

Background Demographics and health

1. Today's date ____ / ____ / ____ (month/ day/ year XXXX)
2. Date of Birth ____ / ____ / ____ (month/ day/ year XXXX)
3. Sex: Male Female
4. What is your height: ____ (feet) ____ (inches) and weight _____ (lbs)
5. What is your ethnicity _____
6. Marital status (circle): Married Divorced Single Separated
Widowed
7. Family size (individuals currently living in your house, including yourself) _____
7a. How many children under the age of 18 currently living in the household _____
7b How many are enrolled in a daycare? _____
8. Do you currently live with your (circle): sister brother
8a. Do you share your room with your sibling (s).
9. Were you born (please circle one)? Caesarian or natural
10. What was your birth weight _____(lbs) and week of birth _____week
11. What was the last grade you completed in school?
High school graduate
Some college
College graduate
Postgraduate/ professional
Other (specify) _____
12. As a child, did you receive all of your doctor recommended vaccines?
YES
NO
Don't know or don't remember
13. Which hand do you use more often? (select one)
Right
Left
Neither, I use both hands equally

14. Do you currently have any of the following conditions? (circle all that apply)

Asthma

Emphysema

Chronic obstructive pulmonary disorder

Heart disease or diseases of your blood vessels, veins or arteries

Diabetes (type 1 or 2)

Kidney disease

HIV/ AIDS

Food Allergies

Autoimmune disease (specify) _____

15. Have you been diagnosed with cancer in the last five years?

Yes _____

Yes, in remission (year?) _____

No, in remission (year?) _____

No

16. Do you have any condition that may weaken the immune system?

Yes _____

No _____

I don't know

17. Do you take medications such as anti-cancer drugs, steroids (such as prednisone). Or other drugs that weaken the immune system in the last 3 months?

Yes

No

18. Have you been diagnosed with an upper respiratory tract infection, ear infection, or sinus infection in past 3 months?

Yes

No

19. Have you taken antibiotics in the past 3 months?

Yes

No

20. Have you had the nasal influenza (flu) vaccine, sometimes called FluMist or nasal flu spray, in the past 3 months?

Yes

No

21. Have you ever been told by a doctor that you have any of the following skin conditions (check any/ all that apply)?

Eczema

Psoriasis

Folliculitis

Red bumps or pimples

Other _____

22. Have you had a skin or soft tissue infection (such as an infection of the muscle, abscess, furuncle, impetigo) in the past 3 months?

Yes (if yes proceed to question 22a)

No

22a. Where on your body was the infection? (circle all that apply)

Legs

Stomach/ waist

Arms

Groin

Hands

Back

Face

23. Have you been told by a doctor you have a staph infection in the previous 3 months?

Yes

No

I don't know

24. Have you been told by a doctor you have a MRSA (methicillin-resistant Staphylococcus aureus) infection in the past 3 months?

Yes

No

I don't know

25. Have you used any type of probiotics in the past 3 months?

Yes (specify) _____

No

I don't know

26. How often do you brush your teeth? (Please circle your answer)

Once Daily

Twice daily

After every meal

I don't brush my teeth

Home environment

27. Do you currently have pets?

No

Yes (if yes specify by circling below types)

Dogs

Cats

Reptiles (turtle, snake, lizard, iguana, etc)

Small mammal (mouse, rabbit, guinea pig, gerbil, etc)

Bird

Fish

Other (specify) _____

28. Do you have a water softener in your home?

Yes

No

I don't know

29. What type of water do you have in your home?

Well water

Public water

Don't know

Hygiene

30. How often do you shower/ take a bath?

Every day

Every other day

once a week

less than once a week

31. Do you wash your hands before eating?

No

Yes

32. What types of hand soaps are used in your home (check all that apply)?

Bar soap, not antibacterial (Dove, Ivory, etc)

Bar soap, antibacterial (Dial, Lever 2000, etc)

Liquid soap, not antibacterial

Liquid soap, antibacterial

Other (describe: _____)

33. Which statement best describes the skin on your hands? (pick one)

My hands are very healthy. They look and feel good. I rarely suffer from redness, dryness, crackling, or stinging

My hands are healthy. They look and feel good most of the time. Occasionally get red, dry, or hurt.

My hands are OK, but not great. Sometimes they look and feel good, but other times are red, dry, cracked, or sting.

My hands are in bad condition. They rarely look or feel good. I almost always suffer from redness, dryness, cracking, or stinging.

34. Are bath towels shared in your household without being washed in between users?

Yes

No
I don't know

35. Are hand towels shared in your household without being washed in between users?

Yes
No

36. How do you feel about overall hygiene? (pick one)

I'm very adamant about washing my hands and cleaning my home and making sure I live in a bacteria free environment

I try to keep a clean home and I'm very aware of my personal hygiene. I do what I can to keep myself and my home tidy

Sometimes I feel like people go a little overboard with sanitizing and cleaning. I feel like dirt and bacteria serve a purpose and help us build our immune system

Proceed to next section if under 18 years old

37. Are you currently changing diapers?

Adult diapers

Yes

No

Child diapers

Yes

No

Outdoor activities

38. In the last month, how much time do you spend gardening, landscaping, or other activities that involve touching dirt?

Less than 1 hour per week

1-5 hours per week

5-10 hours per week

More than 10 hours per week

39. As a child, did you play more indoors or outdoors?

Indoors

Outdoors

I spent equal time indoors and outdoors

Don't remember

40. In the last month, how much time are you spending outdoors each week?

Less than 1 hour per week

1-5 hours per week

5-10 hours per week

More than 10 hours per week

41. How often do you use a swimming pool or hot tub?

- Almost everyday
- Weekly
- Every few weeks
- Monthly
- A couple times a year
- Never

42. Have you participated in team and/or contact sports in the last 3 months?

- Yes
- No

43. In the past month, how often have you attended a gym or community workout facility?

- Zero
- 1-3 times a week
- 4-6 times a week
- 7 or more times a week

Food exposure

44. Do you have any dietary restrictions?

- Yes (specify) _____
- No

45. How often do you eat the following foods (check one per row)?

	DAILY	WEEKLY	RARELY
fast food			
eggs			
red meat			
lean meat (ie. Turkey, fish, chicken)			
fruit			
vegetables			
sweets			
milk products (ie. Yogurt, cheese)			
raw/rare meat, poultry, fish or eggs; sushi; unpasteurized dairy			

46.. Check boxes to show what products your hands have come in contact with **in the past 30 days** and about how often. **Include those that you apply directly to your hands as well as products you use your hands to apply elsewhere.**

Product	Multiple times a day	Once a day	Once a week	Less than once a week	Have Not used
hand lotion					
body lotion					
face lotion					
plain hand soap (non-antimicrobial)					
anitmicrobial hand soap					

Product	Multiple times a day	Once a day	Once a week	Less than once a week	Have Not used
body soap / body wash					
hand sanitizer					
baby wipes					
antimicrobial hand wipes					
antimicrobial surface wipes					
antimicrobial surface cleansers					

Product	Multiple times a day	Once a day	Once a week	Less than once a week	Have Not used
dish washing detergent					
sunscreen					
shampoo					
conditioner					
hair styling products					

Product	Multiple times a day	Once a day	Once a week	Less than once a week	Have Not used
shaving cream					
baby rash cream					
acne medication					
anti-aging products					
makeup					

47. Listed below are statements about hygiene and health. For each statement pick whether you Strongly agree, Agree, Neither agree or disagree, Disagree, or Strongly Disagree

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I make sure my vaccinations and those of my children are up to date.	5	4	3	2	1
I only use hand sanitizer in public places, not in my home.	5	4	3	2	1
I work out at the gym regularly (at least 2x per week)	5	4	3	2	1
I play team sports.	5	4	3	2	1
I purchase cleaning products with a short list of ingredients that I recognize	5	4	3	2	1
	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I would say that I clean / disinfect my house more than the average person.	5	4	3	2	1
I eat yogurt containing probiotics	5	4	3	2	1
I take a probiotic supplement	5	4	3	2	1
I use a traditional approach to cleaning my home- the way my mother and grandmother cleaned.	5	4	3	2	1
I limit or avoid the use of antibiotics	5	4	3	2	1
I own a cell phone and use it many times per day.	5	4	3	2	1

Food and environmental exposure

48. Have you been hospitalized for more than 24 hours in the previous 3 months?

Yes

No

49. Have you or anyone in your household had outpatient surgery in last 3 months?

Yes

No

50. Have you visited a patient in a hospital or long term care facility (such as a nursing home) in the past 3 months?

Yes

No

51. The purpose of this survey is to gather information that might relate to the bacteria that we find on your body. With this in mind, is there anything else that you can think of that we did not ask about that might cause the skin on your hands to be different than other people? (write in)

Proceed to END if under the age of 18

52. How often do you handle raw/uncooked pork products?

I do not handle pork products

Less than once per week

Approximately once per week

2-3 times per week

more than 4 times per week

53. How often do you handle raw/uncooked chicken products?

I do not handle pork products

Less than once per week

Approximately once per week

2-3 times per week

More than 4 times per week

54. How often do you handle raw/uncooked turkey products?

I do not handle pork products

Less than once per week

Approximately once per week

2-3 times per week

More than 4 times per week

55. Do you currently smoke cigarettes/ cigars?

Yes (how many per day?) _____

No

55a. Have you ever smoked cigarettes/ cigars?

Yes (year quit) _____

No

56. Do you currently use chew tobacco?

Yes

No

56a. Have you ever used chew tobacco?

Yes

No

57. Have you spent time in a jail or other correctional facility in the past 3 months (as visitor or inmate)?

Yes

No

58. Do you work or volunteer in a hospital, physician's office, or long-term care facility currently?

Yes

No

59.. In the past 3 months have you been in contact with any of the following types of live animals? (check yes or no for each)

Chickens yes no

Cattle yes no

Swine (pigs) yes no

Horses yes no

Goats yes no

Sheep yes no

Turkeys yes no

Cats yes no

Dogs yes no

Other type of animal, please specify _____

END. Thank you for completing this survey!