

S1

Vegetarian/ Vegan and omnivore Form

*Required

1. E-mail*

2. Name

3. Form Number*

4. Age (in full years)*

5. Gender*

Check only one☐ Female☐ Male

6. Have you taken antibiotics in the last 6 months?

Check only one☐ Yes☐ No

7. Have you been hospitalized in the last 6 months?

Check only one☐ Yes☐ No

8. Occupation

9. Education:

Check only one☐ Incomplete high school☐ Complete high school☐ Incomplete higher education☐ Complete higher education

10. Color or race:

Check only one☐ White☐ Brown☐ Indigenous☐

- ☐ Black
☐ Yellow

11. Marital Status

Check only one

- ☐ Single
☐ Married

12. Height (cm)

13. Weight (kg)

14. Kind of diet

Check only one

- ☐ Omnivore
☐ Vegetarian
☐ Vegan

15. Have you eaten any meat in the last 6 months?

Marque todas que se aplicam.

- ☐ Beef
☐ Pork
☐ Chicken
☐ Fish
☐ None of the above

16. Have you eaten any of the foods below in the last 6 months?

Marque todas que se aplicam.

- ☐ Egg
☐ Cheese
☐ Yogurt
☐ None of the above

17. How long have you been on this diet?

18. At home, how often do you buy and consume organic food?

Check only one

- ☐ Only consume organic food
☐ Give preference to organic food
☐ Don't mind consuming organic food

19. Still on organic food, when you eat out, you:

Check only one

- ☐ Only consume organic food
☐ Give preference to organic food
☐ Don't mind consuming organic food

20. From 0 to 10, what is your consumption of organic food? (where 0 does not consume and 10 consumes only organics)?

21. Are you a smoker?

Check only one

- ☐ Yes
☐ No

22. How often do you drink alcohol?

Check only one

- ☐ Never
☐ Monthly or less
☐ 2 to 4 times a month
☐ 2 to 4 times a week
☐ 4 or more times a week

23. Do you take continuous medication? Which one(s)?

24. Did you take any other medication in the last 30 days? Which one(s)?

25. Do you take probiotics?

Check all that apply

- ☐ Yakult
☐ Kombucha
☐ Do not use
☐ Others:
-

26. Have you had diarrhea or constipation in the last 30 days?

Check only one

- ☐ Yes
☐ No

27. Do you have any intestinal disease? Which one?

28. Do you have any chronic illness? Which one?

29. Do you have pets at home? Which one(s)?

Check all that apply

☐ Dog

☐ Cat

☐ Birds

☐ Others: _____

30. Have you had direct contact with cattle, pigs, or poultry in the last 12 months?

Check only one

☐ Yes

☐ No

31. Have you handled raw meat of any origin (beef, pork, poultry, fish)?

Check only one

☐ Yes

☐ No

32. Do you take food supplements?

Check only one

☐ Yes

☐ No

33. Do you consume other types of non-animal protein? Which one(s)?

34. Do you drink water other than mineral/drinking water?

Check only one

☐ Yes

☐ No

35. Do you use non-piped water?

Check only one

☐ Yes

☐ No

S2

INFORMED CONSENT FORM**Sensitivity profile of *E. coli* isolated from vegetarians, vegans and omnivores**

You are being invited to participate in a study entitled "Sensitivity and virulence profile of *E. coli* isolated from vegetarians, vegans and omnivores" carried out by researchers Zuleica Naomi Tano¹, Eliana Carolina Vespero¹ and ArianeTiemy Tizura² (professors¹ and master's student² at the State University of Londrina, University Hospital of Londrina).

This study will be carried out to find out if the gut microbiota from people who do not eat meat have different sensitivity to the antibiotics we use to treat urinary infections.

There will be no exposure of your name at any time. If you agree to participate in the study, we ask that you sign the consent form and kindly answer the questionnaire.

If you do not want to participate in the study, there will be no loss in relation to your exam.

I, _____, accept to participate in the study
"Sensitivity profile of *E. coli* isolated from vegetarians, vegans and omnivores"

Participant's signature

Londrina, _____, _____, 2017.