIC USE ONLY:**

In the rare case that a stool sample is returned to the clinic:

13a. Date stool sample received by the clinic: //  
Month Day Year

13b. Time stool sample received by the clinic: :  
Hour Minute

14a. Date stool sample shipped by clinic: //  
Month Day Year

14b. Time stool sample shipped by clinic: :  
Hour Minute