**Activity Index and Dietary Recall**

*(Please do not forget to mail back this entire packet with each stool collection. It should be folded and placed in the front pocket of the biospecimen bag.)*

Date stool sample collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Time stool sample collected: \_\_\_\_\_:\_\_\_\_\_ (am/pm)

Subject ID (Example: 2001): **\_\_ \_\_ \_\_ \_\_**

Stool sample collection (Example: 1): \_\_\_\_\_

Please remember: Samples should be collected and packaged and a FedEx pickup should be scheduled for **every other** **Monday** according to the Sample Collections Calendar your research coordinator has given you. Please contact your research coordinator if you have any questions or anticipate a delay in sample receipt.

\*If a sample is scheduled for collection on a holiday, please delay the collection until Tuesday.

**Crohn’s Activity Index (HBI):**

***\*If you have ulcerative colitis, please skip to page 2 and complete the Ulcerative Colitis Activity Index (SCCAI). If you are a healthy control, please skip to page 3 and complete the Dietary Recall.***

1. How would you describe your general well being over the past week?

 [ ] Generally well

 [ ] Slightly below par

 [ ] Poor

 [ ] Very poor

 [ ] Terrible

2. On average, over the past week, would you rate your abdominal pain as:

 [ ] None

 [ ] Mild

 [ ] Moderate

 [ ] Severe

3. On average, in the past week, how many liquid or very soft stools have you had per day? \_\_\_\_

4. Have you had any complications? (check one or more):

 [ ] Arthralgia

 [ ] Uveitis

 [ ] Erythema nodosum

 [ ] Pyoderma gangrenosum

 [ ] New Fistula

 [ ] Abscess

 [ ] Apthous ulcers

 [ ] None

**Ulcerative Colitis Activity Index (SCCAI):**

***\*If you have Crohn’s Disease, please skip this questionnaire and complete the Crohn’s Disease Activity index (HBI) on the previous page. If you are a healthy control, please skip to page 3 and complete the Dietary Recall.***

1. What has been your bowel frequency **during the day**?

[ ] 0 times

[ ] 1-3 times

[ ] 4-6 times

[ ] 7-9 times

[ ] more than 9 times

1. What has been your bowel frequency **during the night**?

[ ] 0 times

[ ] 1-3

[ ] 4-6

[ ] 7 or more times

1. What has been your urgency of defecation?

[ ] No urgency

[ ] Hurry

[ ] Immediately

[ ] Incontinence

1. Have you seen blood in your bowel movements?

 [ ] No blood

 [ ] A little blood

 [ ] Occasionally a lot of blood

 [ ] Usually a lot of blood

1. How would you describe your general well being?

 [ ] Very well

 [ ] Slightly below par

 [ ] Poor

 [ ] Very poor

 [ ] Terrible

1. Do you have any extracolonic features? (check all that apply)

[ ] arthritis

[ ] erythema nodosum

[ ] pyoderma gangrenosum

[ ] uveitis

[ ] none

Dietary Recall:

Subject ID (Example: 2001): **\_\_ \_\_ \_\_ \_\_**

Stool sample collection (Example: 1): \_\_\_\_\_

1. In the past **2 weeks**, please check if have you received any of the following medications as pills or through the vein (DO NOT INCLUDE INHALERS):

⬜ antibiotics

⬜ chemotherapy

⬜ immunosuppressants (e.g oral corticosteroids)

1. In the past **2 weeks**, have you undergone a colonoscopy or other procedure requiring bowel preparation?

⬜ Yes ⬜ No

1. In the past **2 weeks**, have you used an oral contrast agent for a CT scan or x-ray?

⬜ Yes ⬜ No

1. In the past **2 weeks**, have you had diarrhea?

⬜ Yes ⬜ No

1. In the past **2 weeks**, have you been hospitalized for any reason?

⬜ Yes ⬜ No

6) Have you ever had bowel surgery?

⬜ Yes ⬜ No

Subject ID (Example: 2001): **\_\_ \_\_ \_\_ \_\_**

Stool sample collection (Example: 1): \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Dietary Recall** | **Did you eat or drink the following products in the last 7 days?** | **If yes, how recently?**\*please choose only one response per category, from this column |
| **Example:** **Vegetables** (salad, tomatoes, onions, greens, carrots, peppers, green beans, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**● **Yesterday**, **1 to 2** times○ **Yesterday**, **3 or more** times |
| **Tea or coffee no sugar and no sugar replacement** | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Soft drinks, tea or coffee with sugar** (corn syrup, maple syrup, cane sugar, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Diet soft drinks, tea or coffee with sugar substitute** (Stevia, Equal, Splenda, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Fruit juice** (orange, apple, cranberry, prune, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Water** | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Alcohol** (beer, brandy, spirits, hard liquor, wine, aperitif, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Yogurt or other foods containing active bacterial cultures** (kefir, sauerkraut, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Dairy** (milk, cream, ice cream, cheese, cream cheese) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Probiotic** (other than yogurt) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |

|  |  |  |
| --- | --- | --- |
| **Fruits (no juice)** (Apples, raisins, bananas, oranges, strawberries, blueberries, etc. (frozen or fresh) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Vegetables** (salad, tomatoes, onions, greens, carrots, peppers, green beans, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Beans** (tofu, soy, soy burgers, lentils, Mexican beans, lima beans, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Whole grains** (wheat, oats, brown rice, rye, quinoa, wheat bread, wheat pasta, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Starch** (white rice, bread, pizza, potatoes, yam, cereals, pancakes, etc.)  | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Eggs** | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Processed meat** (other red meat and other white meat such as lunch meat, ham, salami, bologna, sausage, kielbasa, hotdog, bacon, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Red meat** (beef, hamburger, pork, lamb) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **White meat** (chicken, turkey, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Shellfish** (shrimp, lobster scallops, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Fish** (fish nuggets, breaded fish, fish cakes, salmon, tuna, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |
| **Sweets** (pies, jam, chocolate, cake, cookies, etc.) | ○ No, I did not consume these products in the last 7 days | ○ Within the past **4 to** **7 days**○ Within the past **2 to** **3 days**○ **Yesterday**, **1 to 2** times ○ **Yesterday**, **3 or more** times  |

**FedEx Shipping Instructions:**

**Biological Samples**

1) Call **1-800-GO-FEDEX** (1-800-463-3339) to schedule a home pickup.

2) The automated system will answer and give you several options. Following the options verbally state “schedule a pick up”.

3) The system will ask you to enter or verbalize your 9 digit account number. The account number is **XXXX-XXXX-X**

4) When asked if you want an express or ground delivery, please state “express”.

5) Depending on what time of day you call, the system may ask if you the package is ready for pick up now. Please respond “NO” if it is to be picked up the next day. If it needs to be picked up that day, please respond “YES”.

6) You will be asked for your zip code followed by the number of packages, and if any of them are over 150 pounds.

7) You will be required to provide the address where the package will be picked up.

8) The system will then confirm the pick up time and location. After confirming the pick up is scheduled properly, the system will hang up.

9) At any time during the call you may be directed to a customer service representative to confirm the details of your pick up.

Samples can also be dropped off at a **staffed** FedEx location (not a drop box), if preferred.

Please remember to only schedule pickups on \***Mondays**. These samples should be **mailed within 24 hours of collection**. Please note that samples should be mailed ambient (room temperature).

\*or Tuesday if Monday is a holiday

**If you have any questions about the stool collection procedures, please do not hesitate to contact your research coordinator at
(617) 726-0698 or email** **ibdmdb@broadinstitute.org**

**Thank you for your participation in this study!**