**S2 Text. Subject Recruitment Questionnaire**

1. When do you sleep on a typical day?

a) Bedtime:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g., 10:00-11:00 PM)

b) Wake-up time\_\_\_\_\_\_\_\_\_\_\_\_(e.g., 06:00-7:00 AM)

2. The following questions concern your typical meal times and food intake:

a) Do you normally eat breakfast? \_\_\_Yes \_\_\_No

If you answered Yes, what time do you usually eat breakfast? \_\_\_\_­­­­\_\_\_\_\_\_\_

Please give an example of what you might eat for a typical breakfast (e.g., piece of toast, bowl of cereal, or bacon, eggs, & toast, etc). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Do you normally eat lunch? \_\_\_Yes \_\_\_No

If you answered Yes, what time do you usually eat lunch? \_\_\_\_\_\_

Please give an example of what you might eat for a typical lunch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Do you normally eat dinner? \_\_\_Yes \_\_\_No

If you answered Yes, what time do you usually eat dinner? \_\_\_\_\_\_

Is dinner generally your largest meal of the day? \_\_\_Yes \_\_\_No

d) Do you frequently eat snacks between meals or after dinner? \_\_\_Yes \_\_\_No

If you answered Yes, what time(s) do you usually have your snacks relative to:

your main meals (check all that apply) ?

\_\_\_\_\_\_In the morning between breakfast and lunch

\_\_\_\_\_\_In the afternoon between lunch and dinner

\_\_\_\_\_\_After dinner

e) How many caffeinated drinks do you drink daily? (Please answer in terms of the

number of cups of coffee or tea or number of portions of caffeinated soft drinks per

day): ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f) What is your average alcohol intake? (Please answer in terms of the number of

alcohol-containing drinks per week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g) Do you have any dietary restrictions? \_\_\_Yes \_\_\_No

If you answered Yes, please describe what they are. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Do you routinely exercise \_\_\_Yes \_\_\_No

If you answered Yes, please answer the following questions:

a) What type(s) of exercise do you do (e.g., jogging, swimming, yoga, etc.)

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

b) When (relative to your mealtimes) do you normally exercise?

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

c) In a typical week, how many days do you exercise?

\_\_\_\_1-2 \_\_\_\_3-4 \_\_\_\_5-7

4. Have you ever been diagnosed with any of the following diseases: \_\_\_Yes \_\_\_No

Esophageal stricture

Diverticulosis

Inflammatory bowel disease (IBD),

Peptic ulcer disease

Crohn's disease

Ulcerative colitis

5. Have you ever had gastrointestinal surgery: \_\_\_Yes \_\_\_No

6. The protocol for this study involves swallowing a capsule the size of a large vitamin. Do you have any difficulty swallowing: \_\_\_Yes \_\_\_No

7. Do you have any chronic medical problems not listed above (e.g., diabetes, high blood pressure, asthma, etc)

\_\_\_Yes \_\_\_No

If you answered yes, please describe them.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. Are you currently taking any medications? \_\_\_Yes \_\_\_No

If you answered yes, please describe them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

9. Do you have any sleep disorders (e.g., sleep apnea, insomnia, sleep walking, restless leg syndrome, etc.)?

\_\_\_Yes \_\_\_No

If you answered yes, please describe them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

10. Please complete the following demographic information:

Gender: \_\_\_\_\_male \_\_\_\_\_female

Age: \_\_\_\_\_ years

Ethnic group: \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian \_\_\_\_\_ Other

\_\_\_\_\_ Caucasian