## 1 Supplementary material section 1: MiGrowD study screening questionnaire

<ul> <li>2. Is your child between the ages 8-12 years?</li> <li>Exclusion Criteria</li> <li>1. Has your child used antibiotics (<i>i.e. Amoxil, Vibramycin, Augmentin</i>) during the last 3 months?</li> <li>2. Has your child recently used any stool softeners or laxatives (<i>treatments for childhood constipation i.e. PEG 3350, Lactulose, Milk of magnesia, Senna</i>) during the last 3 months?</li> <li>3. Has your child used probiotics or prebiotics during the last 3 months?</li> <li>3. Has your child used probiotics or prebiotics during the last 3 months?</li> <li>4. Descent child follow exceeded distributions?</li> </ul>	- In the f		🗆 Yes	1 No
In the following questionnaire we would like to ask you a number questions about your child's health during the last 6 months. You will need approximately 4 minutes to complete it. To be enrolled in this study, the participant needs to meet all the following criteria. If you reply "Yes" to any of the exclusion criteria you might be temporarily excluded and invited again to participate, 1-3 months later. Inclusion Criterion  I Is the child enrolled in TARGet Kids!?  I Is your child between the ages 8-12 years?  Exclusion Criteria  I Has your child used antibiotics ( <i>i.e. Amoxil, Vibramycin, Augmentin</i> ) during the last 3 months?  Has your child recently used any stool softeners or laxatives (treatments for childhood constipation i.e. PEG 3350, Lactulose, Milk of magnesia, Senna) during the last 3 months?  Has your child used probiotics or prebiotics during the last 3 months*? Other supplements	In the f	freed Days March		1000
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during the last 3 months?       Yes         2. Has your child recently used any stool softeners or laxatives (treatments for childhood constipation i.e. PEG 3350, Lactulose, Milk of magnesia, Senna) during the last 3 months?       Yes         3. Has your child used probiotics or prebiotics during the last 3 months?       Yes       Yes         3. Has your child had any episodes of abdominal pain or gastrointestinal disorders in the last 3 months?       Yes       Yes         4. Does your child follow a special diet or has any dietary restrictions?       Yes       Yes         If yes indicate what kind of diet (i.e. weight loss program, gluten free diet etc)       Yes	Exclusi	on Criteria		
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	4.			12 N
Is the child eligible to participate in the study? (filled by the study personnel)		Is the child eligible to participate in the study? (filled by the study	personnel)	
🖸 Yes 👘 No		🗅 Yes 👘 No		

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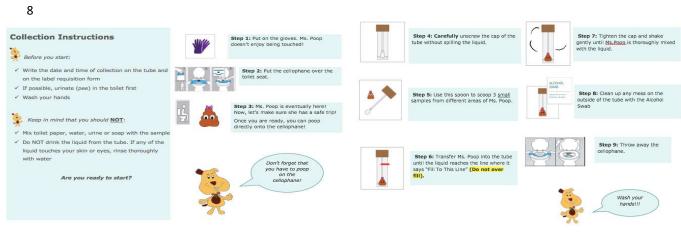
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## 7 Supplementary material section 2: Stool collection instructions



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