

Wave VI Microbiome Collection Card

Thank you for being in the Add Health Wave VI Microbiome Study.

The following questions are about you and the sample you have collected. Please complete and return this card with your collected sample in the padded shipping envelope.

GBF: Place ID here

The an

There are two sides to this card. After finishing Side A, pled and complete Side B.	ase make sure to flip over
1. A. Did you collect your stool sample? ☐ Yes ☐ No	(If you marked "No" to question 1.A) 2. Why didn't you collect the stool sample?
B. Was your stool sample contaminated? (For example: "My scoop fell onto the floor") Yes No (If you marked "Yes" to question 1.A) Date collected:	3. A. Have you traveled outside of the United States (check the box that applies): In the past month In the past 6 months In the past 12 months
Time collected: HH: MM AM/PM Date mailed: MM / DD / YYYY HH : MM AM/PM / J / J / J / J / J / J / J / J / J /	 Not in the past year B. If yes, on what date did you most recently return to the United States? / / / / / / / / / / / / / / / / / / /
Side A	Turn over to complete Side B
Add Health The National Longitudinal Study of Adolescent to Adult Health	Wave VI Microbiome Collection Card
Thank you for being in the Add Health Wave No. The following questions are about you and the sample you and return this card with your collected sample in the part there are two sides to this card. After finishing Side A, plead and complete Side B.	ou have collected. Please complete added shipping envelope. GBF: Place ID here
1. A. Did you collect your stool sample? See No	(If you marked "No" to question 1.A) 2. Why didn't you collect the stool sample?
B. Was your stool sample contaminated? (For example: "My scoop fell onto the floor") Yes No	3. A. Have you traveled outside of the United States (check the box that applies):
(If you marked "Yes" to question 1.A) Date collected: MM / DD / YYYY	☐ In the past month ☐ In the past 6 months ☐ In the past 3 months ☐ In the past 12 months ☐ Not in the past year
Time collected:	D. Maria and past year

Side A

Date mailed:

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MM / DD / YYYY

AM/PM

B. If yes, on what date did you most recently

return to the United States?

MM / DD / YYYY



Wave VI Microbiome Collection Card

	es No					
If yes, complete the table below. Include any antibiotics you have taken in the pas the name from your medication container, if possible. If you do not know the nam (For example: reason for taking the antibiotic; if it was a pill, injection, etc.)		-		-		
List the name of each antibiotic. Print in all CAPS.		Enter the date of last dose				
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Add Health The National Longitudinal Study of Adolescent to Adult Health Let In the last 4 weeks, have you taken any antibiotics? If yes, complete the table below. Include any antibiotics you have taken in the pass the name from your medication container, if possible. If you do not know the name (For example: reason for taking the antibiotic; if it was a pill, injection, etc.)	Colless No	ec'	tio ou are	n Ca	rd / taking. Cop	
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Thank you for participating in the Wave VI Microbiome Study!
You may expect to receive your incentive in the mail 4-6 weeks after returning your sample to Add Health.

Side B

MM / DD / YYYY