

CDC Letterhead

[date]

Dear Resident,

Your family has been chosen to take part in a survey. The survey is being conducted by the Centers for Disease Control and Prevention (CDC). The results of this survey will give public health experts information about health issues in the United States.

In the next two weeks, a person from a group called ICF International will call you. This group is working with CDC to conduct the survey. When they call, they will ask you how many people live in your house. After that, they will choose a person in your house to answer some questions. The questions will be about foods you eat and health issues. If they choose someone between 12 and 17 years old, a parent or guardian will need to give permission for the young person to answer the questions. If you are called at a bad time, please let the person calling know and they will set another time to call you.

The survey will take about 20 minutes. You may choose not to take part in the survey or to answer only some questions. The survey is confidential which means you or your family will not be identified in any of the results.

If you have any questions about the survey or this letter, please call XXX at (XXX) XXX-XXXX. Please leave a message including your name and phone number.

Thank you,

XXX

FoodNet Population Survey Adolescent, Adult, and Pediatric Questionnaire

2016 - 2017

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Participant Screening

Hello, I'm calling for the Centers for Disease Control and Prevention. My name is _____. I work for ICF International, the research firm that is helping to gather information on the health of {insert state} residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

- 1 Continue
- 2 No answer
- 3 Normal busy
- 4 Answering machine
- 5 Number is not the same **{END SURVEY}**

{PRIVATE} Is this a private residence?

- 1 Yes
- 2 No, non-residential **{END SURVEY}**

{STATE} Can you please tell me, what state do you live in?

- 1 {Insert state from sample}
- 2 Other **{END SURVEY}**
- 3 Refused **{END SURVEY}**

{COUNTY} {If STATE = CA, CO, NY} Can you please tell me, what county do you live in?

- 1 {Insert county from sample}
- 2 {Insert county from sample}
- 3 {Insert county from sample}
- 88 Other **{END SURVEY}**
- 77 DK **{END SURVEY}**
- 99 Refused **{END SURVEY}**

CA	1	Alameda	N Y	1	Albany	39	Greene	97	Schuyler	
	1									
	3	Contra Costa		3	Allegany	41	Hamilton	99	Seneca	
	7									
	5	San Francisco		9	Cattaraugus	51	Livingston	101	Steuben	
	8			1						
	1	San Mateo		3	Chautauqua	55	Monroe	113	Warren	
	8			1			Montgomer y	115	Washingto n	
	5	Santa Clara		5	Chemung	57				
			1							
			9	Clinton	63	Niagara	117	Wayne		
			2							
CO	1	Adams	1	Columbia	69	Ontario	121	Wyoming		
			2							
	5	Arapahoe	5	Delaware	73	Orleans	123	Yates		
	1		2							
	3	Boulder	9	Erie	77	Otsego				
	1		3							
	4	Broomfield	1	Essex	83	Rensselaer				
3	Denver	3	Franklin	91	Saratoga					

1		3			
3		3			
5	Douglas	5	Fulton	93	Schenectady
5		3			
9	Jefferson	7	Genesee	95	Schoharie

{ADULTS} Our study requires that we randomly select one person who lives in your household to be interviewed. How many children and adult, including yourself, are there in your household?
 ___ ___ Number of people in household

{If ADULTS = 1}

{YOURTHE1} Then you are the person I need to speak with.

{PERAGE} What is your age?

___ ___ years **{IF ≥18 GO TO CONSENT; IF 12-17 GO TO ASSENT; IF <12, GUARDIAN}**

{If ADULTS >1}

{MEN} How many of these people are male?

___ ___ **{If MEN < ADULTS}**

{WOMEN} How many of these people are female?

___ ___

{ASKFOR} The person randomly selected is _____.

{FIRSTNAME} What is this person's first name?

{PERAGE} What is this person's age?

___ ___ years {

{AREYOU} Are you _____?

- 1 Yes **{IF ≥18, GO TO CONSENT; IF 12-17 GO TO ASSENT; IF <12, GUARDIAN}**
- 2 No

{GUARDIAN}

Since _____ is less than 12 years old, I will need to speak to the child's parent or guardian and ask them the questions instead. Are you the child's parent or guardian?

- 1 Yes **{GO TO CONSENT FORMS}**
- 2 No

{GETGUARDIAN} May I speak to the child's parent or guardian?

- 1 Yes **{GO TO CONSENT FORMS}**
- 2 No **{Suspend and schedule a call back with child's parent}**

{ASSENT}

Since ___ is between 12 and 17 years old, I need to ask that child's guardian for permission to interview him/her. Are you the child's parent or guardian?

- 1 Yes **{GO TO CONSENT FORMS}**
- 2 No

{GETGUADIAN2} May I speak to the child's parent or guardian?

- 1 Yes **{GO TO CONSENT/ASSENT FORMS}**
- 2 No **{Suspend and schedule a call back with child's parent}**

{CONSENT}

May I speak with _____?

- 1 Yes **{GO TO CONSENT FORMS}**
- 2 No **{Suspend and schedule a call back}**

DRAFT

Food Module—Version 1

Time estimate: 4.5-6.5m

To be administered to 50% of respondents.

Next I'll ask you about foods eaten in the past 7 days. Some of the questions might seem repetitive, but please answer, even if you think it was already covered. Unless I say otherwise, I'm interested in the food whether it was prepared at home or outside the home, and no matter where you ate it. Ready?

The first questions are about **eggs**. Tell me if {you/your child} ate any of these in the past 7 days.

Y ? N

Eggs or egg-containing dishes such as quiche or egg salad *If yes...*

Eggs at home

Eggs away from home

Raw, runny, or over-easy eggs

Anything made with raw eggs such as dough, sauce, homemade ice cream, or homemade mayonnaise

These next questions are about **poultry**. This does not include canned items, but the poultry could have been fresh or frozen unless I say otherwise. These foods could have been eaten alone, as a deli meat, or as part of a dish. Please tell me if {you/your child} ate these in the past 7 days.

Y ? N

Chicken or any foods containing chicken *If yes...*

Chicken prepared away from home, such as in a restaurant or from a store like rotisserie or tenders

Chicken prepared at home, not including take-out *If yes...*

Chicken prepared at home that was refrigerated and raw when purchased

Chicken prepared at home that was frozen and raw when purchased

Ground chicken prepared at home or away from home

Turkey *If yes...*

Any turkey prepared away from home

Ground turkey prepared at home or away from home

Next, I have a few questions about **processed meats**. Did {you/your child} eat any of these in the past 7 days?

Y ? N

Pre-packaged sliced deli meats

Sliced deli meats that were not pre-packaged

Hot dogs, corn dogs, Polish sausage, Kielbasa, or other similar product

Salami, pepperoni, or other Italian-style meat

Dried meat strips or jerky

These next questions are about **seafood**. This does not include canned items, but it could have been fresh or frozen unless I say otherwise. These foods could have been eaten alone or as part of a dish, sauce, or dip. Did {you/your child} eat any of these in the past 7 days?

Y ? N

Store- or restaurant-bought fish, not including shellfish *If yes...*

Fish that was raw or undercooked such as sushi, sashimi, or ceviche

Other seafood or shellfish such as crab, shrimp, oysters, or clams *If yes...*

Other seafood or shellfish that was raw or undercooked such as raw oysters or clams *If yes...*

Raw oysters

Raw clams, mussels, scallops, or other shellfish

Next, I have a few questions about **fresh fruits**. This does not include canned, cooked, dried, or frozen fruits. Did {you/your child} eat any of these in the past 7 days?

Y ? N

- Apples
- Pears
- Peaches, nectarines, apricots, or plums
- Cantaloupe
- Honeydew
- Watermelon
- Pre-packaged, store-bought fresh fruit salad

Now I'll ask you about raw **vegetables** in the past 7 days. Don't say yes if the vegetable was cooked, had been frozen, or came in a can. In the past 7 days, did {you/your child} eat any of the following raw or uncooked vegetables?

Y ? N

- Celery
- Carrots
- Green onions or scallions
- Avocado or guacamole
- Fresh tomatoes, including in a sandwich, burger, or salad *If yes...*
 - Roma tomatoes
 - Small, bite-sized tomatoes such as grape or cherry tomatoes
- Fresh salsa or pico de gallo, not from a jar or can
- Zucchini, yellow, or other summer squash
- Sprouts such as alfalfa, bean, clover, or broccoli
- Cabbage
- Leafy greens such as lettuce, spinach, or kale such as in a salad, on a sandwich or burger
- Spinach
- Arugula
- Kale
- Pre-packaged salad mix

Now tell me if {you/your child} ate any of these **foods that originally came in frozen packages**. In the past 7 days, did {you/your child} eat...?

Y ? N

- Frozen stuffed chicken
- Frozen snack foods like mozzarella sticks, jalapeño poppers, potato skins, or hot pockets
- Frozen pizza
- Frozen Mexican-style items

Just a few more! In the past 7 days, did {you/your child} eat...?

Y ? N

- Hummus
- Sesame seeds or other product made from sesame seeds including tahini or halva
- Seeds such as flax, chia, or hemp
- Unpasteurized or raw juice or cider
- Tofu, tempeh, or seitan

DRAFT

Food Module—Version 2

Time estimate: 4.5-5m

To be administered to 50% of respondents.

Next I'll ask you about foods eaten in the past 7 days. Some of the questions might seem repetitive, but please answer, even if you think it was already covered. Unless I say otherwise, I'm interested in the food whether it was prepared at home or outside the home, and no matter where you ate it. Ready, OK?

The first questions are about **dairy and cheese**. Tell me if {you/your child} ate any of these in the past 7 days.

Y ? N

Yogurt, including kefir and in smoothies
Ice cream
Pasteurized milk from any animal
Unpasteurized or raw milk from any animal
Cheese made from pasteurized milk
Cheese made from unpasteurized or raw milk including homemade, farm-fresh, and door-to-door cheeses
Other dairy products that were raw or unpasteurized including yogurts and ice cream made from raw milk
Soft cheese such as Brie or queso fresco *If yes...*
 Unpasteurized soft cheese
Mexican- or Latin-style cheese such as queso fresco or queso blanco
Blue-veined cheese such as Bleu or gorgonzola
Feta
Goat cheese
Brie or Camembert

Thanks! These next questions are about **meat**. This does not include canned items, but the meat could have been fresh, frozen, or it could have been eaten as deli meat or as part of a dish. Please tell me if {you/your child} ate these in the past 7 days.

Y ? N

Beef *If yes...*
 Any type of beef prepared away from home
 Ground beef that was prepared either at home or away from home *If yes...*
 Ground beef that was undercooked or raw
 Pre-formed hamburger patties eaten at home
 Other beef such as steaks or roasts that were prepared either at home or away from home
Pork, not including ham *If yes...*
 Ground pork
 Whole cuts of pork, such as pork chops or pork roast
Lamb
Liver paté from any animal
Raw, undercooked, or pink liver
Bison or buffalo meat

Next, I have a few questions about **fresh fruits**. This does not include canned, cooked, dried, or frozen fruits. Did {you/your child} eat any of these fresh fruits in the past 7 days?

Y ? N

Oranges
Tangerines, mandarins, or clementines
Strawberries
Raspberries

Blueberries
Blackberries
Other berries
Pineapple
Mango

Now I'll ask you about raw **vegetables** in the past 7 days. Don't say yes if the vegetable was cooked, had been frozen, or came in a can. In the past 7 days, did {you/your child} eat any of the following raw or uncooked vegetables?

Y ? N

Pre-cut vegetables or vegetable mixes
Cucumbers
Broccoli or cauliflower
Pea pods, snap peas, or snow peas
Hot chili peppers such as jalapeños or serranos
Other peppers such as sweet or green, red, orange, or yellow bell
Fresh basil
Fresh parsley
Fresh cilantro
Other fresh herbs

Tell me if {you/your child} ate any of these **foods that originally came in frozen packages**. In the past 7 days, did {you/your child} eat...?

Y ? N

Frozen vegetables
Frozen berries
Other frozen fruit or fruit pulp

These next questions are about **other foods**. Did {you/your child} eat any in the past 7 days?

Y ? N

Peanuts
Peanut butter in a jar
Fresh-ground peanut butter
Other ground nut butter or spread such as Nutella or almond butter
Almonds (whole or pieces)
Walnuts (whole or pieces)
Cashews (whole or pieces)
Pistachios (whole or pieces)
Pecans (whole or pieces)
Hazelnuts or filberts (whole or pieces)
Other nuts or nut mixes such as in trail mix
Dried fruit alone or in trail mix

Diet Module

Time estimate: 0.5-1m

Now I would like to ask you some questions about {your/your child's} diet in general. I am not referring to specific foods {you/your child} may have eaten in the past 7 days, but rather types of foods that may or may not be a part of {your/your child's} diet for any reason.

1. {Do you/Does your child} eat any dairy products such as butter, dairy milk, or cheese?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. {Do you/Does your child} eat eggs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. {Do you/Does your child} eat poultry, such as chicken or turkey?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. {Do you/Does your child} eat pork?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. {Do you/Does your child} eat red meat, such as beef?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. {Do you/Does your child} eat seafood, such as fish, crab, or shrimp?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7. {Do you/Does your child} follow a Halal or Kosher diet?

- 1 Yes, Halal
- 2 Yes, Kosher
- 3 No
- 7 Don't know / Not sure
- 9 Refused

8. **{IF <2 YEARS OLD}**

Does your child drink any breast milk?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. **{IF <2 YEARS OLD}**

Does your child drink any formula?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DRAFT

Animal Contact Module—Version 1

Time estimate: 1.5m

Now I'd like to ask you a few questions about any animals, animal food, and animal settings {you/your child} may have had contact with in the past 7 days either in your home or elsewhere.

1. In the past 7 days, did {you/your child} have any contact with any of the following?

Y ? N

- Cat
- Puppy (<6 months)
- Dog older than puppy (≥6 months)
- Lizard, including iguana or gecko
- Turtle
- Other reptile, such as snake
- Amphibian, such as frog
- Other small mammalian household pet, such as hamster or guinea pig
- Any pet that had diarrhea
- Baby chick or duckling
- Other poultry including adult chicken, duck, turkey, or goose
- Bird, not including poultry
- Cow, sheep, or goat
- Pig
- Dry dog or cat food
- Canned or “wet” dog or cat food
- Dog or cat “treats”
- Store-bought raw pet food
- Frozen or fresh feeder rodents
- Pet store, petting zoo, ranch, or farm where there were animals present
- Other event where animals were present, such as a fair, exhibit, or trade show

Animal Contact Module—Version 2

Now I'd like to ask you a few questions about {your/your child's} exposure to any animals in the past 7 days. Exposure includes touching the animal or the area where the animal is house or being in a home, school room, or day care with the animal.

1. In the past 7 days, did {you/your child} have exposure to any of the following animals?

Y ? N

Kitten (<6 months)
Cat (≥6 months)
Puppy (<6 months)
Dog (≥6 months)
Other small mammalian household pet, such as hamster or guinea pig
Bird, not including poultry
Lizard, including iguana or gecko
Turtle
Other reptile, such as snake
Amphibian, such as frog
Pet fish, including fish in an aquarium or pond
Any pet that had diarrhea

Now, I'd like to ask you about other animals. Again, exposure includes touching the animal or the area where the animal is house or being in a home or room with the animal.

2. In the past 7 days, did {you/your child} have exposure to any of the following animals?

Y ? N

Baby chick or duckling
Other poultry including adult chicken, duck, turkey, or goose
Cow
Sheep or goat
Pig
Horse
Other animal

Lastly, I'd like to ask you about any animal settings {you/your child} may have visited.

3. In the past 7 days, did {you/your child} visit any of the following animal settings?

Y ? N

Pet store
Petting zoo
Ranch or farm with animals present
Other event where animals were present, such as a fair, exhibit, trade show, or live animal market

Drinking and Recreational Water Module—Version 1

Time estimate: 1-1.5m

To be administered to 50% of respondents.

Now I'd like to ask you a few questions about the water {you drink/your child drinks}.

1. Where does most of the water for {your/your child's} home come from?

{READ}

- 1 Public or private water system
- 2 Individual or private well
- 3 Some other source, such as spring, cistern, lake, stream, or river
- 4 Bottled

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

2. In the past 7 days, did {you/your child} drink any of the following kinds of waters at home, school, work, or other locations?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 2_01 Tap water, directly from the faucet that was not filtered
- 2_02 Water from a refrigerator dispenser
- 2_03 Tap water that was filtered, such as in a pitcher, on a faucet, or under a sink
- 2_04 Bottled water

3. In the past 7 days, did you notice any of the following in {your/your child's} home tap water?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 3_01 Low water pressure
- 3_02 Loss of water service
- 3_03 Change in odor, taste, or color of your water

Now I'd like to ask you a question about the water that {you use/your child uses} for swimming.

4. In the past 30 days, did {you/your child} swim in, wade in, or enter any recreational water such as ocean, lake, spa, or pool?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

- 4a. In the past 30 days, did {you/your child} swim in, wade in, or enter any water at...

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 4a_01 Ocean beach
- 4a_02 Lake, pond, river, stream, or hot spring
- 4a_03 Hot tub or spa
- 4a_04 Swimming pool, waterpark, or water playground

4b. **{ASK FOR EACH 'YES' RESPONSE IN Q4}**

On how many days did {you/your child} swim or enter {insert response from Q4a} in the past 30 days?

- ____ (##)
77 Don't know / Not sure
99 Refused

DRAFT

Drinking and Recreational Water Module—Version 2

Time estimate: 1m

To be administered to 50% of respondents.

Now I'd like to ask you a few questions about the water {you use/your child uses}. For each question, my question will be "in the past 7 days, did {you/your child} drink or use that water."

Y ? N

Use water from a private well as the primary source of drinking water?

Live in a home with a septic system?

Swim, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?

Swim, wade in, or enter a pool, hot tub, spa, fountain, or waterpark with treated water, such as chlorinated?

DRAFT

Travel Module

Time estimate: 10s

Now I would like to ask you about {your/your child's} recent travel.

1. In the past 30 days, did {you/your child} travel outside the United States? {Include US territories}

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

1a. Did {you/your child} take any antibiotics while traveling or in the 7 days after you returned? Please don't include any antibiotics {you/your child} began taking before you traveled.

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

1b. Did you get these antibiotics in the United States?

{READ}

- 1 Yes
 - 2 No
- {DO NOT READ}**
- 7 Don't know / Not sure
 - 9 Refused

Health Module

Time estimate: 3-5.5m

The Adult and Child AGI modules will be conducted on a split sample:
50% of respondents will be given an AGI module assessing a 7-day history of AGI and
50% of respondents will be given an AGI module assessing a 30-day history of AGI.

Now I would like to ask you some questions about {your/your child's} health and medical history.

1. {Do you/Does your child} have any long-lasting or chronic illness or condition {an illness that has lasted longer than 1 month} in which diarrhea or vomiting is a major symptom, such as irritable bowel syndrome, ulcerative colitis {Co-lie-tis}, Crohn's disease, or other stomach or esophagus problem?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

2. As far as you know, have you EVER been told by a physician that {you have/your child has} any condition that compromises your immune system such as HIV, AIDS, or an organ transplant?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3. In the past {7/30} days, did {you/your child} take any of the following drugs or medical treatments?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

3_01 Prednisone {pred-na-zone} or other steroid pill that you swallow
3_02 Chemotherapy for cancer
3_03 Radiation therapy
3_04 Medicines that suppress stomach acid such antacids, Zantac, or Prilosec
3_04 Antibiotics, such as those used to treat or prevent an infection or for acne

{Females >= 12 years old and <50 years old}

4. Were {you/your child} pregnant at any time during the past {7/30} days?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

5. In the past {7/30} days, did {you/your child} have contact with a household member or other close contact with diarrhea?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Interview script: *Now I would like to ask you some questions about diarrhea {you/your child} may have experienced. If {you/your child} had more than one diarrheal illness in the last {7/30} days, we are interested in the most recent illness.*

6. In the last {7/30} days, did {you/your child} have diarrhea? We consider diarrhea as having 3 or more loose stools in 24 hours.

- 1 Yes
- 2 No **{GO TO Q7}**
- 7 Don't know / Not sure **{GO TO Q7}**
- 9 Refused **{GO TO Q7}**

6a. What was the maximum number of bowel movements with loose stools {you/your child} had in any 24-hour period? Please count one bowel movement as 1 sit-down on the toilet.

{READ}

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 More than 5

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

6b. For how many days did {you/your child} have diarrhea during this most recent illness?

- ___ ___ {Enter number of days}
- 77 Don't know / Not sure
- 99 Refused

6c. During this illness, did {you/your child} ever have bloody diarrhea? I mean blood mixed with the stool, not a streak of red blood on top of the stool. {Interview note: If respondent had more than one diarrheal illness in the last {7/30} days, we are interested in the most recent illness.}

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6d. Did {you/your child} have any vomiting with this diarrheal illness?

- 1 Yes
- 2 No **{GO TO Q7}**
- 7 Don't know / Not sure **{GO TO Q7}**
- 9 Refused **{GO TO Q7}**

6e. For how many days did {you/your child} have both diarrhea and vomiting during this most recent illness?

- ___ ___ {Enter number of days} **{GO TO Q7a}**

- 77 Don't know **{GO TO Q7a}**
- 99 Refused **{GO TO Q7a}**

Interview script: Now I would like to ask you some questions about vomiting {you/your child} may have experienced. If {you/your child} had more than one vomiting illness in the last {7/30} days, we are interested in the most recent illness.

- 7. In the last {7/30} days, did {you/your child} have any vomiting? We consider vomiting as vomiting 1 or more times in 24 hours.

- 1 Yes
- 2 No **{IF Q6=NO THEN END MODULE; IF Q6=YES THEN GO TO Q8}**
- 7 Don't know / Not sure **{IF Q6=NO THEN END MODULE; IF Q6=YES THEN GO TO Q8}**
- 9 Refused **{IF Q6=NO THEN END MODULE; IF Q6=YES THEN GO TO Q8}**

- 7a. What was the maximum number of times that {you/your child} vomited in any 24-hour period?

{READ}

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 More than 5

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

- 7b. For how many days did {you/your child} have vomiting during this most recent illness?

_____ {Enter number of days}

- 77 Don't know / Not sure
- 99 Refused

- 8. Are {you/your child} still having any of the following?

{READ}

- 1 Vomiting
- 2 Diarrhea
- 3 Both diarrhea and vomiting
- 4 None of the above

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

- 9. During this most recent illness, did {you/your child} also have any of the following? Interviewer note: If respondent had more than one diarrheal or vomiting illness in the last {7/30} days, we are interested in the most recent illness.

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 9_01 Sore throat
- 9_02 Cough

10. Did this illness begin during or within 30 days after any travel outside of the United States?

{READ}

- 1 Did not travel outside of the United States
- 2 Illness began during travel outside of the United States
- 3 Illness began within 30 days after travel outside of the United States

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

11. Did {you/your child} visit a doctor, nurse, or other health professional for this illness? {Read only when necessary:} By "other health professional", we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 Yes
- 2 No **{GO TO Q12}**
- 7 Don't know / Not sure **{GO TO Q12}**
- 9 Refused **{GO TO Q12}**

11a. Did {you/your child} visit any of the following places for this illness?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

11a_01 Doctor's office or clinic (includes after-hours clinic) **{GO TO Q12}**

11a_02 Urgent care, including Minute Clinic, Healthcare Clinic or other walk-in clinic **{GO TO Q12}**

11a_03 Emergency room

11a_04 Hospital

11a_05 Other care facility **{GO TO Q12}**

11b. Were {you/your child} admitted overnight to a hospital for this illness?

- 1 Yes
- 2 No **{GO TO Q12}**
- 7 Don't know / Not sure **{GO TO Q12}**
- 9 Refused **{GO TO Q12}**

11c. How many nights did {you/your child} spend in the hospital?

___ ___ {Enter number of nights}

77 Don't know / Not sure

99 Refused

12. As a result of this illness, were {you/your child} asked to give a stool sample for testing? This might have been in a cup or as a swab from where the stool comes out.

- 1 Yes
- 2 No **{GO TO Q13}**
- 7 Don't know / Not sure **{GO TO Q13}**
- 9 Refused **{GO TO Q13}**

12a. As a result of this illness, did {you/your child} provide a stool sample for testing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13. Did this most recent illness keep {you/your child} from doing {your/his or her} usual activities? {Read only when necessary:} Examples of "usual activities" are: attending work, school, daycare, and social events.

- 1 Yes
- 2 No **{GO TO Q14}**
- 7 Don't know / Not sure **{GO TO Q14}**
- 9 Refused **{GO TO Q14}**

13a. For how many days, did this most recent illness keep {you/your child} from doing {your/his or her} usual activities?

- ___ ___ {Enter number of days}
- 77 Don't know / Not sure
- 99 Refused

14. Do you think the diarrhea or vomiting {you/your child} experienced was due to any of the following?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 14_01 A long-term illness such as irritable bowel syndrome or colitis
- 14_02 A food sensitivity
- 14_03 Medication or treatment
- 14_04 {if female and >12 years of age} Pregnancy
- 14_05 {if >12 years of age} Alcohol consumption
- 14_06 Other ongoing digestive issues

15. Did {you/your child} take any antibiotics for this illness? Interviewer note: if child doesn't know, ask them to please ask a parent }

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

16. How often do {you/your child} have diarrhea that keeps {you/your child} from doing the usual activities? {Read only when necessary:} Examples of "usual activities" are attending work, school, daycare, and social events.

{READ}

- 1 More than once a month
- 2 Once a month
- 3 Every few months
- 4 Once or twice a year
- 5 Less than once a year

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

DRAFT

Community Module

Time estimate: 2m

The next few questions are about you and your community.

1. What is {your/your child's} age?

__ __ Years

{READ ONLY IF AGE IS ONE (1) year old or less} What is your child's age in months? __ __ months

{Consistency check: If Q1 does not equal age in screener: "I want to make sure that I heard you correctly, you said that {you were/your child was} {insert age} years old. Is that correct?" 1=Yes, 2=No {restore Q1}}

2. What is {your/your child's} gender?

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

3. Including yourself, how many people live in your household?

- __ __ Record response
77 Don't know / Not sure
99 Refused

4. {Are you/Is your child} of Spanish, Hispanic, or Latino origin?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. Which of the following would you say is {your/your child's} race?

{READ}

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian (if selected, read and code subcategories)
 - 4a. Asian Indian
 - 4b. Chinese
 - 4c. Filipino
 - 4d. Japanese
 - 4e. Korean
 - 4f. Vietnamese

- 4g. Other Asian
- 5 Pacific Islander (if selected, read and code subcategories)
 - 5a. Native Hawaiian
 - 5b. Guamanian or Chamorro
 - 5c. Samoan
 - 5d. Other Pacific Islander
- 6 More than one of the above
- {DO NOT READ}**
- 7 Other
- 77 Don't know / Not sure
- 88 No additional choices
- 99 Refused

{INTERVIEWER for Q6:

PROXY interview:

Please read: Now we are going to ask some questions about you, not your child.

INDIVIDUAL BEING INTERVIEWED BET AGE 12 AND AGE 18:

Please read: Now we are going to ask some questions about your parents.

INDIVIDUAL BEING INTERVIEWED GREATER THAN 18 YEARS OF AGE:

Read question 6 AS IS}

- 6. What is the highest level of school {you/your parents} completed?

{READ IF NECESSARY}

- 1 Never attended school or only attended kindergarten
- 2 Some elementary school, grades 1 through 8
- 3 Some high school, grades 9 through 11
- 4 Graduated from high school or got
- 5 GED College or technical school for 1 to 3 years
- 6 Graduated from college

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

- 7. {Do you/Does your child} have any medical insurance? **{Interview: If child does not know, ask them to ask their parents. Include Medicaid, Medicare, HMO plans, PPO plans, etc.}**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 8. Now I am going to read you a list of income categories. Please stop me when a category best describes your total household income, before taxes, in 2015? Was it...

{If child does not know, ask them to ask their parents}

{READ}

- 1 Less than \$15,000

- 2 \$15,000 up to \$25,000
- 3 \$25,000 up to \$40,000
- 4 \$40,000 up to \$55,000
- 5 \$55,000 up to \$75,000
- 6 \$75,000 up to \$100,000
- 7 More than \$100,000

{DO NOT READ}

- 77 Don't know / Not sure
- 99 Refused

9. Which of the following places best describes where {you live/your child lives}?

{READ}

- 1 City or urban area
- 2 Suburban area
- 3 Town or village
- 4 Rural but not on a farm
- 5 On a farm

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

10. Which of the following best describes the setting in which {you/your child} currently lives?

{READ}

- 1 Nursing home or assisted living facility
- 2 Dormitory or other congregate setting such as military barracks
- 3 Tribal nation
- 4 Other

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

11. What county {do you/does your child} live in?

Can either leave as fill in or as ANSI county code – might depend on admin mode

_____ COUNTY or ANSI CODE

- 77 Don't know / Not sure
- 99 Refused

12. What is the zip code where you live?

____ ZIP CODE

- 77 Don't know / Not sure
- 99 Refused

{Consistency check: If Q11 does not equal sample size code, "I want to make sure that I heard you correctly. You stated that your zip code is _____?"}

Web-only Questions

Yogurts and Probiotics

50% of respondents asked about 7 day time period (same that are asked 7 day AGI module)

50% of respondents asked about 30 day time period (same that are asked 30 day AGI module)

Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing “live and active cultures” or “probiotics.”

1. In the past {7/30} days, did {you/your child} take a probiotic, such as yogurt, fermented dairy products, capsules, pills, powders, or other foods and drinks labeled as containing “live and active cultures” or “probiotics”?

- 1 Yes
- 2 No **{GO TO NEXT QUESTION}**
- 7 Don't know / Not sure **{GO TO NEXT QUESTION}**
- 9 Refused **{GO TO NEXT QUESTION}**

- 1a. What form of probiotic did {you/your child} take?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 1a_01 Yogurt or yogurt drink
- 1a_02 Capsule, pill or powder
- 1a_03 Other “probiotic” foods or drinks

- 1b. **{Only ask if 1a_02=1}** Was the capsule, pill, or powder kept refrigerated at all times?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 1c. What is the main reason {you/your child} took a probiotic in the last {7/30} days?

{READ}

- 1 Because it's good for me
- 2 Antibiotic use
- 3 International travel
- 4 Gastrointestinal symptoms (not related to antibiotic use or recent travel)
- 5 Other
- 7 Don't know / Not sure
- 9 Refused

- 1d. In the past 7 days, how often did {you/your child} take a probiotic? {or}
On average, on how many days per week did {you/your child} take a probiotic in the past 30 days?

- 1 1-3 days
- 2 4-6 days
- 3 Every day

Foods

Now I'd like to ask you about foods {you have/your child has} eaten recently. First, I'll ask you about foods eaten in the past 14 days and then in the past 30 days. Unless I say, I am referring to both raw and cooked items. For each item, give me a "yes" or "no" if you remember eating or even tasting it during that time. It doesn't matter whether the food was prepared at home or outside the home—ready?

1. Did {you/your child} eat any fresh raw cilantro in the past 14 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. Did {you/your child} eat any pea pods, snap peas, or snow peas in the past 14 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. Did {you/your child} eat any berries from a package of frozen berries in the past 30 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now I'd like to ask you about foods {you/your child} or anyone else in {your/your child's} household may have handled in your home, whether or not {you/your child} ate it. I'm interested in whether anyone in {your/your child's} household handled these foods, either fresh or frozen, in the past 7 days.

- Raw poultry, fresh or frozen
- Raw beef, fresh or frozen
- Raw fish or seafood, fresh or frozen
- Raw wild game meat, fresh or frozen

Raw Milk

1. In the past year, did {you/your child} drink any unpasteurized or raw milk?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

1a. How often do {you/your child} drink unpasteurized or raw milk?

{READ}

- 1 Most weeks
- 2 Every month
- 3 Every 2-3 months

- 4 Twice a year
- 5 Once a year
- {DO NOT READ}**
- 7 Don't know/ Not sure
- 9 Refused

1b. Where {do you/does your child} get unpasteurized or raw milk?

{READ} {YES = 1; NO = 2; DK = 7; RF = 9}

- 1b_01 Through a cow- or goat-sharing program
- 1b_02 Directly from the farm
- 1b_03 At a farmer's market or similar stand
- 1b_04 From cows or goats on your farm or a farm of someone you know
- 1b_05 Through a pet store, labeled as "pet food"
- 1b_06 Grocery store or retail market
- 1b_07 Other

DRAFT

Food Safety Module

Web-only administration

1. Where you live, do you have a refrigerator and either a stove or microwave?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure
- 9 Refused

2. How often do you prepare the main meal in your household? Do you prepare the main meal...

{READ}

- 1 All or nearly all of the time
- 2 Only some of the time
- 3 Never **{GO TO Q3 THEN NEXT MODULE}**

{DO NOT READ}

- 7 Don't know / Not sure **{GO TO Q3 THEN NEXT MODULE}**
- 9 Refused **{GO TO Q3 THEN NEXT MODULE}**

3. Before you begin preparing food, how often do you wash your hands with soap?

{READ}

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

4. After handling raw meat or chicken, do you usually continue cooking, or do you first rinse your hands with water, or wipe them, or wash them with soap?

{READ}

- 1 Continue cooking
- 2 Rinse or wipe hands
- 3 Wash with soap

{DO NOT READ}

- 1 Never handle raw meat or chicken
- 7 Don't know / Not sure
- 9 Refused

5. After you have used a cutting board or other surface for cutting raw meat or chicken, do you use it as is for food to be eaten raw for the same meal, or do you first rinse it, or wipe it, or wash it with soap?

{READ}

- 1 Use as it is
- 2 Rinse or wipe it
- 3 Wash with soap

{DO NOT READ}

- 4 Wash with bleach

- 5 Use a different board
- 6 Don't cut raw meat or poultry
- 7 Don't know / Not sure
- 9 Refused

6. In your home, are hamburgers usually served... {If different ways for different people: what is the rarest degree of doneness hamburgers are served?}

{READ}

- 1 Rare **{GO TO Q11}**
- 2 Medium-rare
- 3 Medium
- 4 Medium-well
- 5 Well done **{GO TO Q11}**

{DO NOT READ}

- 6 Hamburgers are never served **{GO TO Q11}**
- 7 Don't know / Not sure **{GO TO Q11}**
- 9 Refused **{GO TO Q11}**

6a. When you say hamburgers are usually served "medium", do you mean they are...

{READ}

- 1 Brown all the way through
- 2 Still have some pink in the middle

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

7. Do you have a food thermometer, such as a meat thermometer?

- 1 Yes
- 2 No **{GO TO Q17}**
- 7 Don't know / Not sure **{GO TO Q17}**
- 9 Refused **{GO TO Q17}**

8. Over the past 12 months, when you prepare roasts or other large pieces of meat, how often do you use a thermometer when you cook roasts?

{READ}

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

{DO NOT READ}

- 5 Never cook the food
- 7 Don't know / Not sure
- 9 Refused

9. Over the past 12 months, when you prepare chicken parts, such as breasts or legs, how often do you use a thermometer when you cook chicken parts?

{READ}

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Never
- {DO NOT READ}**
- 5 Never cook the food
 - 7 Don't know / Not sure
 - 9 Refused

10. Over the past 12 months, when you prepare hamburgers from any type of meat, how often do you use a thermometer when you cook hamburgers?

- {READ}**
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Never
- {DO NOT READ}**
- 5 Never cook the food
 - 7 Don't know / Not sure
 - 9 Refused

11. If you cook a large pot of soup, stew, or other food with meat or chicken and want to save it for the next day, when do you put the food in the refrigerator?

- {READ}**
- 1 Immediately **{GO TO NEXT MODULE}**
 - 2 After first cooling it to room temperature
 - 3 After first cooling it in cold water **{GO TO NEXT MODULE }**
- {DO NOT READ}**
- 4 Do not cook such foods **{GO TO NEXT MODULE }**
 - 5 Would not refrigerate it **{GO TO NEXT MODULE }**
 - 7 Don't know / Not sure **{GO TO NEXT MODULE }**
 - 9 Refused **{GO TO NEXT MODULE }**

11a. For about how long would you let it cool at room temperature?

- {DO NOT READ}**
- 1 Less than two hours
 - 2 Two hours or more
 - 7 Don't know / Not sure
 - 9 Refused

Chicken Module

Web-only administration

1. About how many times in the past 30 days did someone buy raw fresh or frozen chicken for your household?

{READ}

- 1 More than weekly
- 2 Weekly
- 3 Once
- 4 Never **{GO TO NEXT MODULE}**

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

{Remaining questions only asked of those ≥ 18 years, respondents or proxies}

2. In the last month, did you prepare any raw chicken?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

3. Now think to the last time you prepared chicken, what type did you make?

{READ}

- 1 Whole chicken (e.g., roaster)
- 2 Chicken parts (e.g., wings, legs, breasts, etc.)

{DO NOT READ}

- 7 Don't know / Not sure
- 9 Refused

4. After you handled the packaging that held raw chicken, did you...

- 1 Continue cooking
- 2 Rinse or wipe hands
- 3 Wash hands with soap
- 7 Don't know / Not sure
- 9 Refused

5. The last time you prepared raw chicken, was it initially...

{READ}

- 1 Fresh raw chicken
- 2 Frozen raw chicken **{GO TO Q6}**

{DO NOT READ}

- 7 Don't know / Not sure **{GO TO Q6}**
- 9 Refused **{GO TO Q4}**

- 5a. About how long did you store the fresh raw chicken in the refrigerator before you cooked it?

- 1 Less than a day **{GO TO Q7}**
- 2 One day **{GO TO Q7}**
- 3 Two days **{GO TO Q7}**
- 4 Three days **{GO TO Q7}**
- 5 Four days **{GO TO Q7}**
- 6 Five or more days **{GO TO Q7}**
- 7 Don't know / Not sure **{GO TO Q7}**
- 9 Refused **{GO TO Q7}**

6. The last time you prepared raw frozen chicken, how did you thaw it?

- 1 Microwave
- 2 Placed in refrigerator **{GO TO Q6b}**
- 3 Placed under running water **{GO TO Q6c}**
- 4 Placed in container of water in sink or on counter **{GO TO Q6c}**
- 5 Placed on counter **{GO TO Q6d}**
- 6 Did not thaw. Cooked from frozen. **{GO TO Q7}**
- 7 Don't know / Not sure **{GO TO Q7}**
- 9 Refused **{GO TO Q7}**

6a. When you thawed the chicken in the microwave, did you cook it within an hour?

- 1 Yes **{GO TO Q7}**
- 2 No **{GO TO Q7}**
- 7 Don't know / Not sure **{GO TO Q7}**
- 9 Refused **{GO TO Q7}**

6b. When you thawed the chicken in the refrigerator, how long did you leave it in the refrigerator before you cooked it?

- 1 Less than 24 hours **{GO TO Q7}**
- 2 24 to <48 hours (1 to <2 days) **{GO TO Q7}**
- 3 48 to <72 hours (2 to <3 days) **{GO TO Q7}**
- 4 72 or more (3 or more days) **{GO TO Q7}**
- 5 Don't know / Not sure **{GO TO Q7}**
- 9 Refused

6c. When you thawed the chicken in the water, how long did you leave it in the water before you cooked it?

- 1 Less than an hour **{GO TO Q7}**
- 2 1 to <2 hours **{GO TO Q7}**
- 3 2 to <3 hours **{GO TO Q7}**
- 4 3 hours or more **{GO TO Q7}**
- 5 Don't know / Not sure **{GO TO Q7}**
- 9 Refused

6d. When you thawed the chicken on the counter, how long did you leave it on the counter before you cooked it?

- 1 Less than an hour

- 2 1 to <2 hours
- 3 2 to <3 hours
- 4 3 hours or more
- 5 Don't know / Not sure
- 9 Refused

7. What did you do after you used a cutting board for cutting raw chicken?

- 1 Use it as is to prepare items that will not be further cooked
- 2 Use it as is to prepare items that will be cooked
- 3 Rinse or wipe it and then use it to prepare items that will not be further cooked
- 4 Wash with soap and water and then use it to prepare the rest of the meal
- 5 Rinse or wash the cutting board and put it away
- 6 Did not use a cutting board
- 7 Don't know / Not sure
- 9 Refused

8. What did you do with the knife after you used it for cutting raw chicken?

- 1 Use it as is to cut items that will not be further cooked
- 2 Use it as is to prepare items that will be cooked
- 3 Rinse or wipe it and then use it to prepare items that will not be further cooked
- 4 Wash it with soap and water and then use it to prepare the rest of the meal
- 5 Rinse or wash the knife and put it away
- 6 Did not use a knife
- 7 Don't know / Not sure
- 9 Refused

7. After you handled the raw chicken, did you...

- 1 Continue cooking
- 2 Rinse or wipe your hands
- 3 Wash your hands with soap
- 7 Don't know / Not sure
- 9 Refused

Site Modules

Web-only administration

California {≥18 years old}

1. Did you shop at an Asian grocery store or market in the past 7 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. Did you shop at a Hispanic grocery store or market in the past 7 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. Did you dine in or take-out food from an Asian restaurant in the past 7 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Did you dine in or take-out food from a Hispanic restaurant in the past 7 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. Did you purchase any meats from live animal markets in the past 7 days?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. Do you follow a gluten-free or lactose-free diet? If so, which?

- 1 Yes, gluten-free
- 2 Yes, lactose-free
- 3 Yes, both
- 4 Neither
- 7 Don't know / Not sure
- 9 Refused

Colorado

1. In the past 7 days, did {you/your child} eat any of the following?

Y ? N

Any meat (prepared or unprepared) that was from a *carnicería* or other specialty meat

store
Roasted green chile peppers such as Hatch or Pueblo chiles
Dried red chiles such as chile Nuevo Mexico, chile California, or chile de arbol

Connecticut

1. (if drank raw milk) Did {you/your child} see any labeling on the product describing possible health risks associated with drinking raw milk?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

2. (≥ 18 years old) How often do you look for or check health department inspection scores or ratings when you eat in a restaurant?

1 Always
2 Sometimes
3 Rarely
4 Never **{GO TO NEXT MODULE}**
5 Do not eat in restaurants **{GO TO NEXT MODULE}**
7 Don't know / Not sure **{GO TO NEXT MODULE}**
9 Refused **{GO TO NEXT MODULE}**

- 2a. Where do you look for or check for the health department inspection score or rating?

{1 = Yes; 2 = No; 7 = DK/NS; 9 = RF}

2a_1 Posting at the restaurant
2a_2 Listing on a local health department website
2a_3 Listing on Yelp or other restaurant rating website
2a_4 Other

- 2b. How often does the inspection score or rating impact your decision to eat at a specific restaurant?

1 Always
2 Sometimes
3 Rarely
4 Never
7 Don't know / Not sure
9 Refused

Georgia

Now I have a few questions about where the food came from that {you/your child} ate **at home** in the past 7 days. This isn't necessarily where {you/your child} shopped during the week, but where what {you/your child} actually ate came from.

1. Did {you/your child} eat foods from any of the following in the past 7 days?

Y ? N

Grocery stores or supermarkets
Health food stores or co-ops
Warehouse stores (such as Costco or Sam's Club)

Fish or meat specialty stores
Farmer's markets, roadside stands, open-air markets, or food purchased directly from a farm
Other

Now I have a few questions about where {you/your child} may have eaten **outside of your home** in the past 7 days.

2. Did {you/your child} eat at any of the following types of restaurants in the past 7 days?

Y ? N

Barbeque-style restaurant
Mexican-style restaurant

Maryland

1. Are you or any members of your household employed in any of the following industries?

Y ? N

Poultry industry
Fisheries/shellfish industry
Farming such as of produce or grain (not dairy or other animals)
Health care
Food service
Adult or child day care

Minnesota

1. In the past 7 days, did {you/your child} live or work on a farm where there are livestock or poultry?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

2. In the past 7 days, did {you/your child} visit a farm where there are livestock or poultry?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3. In the past 7 days, did {you/your child} visit a petting zoo, educational exhibit, fair, or other venue with animals?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

4. When {you/your child} buy produce from the grocery store, is it primarily organic?

1 Yes
2 No

- 7 Don't know / Not sure
- 9 Refused

5. In the past 7 days, did {you/your child} eat food from any sandwich restaurants, like Subway or Jimmy John's?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

New Mexico

1. In the past 7 days, did {you/your child} eat or even taste any of the following foods, either at home or away from your home?

Y ? N

- Homemade beef jerky
- Homemade salsa from fresh ingredients
- Meat or poultry purchased at a farmer's market
- Roasted chile peppers
- Any food from a roadside or traveling vendor

New York {≥18 years old}

1. How often do you purchase foods labeled as organically grown and produced?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Don't food shop
- 7 Don't know / Not sure
- 9 Refused

2. How often do you purchase unpasteurized products (milk, cheese, yogurt, cider)?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Don't food shop
- 7 Don't know / Not sure
- 9 Refused

Oregon {≥18 years old}

1. In the past 7 days, did you consume any food, candy, snack, or beverage that contained marijuana, a marijuana extract, or marijuana infusion?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Tennessee {≥18 years old}

1. Does the grocery you go to most often have sanitizing wipes at the entrance to the store?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

1a. Do you use them to wipe the grocery cart or basket?

- 1 Yes
- 2 No **{GO TO NEXT MODULE}**
- 7 Don't know / Not sure **{GO TO NEXT MODULE}**
- 9 Refused **{GO TO NEXT MODULE}**

1b. Why do you use the wipes?

- 1 To prevent getting germs from other people who used the cart or basket
- 2 To preventing getting germs from the food that was carried in the basket previously
- 3 Both 1 and 2
- 7 Don't know / Not sure
- 9 Refused

DRAFT

Closing Statement

That's my last question. Thank you very much for your time and cooperation.

DRAFT