



HCHS/SOL GOLD 1 Ancillary Study (AS#2013.08) Forms

NIMHD grant: Ancillary to HCHS/SOL: Gut Origins of Latino Diabetes Study ([R01 MD011389](#); R Kaplan, RD Burk, & RD Knight)

English

GIC - Informed Consent Tracking Form

GLE - GOLD Questionnaire

GOL - Enrollment and Tracking Form

Spanish

GLS - GOLD Questionnaire Spanish



GOLD- Informed Consent Tracking Form

ID NUMBER:									FORM CODE: GIC	Contact			SEQ #		
									VERSION: A 1/23/2017	Occasion					

Administrative information:

0a. Completion date: / / 0b. Staff ID:

1. Agrees to allow HCHS/SOL GOLD to collect questionnaire data and stool (feces) specimens.

0= No 1= Yes

2. Agrees to the use of genetic data (DNA) that was already collected in HCHS/SOL and the collection of new genetic data (DNA) as part of the GOLD study.

0= No 1= Yes

3. Agrees to allow samples and data to be used for current research by HCHS/SOL GOLD investigators and the scientists they work with.

0= No 1= Yes

4. Agrees to allow samples (including genetic analysis) to be stored for future use by HCHS/SOL GOLD investigators and the scientists they work with.

0= No 1= Yes

5. Agrees to be contacted in the future for studies involving collection of additional stool samples.

0= No 1= Yes



GOLD Questionnaire Form

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: GLE VERSION: A 9/27/2016	Contact Occasion	<input type="text"/> 0	<input type="text"/> 2	SEQ #	<input type="text"/> 0	<input type="text"/> 1
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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): //

0b. Staff ID:

0c. Comment:

Instructions: The following brief questionnaire should be completed in person or by phone for all participants enrolled in the GOLD ancillary study.

A. Questionnaire collection method

1. What was the method used to collect this questionnaire for the GOLD ancillary?
- | | | |
|--------------------------|---|----------------------------------|
| <input type="checkbox"/> | 1 | In person interview |
| <input type="checkbox"/> | 2 | Telephone interview |
| <input type="checkbox"/> | 3 | Self administered by participant |

B. Health related questions

2. In the past 6 months, have you been treated with antibiotics for cold, flu, infection, or any other reason?

1 Yes 2 No

2a. IF YES, when was the last month you took antibiotics? (mm/yyyy): /

3. In the past 6 months have you taken any probiotic pills or powder regularly (once a week or more)?
(The "probiotic" supplements include products like Acidophilus, Dophilus, iFlora, Bowtrol, Accuflora.)

1 Yes 2 No

3a. IF YES, when was the last month you took probiotics? (mm/yyyy): /

4. In the past 6 months, have you taken medications for indigestion, heart burn or stomach problems regularly (once a week or more)? (This includes, among others: Omeprazole (e.g. Prilosec, Zegerid), Protonix (e.g. Pantoprazole), Esomeprazole (e.g. Nexium, Vivomo), Lansoprazole (e.g. Prevacid), Dexlansoprazole (e.g. Dexilant), Ranitidine (e.g. Zantac), Famotidine (e.g. Pepcid), Nizatidine (e.g. Axid), Cimetidine (e.g. Tagamet.)

1 Yes 2 No

4a. IF YES, when was the last month you took these medicines? (mm/yyyy): /

5. In the past 6 months, have you consumed yogurt or kefir regularly (once a week or more)?

1 Yes 2 No

ID NUMBER:								
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FORM CODE: GLQ
VERSION: A 9/27/2016

Contact
Occasion

0	2
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SEQ #

0	1
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6. What are your dietary preferences with respect to meat?

- I eat all kinds of meat 0
- I eat poultry and/or fish, but not red meat 1
- I am vegetarian (no meat) 2
- I am vegan (no meat, dairy or animal products) 3

7. Are you currently following any type of special diet? (Select all that apply)

- | | Yes
Applies | No
Does not apply |
|------------------------------------|--------------------------|--------------------------|
| a. Weight loss | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Low fat | <input type="checkbox"/> | <input type="checkbox"/> |
| c. High protein / low carbohydrate | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Macrobiotic | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gluten-free | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Low sodium | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lactose free | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other | <input type="checkbox"/> | <input type="checkbox"/> |
| h1. If other specify _____ | | |



GOLD Enrollment and Tracking form

ID NUMBER:									
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FORM CODE: GOL
VERSION: A 8/10/2016

Contact Occasion

0	2
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SEQ #

0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

0c. (Affix specimen bar code label) LAB ID# GOLD

Instructions: This enrollment and tracking form for the GOLD ancillary study must be completed to link the HCHS-SOL participant ID to the GOLD specimen ID number.

A. Individual participation status

1. Was the participant enrolled in the GOLD ancillary study? 1 Refused to participate in GOLD
 2 Agreed to participate, enrolled during V2 contact
 3 Agreed to participate, enrolled at a contact other than V2

B. Ancillary study sample

2. Specimen kit Distribution date (mm/dd/yyyy): / /
3. Specimen kit Return date (mm/dd/yyyy): / /

C. ADMINISTRATIVE USE ONLY (Demographics Pre-filled by HCHS/SOL Data Management System)

4. Gender from DEM: (Male=1, Female=2)

5. Age from DEM: years

6. Hispanic/Latino background from VIN

- | | |
|----------------------------------------------|---|
| Dominican or Dominican Descent | 0 |
| Central American or Central American descent | 1 |
| Cuban or Cuban descent | 2 |
| Mexican or Mexican descent | 3 |
| Puerto - Rican or Puerto Rican descent | 4 |
| South American or South American descent | 5 |
| More than one heritage | 6 |
| Other | 7 |



Questionario del estudio GOLD

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: GLS VERSION: A 9/27/2016	Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): //

0b. Staff ID:

0c. Comment:

Instructions: The following brief questionnaire should be completed in person or by phone for all participants enrolled in the GOLD ancillary study.

A. Questionnaire collection method

1. What was the method used to collect this questionnaire for the GOLD ancillary? 1 In person interview
 2 Telephone interview
 3 Self administered by participant

B. Health related questions

2. En los últimos 6 meses, ¿le han tratado con antibióticos para el resfriado, la gripe, infección, o alguna otra razón ?

1 Sí 2 No

2a. IF Sí, ¿cuándo fue el último mes que tomó antibiótico? (mes/año): /

3. En los últimos 6 meses, ¿ha tomado algún probiótico en forma de pastilla o polvo con regularidad (una vez a la semana o más)? *(Los suplementos «probióticos» incluyen productos como Acidophilus, Dophilus, iFlora, Bowtrol, Accuflora.)*

1 Sí 2 No

3a. IF Sí, ¿cuándo fue el último mes que tomó probióticos? (mes/año): /

4. En los últimos 6 meses, ¿ha tomado medicamentos para la indigestión, acidez estomacal o problemas estomacales con regularidad (una vez a la semana o más)? *(Esto incluye, entre otros: omeprazol (ejemplo, Prilosec, Zegerid), Protonix (ejemplo, pantoprazol), esomeprazol (ejemplo, Nexium, Vivomo), lansoprazol (ejemplo, Prevacid), dexlansoprazol (ejemplo, Dexilant), ranitidina (ejemplo, Zantac), famotidina (ejemplo, Pepcid), nizatidina (ejemplo, Axid), cimetidina (ejemplo, Tagamet).*

1 Sí 2 No

4a. IF Sí, ¿cuándo fue el último mes que tomó estos medicamentos? (mes/año): /

5. En los últimos 6 meses, ¿ha consumido yogur o kéfir con regularidad (una vez a la semana o más)?

1 Sí 2 No

ID NUMBER:								
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FORM CODE: GLS
VERSION: A 9/27/2016

Contact
Occasion

0	2
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SEQ #

0	1
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6. ¿Cuáles son sus preferencias alimentarias con respecto a la carne?

- Como todo tipo de carne 0
- Como carne de ave y/o pescado, pero no carne roja 1
- Soy vegetariana(o) (no como carne) 2
- Soy vegana(o) (no como carne, lácteos o productos animales) 3

7. En la actualidad, ¿está siguiendo algún tipo de dieta especial? (Marque todas las respuestas que correspondan)

	Si	No
	Aplica	No Aplica
a. Dieta para bajar de peso	<input type="checkbox"/>	<input type="checkbox"/>
b. Dieta baja en grasa	<input type="checkbox"/>	<input type="checkbox"/>
c. Dieta alta en proteínas/baja en carbohidratos	<input type="checkbox"/>	<input type="checkbox"/>
d. Dieta macrobiótica	<input type="checkbox"/>	<input type="checkbox"/>
e. Dieta sin gluten	<input type="checkbox"/>	<input type="checkbox"/>
f. Dieta baja en sodio	<input type="checkbox"/>	<input type="checkbox"/>
g. Dieta sin lactosa	<input type="checkbox"/>	<input type="checkbox"/>
h. Otra	<input type="checkbox"/>	<input type="checkbox"/>

h1. Si otra, especifica _____