**Monthly Questionnaire**

Have you taken antibiotics for any reason since your last sample collection (including study visits)? (*circle yes or no*) YES NO

If yes, what antibiotic? (*leave blank if you don’t remember)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when did you finish taking the antibiotic? \_\_\_\_\_\_\_\_ days ago

*Please include this questionnaire with your monthly specimen shipment. If you have any questions, please call [name of the study coordinator] at [coordinator’s phone number].*