

# Daily Log

Fill out this form daily during your participation in the Soylent Microbiome Study!

\* Required

**1. Entry Date \***

\_\_\_\_\_  
*Example: December 15, 2012*

**2. Participant ID Number \***

\_\_\_\_\_

**3. Which study group are you in? \***

*Mark only one oval.*

- Regular Diet  
 Soylent Consumption

## Diet Information

**4. Soylent Diet \***

How many bottles of Soylent did you consume today?

*Mark only one oval.*

0	1	2	3	4	5	6
<input type="radio"/>						

## Regular Diet

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If you were on a regular diet today, please briefly describe the meals consumed including main meal components.

**5. Breakfast**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Lunch**

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**7. Dinner**

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**8. Snacks / Other**

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**Microbiome Sampling**

**9. Did you take a sample today? \***

*Mark only one oval.*

- Yes
- No, today was not a sample day
- Other: \_\_\_\_\_

**10. uBiome Sample Kit Serial Number**

Do not enter hyphens. Enter 123456789 instead of 123-456-789

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**11. When did you take your sample?**

*Example: 8:30 AM*

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**12. Bristol Stool Rating**

Rate your stool according to the Bristol Stool Chart  
Mark only one oval.

1	2	3	4	5	6	7
<input type="radio"/>						

**Additional Information**

**13. Rate any symptoms you are experiencing. \***

Mark only one oval per row.

	0 - None	1 - Minor	2 - Mild	3 - Moderate	4 - Severe
Bloating	<input type="radio"/>				
Nausea	<input type="radio"/>				

**14. Please describe any additional symptoms you are experiencing.**

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If you feel unwell, please cease participation in this study by contacting any team member of Mycrobes and consult your primary care physician.

**15. Please explain any irregularities with today's procedures, if any.**

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