

Baseline Blood and Urine Sample Survey

[SrvBio_MODULEINTRO_v1r0] Thank you for being part of Connect and for donating your samples. We have some questions about you and your health history. This information will help us better understand your health status, and how it is related to the samples that you donated. If you are not sure of an answer, please make your best guess.

1. [SrvBio_SEX_v1r0] Later questions in this survey will ask about your reproductive health, including your menstrual cycle (if you are menstruating) and your contraceptive use. We want to ask questions that make sense for you. What was your biological sex assigned at birth?

- 0 Female
- 1 Male
- 2 Intersex or other

2. [SrvBio_SYMPTDAY_v1r0] Did you have any of the following symptoms in the 24 hours before you donated your samples? Select all that apply.

- 0 [SrvBio_COUGHDAY_v1r0] Cough
- 1 [SrvBio_DIARRDAY_v1r0] Diarrhea
- 2 [SrvBio_NOSEDAY_v1r0] Stuffy nose (also known as nasal congestion)
- 3 [SrvBio_VOMITDAY_v1r0] Feeling sick to your stomach or throwing up
- 4 [SrvBio_FEVERDAY_v1r0] Fever
- 88 [SrvBio_NOSYMPTDAY_v1r0] No, I had none of these symptoms

3. [SrvBio_EATDRINKBEFORE_v1r0] When did you last eat or drink anything other than water before donating your samples?

- 0 The same day
- 1 The day before
- 2 More than a day before → **GO TO SrvBio_SLEEPTIME_v1r0**

4. [SrvBio_EATDRINKTIME_v1r0] At about what time did you last eat or drink anything other than water before donating your samples? Select your answer from the drop-down list below. If you are using a phone or tablet, please tap the gray box to enter your response.

HH:MM AM/PM

5. [SrvBio_SLEEPTIME_v1r0] What time did you go to sleep on the night before donating your samples? Select your answer from the drop-down list below. If you are using a phone or tablet, please tap the gray box to enter your response.

HH:MM AM/PM

6. [SrvBio_WAKETIME_v1r0] What time did you wake up on the day that you donated your samples? Select your answer from the drop-down list below. If you are using a phone or tablet, please tap the gray box to enter your response.

HH:MM AM/PM

[SrvBIU_MED_v1r0] Medications

7. [GRID_SrvBLU_MED1_V1R0] Have you taken any of these medications in the past month? If so, please share the last time you took each type of medication before donating your samples. If you are not sure of an answer, please make your best guess.

<i>[Radio button grid, select one each row]</i>	0 No	1 Yes, in the past day	2 Yes, in the past two days	3 Yes, in the past week	4 Yes, in the past month
[SrvBIU_TYLENOL_v1r0] Tylenol®					
[SrvBIU_NSAIDS_v1r0] NSAIDs [such as aspirin, Advil®, Aleve®]					
[SrvBIU_ACID_v1r0] Medications to lower stomach acid [such as Prilosec®, Prevacid®, Protonix®, Aciphex®, Omeprazole, Nexium®, Tagamet®, Zantac®]					

[DISPLAY SrvBIU_REPROINTRO_v1r0 IF (SrvBio_SEX_v1r0= 0),
ELSE, GO TO END]

[SrvBIU_REPROINTRO_v1r0] Reproductive Health

The following questions ask about your menstrual periods, if you are pregnant, and contraceptive use. Your answers will help us understand where your body was in your menstrual cycle when you donated your samples. You may have answered some questions like these on another survey, but the questions below ask about your status on the day that you donated your samples.

8. [SrvBIU_MENSTPRD_v2r0] Have you had a menstrual period in the last **12 months**? Please do **not** consider breakthrough bleeding (also known as spotting) as part of the menstrual period.

[this question requires a response]

0 No → GO TO SrvBIU_PREGNANT_v1r0
1 Yes

9. [SrvBIU_MENST60_v2r0] Have you had a menstrual period in the last **60 days**? Please do **not** consider breakthrough bleeding (also known as spotting) as part of the menstrual period. *[this question requires a response]*

0 No → GO TO SrvBIU_PREGNANT_v1r0
1 Yes

10. [SrvBIU_MENSTART_v2r0] When was the start date of your most recent menstrual period (the first day on which you saw menstrual blood)? Please do **not** consider breakthrough bleeding (also known as spotting) as part of the menstrual period. If you are not sure or do not remember, please make your best guess. *[this question requires a response]*

MM/DD/YYYY

11. [SrvBIU_PREGNANT_v1r0] Are you pregnant now?

0 No
1 Yes → GO TO SrvBIU_BRSTFD_v1r0

12. [SrvBIU_PREG3MON_v1r0] Have you been pregnant in the last **three months**?

0 No
1 Yes

13. [SrvBIU_BRSTFD_v1r0] Are you breastfeeding now?

0 No
1 Yes → GO TO SrvBIU_CONTRACEPT_v1r0

14. [SrvBIU_BRSTFD3MON_v1r0] Did you breastfeed in the last **three months**?

0 No
1 Yes

**[DISPLAY SrvBIU_CONTRACEPT_v1r0 IF (SrvBIU_PREGNANT_v1r0= 0),
ELSE, GO TO END]**

15. [SrvBIU_CONTRACEPT_v1r0] Within the **last month**, have you used hormonal contraceptives? These types of contraceptives include oral contraceptives ("the pill"), injections, implants, skin patches, vaginal rings, and hormonal intrauterine devices (IUDs).

0 No
1 Yes

16. [SrvBIU_HORMONE_v1r0] Within the **last month**, have you used prescription hormone therapy to relieve common symptoms of perimenopause and menopause (for example, hot flashes and vaginal dryness), or to reduce bone loss due to lowering levels of estrogen and progesterone?

0 No
1 Yes

Closing remark on submit survey screen: "You have answered all of the questions in this survey. To submit your answers, select the "Submit Survey" button."