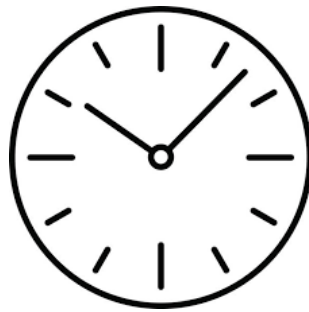




saNeuroGut

SOUTH AFRICAN MICROBIOME
INITIATIVE IN NEUROSCIENCE

Data Collection Booklet



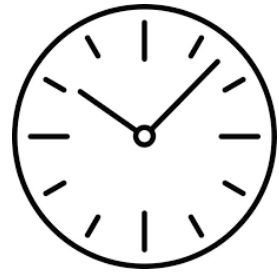
24-hour Food Diary



Stool Sample Data Sheet

Date: _____ (dd-mm-yyyy)

Time: _____ (24-hour clock)










Time since last bowel movement (please tick):

- Less than 6 hours ago
- Between 6 and 12 hours ago
- Between 12 and 18 hours ago
- Between 18 and 24 hours ago
- Between 24 and 36 hours ago
- Between 36 and 48 hours ago
- More than 48 hours ago

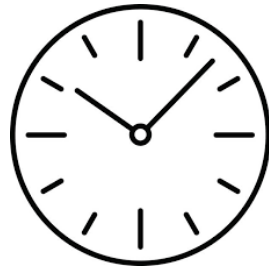


Please tick the box which best describes your stool sample:

- | | | | |
|--------------------------|---|---|---|
| <input type="checkbox"/> | 1 |  | Separate, hard lumps (hard to pass) |
| <input type="checkbox"/> | 2 |  | Lumps firmly stuck together |
| <input type="checkbox"/> | 3 |  | Sausage-shaped stool; cracks on surface |
| <input type="checkbox"/> | 4 |  | Sausage-shaped stool, soft and smooth structure |
| <input type="checkbox"/> | 5 |  | Soft stool with clear, sharp edges (easy to pass) |
| <input type="checkbox"/> | 6 |  | Soft to very soft, unclear edges |
| <input type="checkbox"/> | 7 |  | Watery, no solid pieces, entirely liquid |

Any extra notes about your stool sample:

Saliva Sample Data Sheet



Date: _____ *(dd-mm-yyyy)*

Time: _____ *(24-hour clock)*

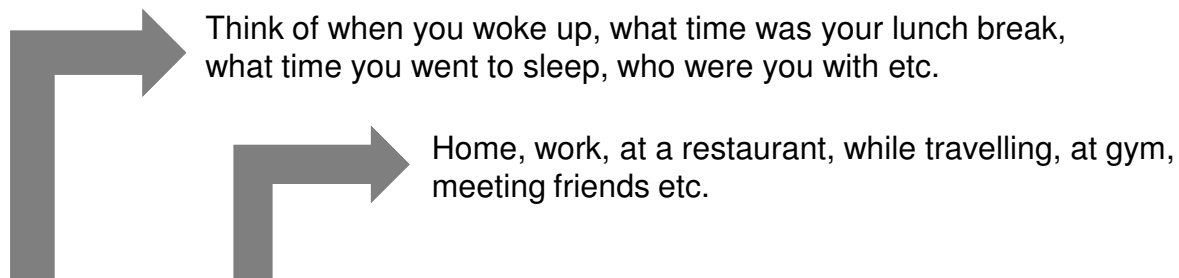
Any extra notes about your saliva sample:




24-Hour Food Diary Instructions

Start with the **Quick List** to jog your memory. Briefly write down what you had to eat and drink in the past 24 hours.

Then, in the table provided on the next page, please list in detail all the food and drink items you consumed during the 24 hours before you sampled your stool. 🍌

- The first three columns are provided to help you think about where you were and hence, what you were eating at the time.
- The last two columns are about the specific food items consumed and how they were prepared. Please be as descriptive as possible and include portion sizes.



Time of day	Location	Food / Drink Item and Quantity	Preparation
			
Small	Medium	Large	
Thinly spread	Thickly spread		
Little	Medium	A lot	
½ cup	¼ cup		
Low Fat	Medium	Full-cream	
		<ul style="list-style-type: none"> • Baked • Roasted • Steamed • Boiled • Stewed • Grilled • Fried • Blended 	<p>What was added during preparation?</p> <ul style="list-style-type: none"> - Salt - Herbs - Oil <p>What was added after preparation?</p> <ul style="list-style-type: none"> - Salt - Mayo - Tomato sauce

Quick List Very briefly, write down a list of food and drinks you consumed in the past 24 hours:

Snack (s)	Breakfast	Snack (s)	Lunch	Snack (s)	Dinner	Snack (s)
<i>Coffee and a rusk</i>	<i>Oats</i>	<i>Apple Yoghurt</i>	<i>Cheese and tomato sandwich</i>	<i>Tea</i>	<i>Chicken salad</i>	<i>Chocolate</i>

Time of day	Location	Food Item and Quantity Including <u>Drinks</u>	Preparation



Stool collection

Does this represent a regular / normal eating day for you? Y / N*

**If no, please explain on the next page in the space provided*

Let's double check... In the past 24 hours

Please answer these last few questions. If you remember any additional food/drink items please add them to the table on the previous page or in the space provided below.



What time did you eat / drink your first meal? _____

How many main/big meals did you have? _____



How many snacks/small meals did you have? _____

How many glasses of water did you have? _____



Did you have any alcohol (Y/N)? _____

How many cups of teas / coffee have you had? _____



What about juice / fizzy drinks (Y/N)? _____

How many servings of fruit did you have? _____



How many servings of veggies did you have? _____



What time did you eat / drink your last meal? _____

What time did you sample your stool? _____

Do you have any additional comments about your 24-hour food diary ?



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Please rate your *overall* experience with saNeuroGut

(Optional)



(Please Tick)



1

2

3

4

5

Please rate the sign-up process:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Was the online questionnaire quick and easy to complete?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Were the instructions clear and easy to follow?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Was the 24-hour food diary easy to complete?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please rate the communication you had with the saNeuroGut Team:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

THANK YOU! 💩



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