**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 chose 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

Form Approved

OMB No. 0920-1112

Expires 04/30/2019

**FoodNet Population Survey**

**Adolescent, Adult, and Pediatric**

**Questionnaire**

**2016 - 2017**

Participant screening 3

Section 1. Food exposures VERSION 1 5

Section 2. Food exposures VERSION 2 8

Section 3. Food exposures WEB ONLY VERSION 10

Section 4. DIET 12

Section 5. ANIMAL CONTACT 14

Section 6. DRINKING AND RECREATIONAL WATER VERSION 1 16

Section 7. DRINKING AND RECREATIONAL WATER VERSION 2 18

Section 8. TRAVEL 19

Section 9. HEALTH 20

Section 10. COMMUNITY 26

Section 11. WEB-ONLY ADMINISTRATION 30

Closing Statement 44

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74,  Atlanta, Georgia 30333; ATTN:  PRA (0920-1112).

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 | NY | 1 |  | Albany | 39 |  | Greene | 97 |  | Schuyler |
|  | 13 |  | Contra Costa |  | 3 |  | Allegany | 41 |  | Hamilton | 99 |  | Seneca |
|  | 75 |  | San Francisco |  | 9 |  | Cattaraugus | 51 |  | Livingston | 101 |  | Steuben |
|  | 81 |  | San Mateo |  | 13 |  | Chautauqua | 55 |  | Monroe | 113 |  | Warren |
|  | 85 |  | Santa Clara |  | 15 |  | Chemung | 57 |  | Montgomery | 115 |  | Washington |
|  |  |  |  |  | 19 |  | Clinton | 63 |  | Niagara | 117 |  | Wayne |
| CO | 1 |  | Adams |  | 21 |  | Columbia | 69 |  | Ontario | 121 |  | Wyoming |
|  | 5 |  | Arapahoe |  | 25 |  | Delaware | 73 |  | Orleans | 123 |  | Yates |
|  | 13 |  | Boulder |  | 29 |  | Erie | 77 |  | Otsego |  |  |  |
|  | 14 |  | Broomfield |  | 31 |  | Essex | 83 |  | Rensselaer |  |  |  |
|  | 31 |  | Denver |  | 33 |  | Franklin | 91 |  | Saratoga |  |  |  |
|  | 35 |  | Douglas |  | 35 |  | Fulton | 93 |  | Schenectady |  |  |  |
|  | 59 |  | Jefferson |  | 37 |  | 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}**

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, which is [insert day, date] to [today, date]. 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, such as in a restaurant, deli, fast food, take-out, or catered event, 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, since [insert day, date]. |
| **Y** | **?** | **N** |  |
|  |  |  | Eggs or egg-containing dishes such as quiche or egg salad *If yes…* |
|  |  |  |  Eggs at home |
|  |  |  |  Eggs outside the home, such as a restaurant, deli, fast food, take-out, or catered event |
|  |  |  |  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. They could have been eaten at home or outside the home, unless I say otherwise. Please tell me if {you/your child} ate these in the past 7 days, since [insert day, date].  |
| **Y** | **?** | **N** |  |
|  |  |  | Chicken or any dishes containing chicken, such as chicken breasts or wings, ground chicken, chicken casserole, or chicken sausage *If yes…* |
|  |  |  |  Chicken prepared outside the 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 outside the home |
|  |  |  | Turkey or any dishes containing turkey, such as turkey casserole, ground turkey, deli meat, turkey bacon, or turkey sausage *If yes…* |
|  |  |  |  Any turkey prepared outside the home, such as in a restaurant, deli, fast food, take-out, or catered event |
|  |  |  |  Ground turkey prepared at home or outside the home |
|  |  |  |  |
| Next, I have a few questions about **processed meats**. Did {you/your child} eat any of these in the past 7 days, since [insert day, date]? |
| **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. They could have been eaten at home or outside the home. Did {you/your child} eat any of these in the past 7 days, since [insert day, date]? |  |  |  |
| **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. They could have been eaten at home or outside the home. Did {you/your child} eat any of these in the past 7 days, since [insert day, date]??  |  |  |  |
| **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. They could have been eaten at home or outside the home. In the past 7 days, since [insert day, date], did {you/you 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, or clover |
|  |  |  | Cabbage |
|  |  |  | Leafy greens such as lettuce, spinach, or kale such as in a salad, on a sandwich or burger |
|  |  |  | Iceberg lettuce, such as in a salad, on a sandwich or burger |
|  |  |  | Romaine lettuce, 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, since [insert day, date], did {you/your child} eat…? |  |  |  |
| **Y** | **?** | **N** |  |
|  |  |  | Frozen stuffed chicken products |
|  |  |  | 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, since [insert day, date], 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 |

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, which is [insert day, date] to [today, date]. 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, such as in a restaurant, deli, fast food, take-out, or catered event, and no matter where you ate it. Ready, OK?

The first questions are about **dairy and cheese**. They could have been eaten at home or outside the home. Tell me if {you/your child} ate any of these in the past 7 days, since [insert day, date].

|  |  |  |  |
| --- | --- | --- | --- |
| **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 soft 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. They could have been eaten at home or outside the home, unless I say otherwise. Please tell me if {you/your child} ate these in the past 7 days, since [insert day, date].  |
| **Y** | **?** | **N** |  |
|  |  |  | Beef or any dishes containing beef *If yes…* |
|  |  |  |  Any type of beef prepared outside the home, such as in a restaurant, deli, fast food, take-out, or catered event |
|  |  |  |  Ground beef that was prepared either at home or outside the 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 outside the home |
|  |  |  | Pork, such as pork chops, pork roasts, bacon, ham or sausage*If yes…* |
|  |  |  |  Ground pork, such as sausage |
|  |  |  |  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. They could have been eaten at home or outside the home. Did {you/your child} eat any of these fresh fruits in the past 7 days, since [insert day, date]?? |
| **Y** | **?** | **N** |  |
|  |  |  | Oranges |
|  |  |  | Tangerines, mandarins, or clementines |
|  |  |  | Strawberries |
|  |  |  | Raspberries |
|  |  |  | Blueberries |
|  |  |  | Blackberries  |
|  |  |  | Other berries, such as cranberries, goji berries, or boysenberries |
|  |  |  | 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. They could have been eaten at home or outside the home. In the past 7 days, since [insert day, date], did {you/you child} eat any of the following raw or uncooked vegetables? |
| **Y** | **?** | **N** |  |
|  |  |  |  |
|  |  |  | 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, since [insert day, date], did {you/your child} eat…? |
| **Y** | **?** | **N** |  |
|  |  |  | Frozen vegetables  |
|  |  |  | Frozen berries, such as in smoothies |
|  |  |  | Other frozen fruit or frozen fruit pulp, such as in smoothies |
|  |  |  |  |
| These next questions are about **other foods**. These could have been eaten alone or as part of another dish. Did {you/your child} eat any in the past 7 days since [day, date]? |
| **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 |
|  |  |  |  |

Food Module – Web Only

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 and items eaten either at home or outside the home. 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, alone, as part of a dish, or garnish, in the past 14 days, since [insert date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did {you/your child} eat any raw pea pods, snap peas, or snow peas in the past 14 days, since [insert date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did {you/your child} eat any berries from a package of frozen berries, such as in smoothies in the past 30 days, since [insert date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

Now I’d like to ask you about raw foods {you/your child} or anyone else in {your/your child’s} household may have prepared or come in contact with 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, since [insert date].

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Raw poultry, such as chicken or turkey, fresh or frozen |
|  |  |  | Raw beef, fresh or frozen |
|  |  |  | Raw fish or seafood, fresh or frozen |
|  |  |  | Raw wild game meat, fresh or frozen (Wild game includes animals hunted or caught in traps, such as deer (venison), wild boar, or wild rabbit. It does not include farm-raised animals.) |

**Raw Milk**

1. In the past year, since [insert date], did {you/your child} drink any unpasteurized or raw milk?
2. Yes
3. 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

Diet Module

Time estimate: 0.5-1m

Now I would like to ask you some questions about the foods {you eat/your child eats} in general. I am not referring to specific foods, but rather types of foods that {you/your child} may or may not have eaten for any reason within the past year.

1. Did{ you/ your child} eat any dairy products such as butter, dairy milk, or cheese, in the past year?

1. Yes
2. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} eat eggs in the past year?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} eat poultry, such as chicken or turkey, in the past year?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} eat pork in the past year?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} eat red meat, such as beef, in the past year?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} eat seafood, such as fish, crab, or shrimp, in the past year?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did { you/ your child} follow a Halal or Kosher diet in the past year?

1 Yes, Halal

2 Yes, Kosher

3 No

7 Don’t know / Not sure

9 Refused

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

Did your child drink any breast milk in the past year?

1. Yes
2. No

7 Don’t know / Not sure

9 Refused

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

Did your child drink any formula in the past year?

1. Yes
2. No

7 Don’t know / Not sure

9 Refused

Animal Contact Module

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, since [insert day, date], 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 |
|  |  |  | Pet fish, including fish in an aquarium or pond |
|  |  |  | Other small mammalian household pet, such as hamster, guinea pig, or hedgehog |
|  |  |  | Any pet that had diarrhea |
|  |  |  | Baby chick  |
|  |  |  | Live poultry of any age, such as chicken or turkey |
|  |  |  | Other birds, such as pet or wild birds, such as parrots or pigeons  |
|  |  |  | Cow, sheep, or goat |
|  |  |  | Pig |
|  |  |  | Commercial dry or wet pet food or 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 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 use/your child uses}. This includes drinking and recreational water.

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

**{READ}**

1. Water from a utility, also known as municipal water or public 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

1. In the past 7 days, since [insert day, date], 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

1. In the past 7 days, since [insert day, date], 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 enter/your child enters} to swim, wade, or just relax in. This includes water in places such as an ocean, lake, hot tub/spa, pool, waterpark, water playground, or spray park, but not in a bathtub or shower.

1. In the past 30 days, since [insert date], did {you/your child} enter any water to swim, wade, or relax in, such as an ocean, lake, hot tub/spa, pool, waterpark, water playground, or spray park?
2. Yes
3. 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, since [insert date], did {you/your child} enter any water to swim, wade , or relax in at an…

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

4a\_01 Ocean

4a\_02 Lake, pond, river, stream, or hot spring

4a\_03 Hot tub or spa

4a\_04 Swimming pool, waterpark, water playground, or spray park (also known as an interactive fountain or splash pad)

4b. **{ASK FOR EACH ‘YES’ RESPONSE IN Q4**} On how many days did {you/your child} enter {insert response from Q4a} in the past 30 days, since [insert date]?

 \_\_\_ \_\_\_ (##)

 77 Don’t know / Not sure

99 Refused

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 used/your child used} in the past 7 days [insert date, date]. This includes drinking and recreational water. In the past 7 days, since [insert day, date], did {you/your child}…

|  |  |  |  |
| --- | --- | --- | --- |
| 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? |

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, since [insert date], did {you/your child} travel outside the United States? {Include US territories}
2. Yes
3. 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 or 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. If you aren’t sure about an answer, you can say you don’t know and you can refuse to answer any question. First, I’ll ask about {your/your child’s} health in general, and then I’ll ask specifically about the last {7/30} days, since [insert day, date].

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?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. 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

1. In the past {7/30} days, since [insert day, date], did {you/your child} take any of the following drugs or medical treatments?

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

3\_01 Medicines that suppress stomach acid such antacids, Zantac, or Prilosec

2

3\_03 Prednisone {pred-na-zone} or other steroid pill that you swallow

4

3\_05 Chemotherapy for cancer

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

1. Were {you/your child} pregnant at any time during the past {7/30} days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. In the past {7/30} days, since [insert day, date], did {you/your child} have a household member with diarrhea, or did {you/your child} spend any time with someone with diarrhea?
2. Yes
3. 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.*

1. In the last {7/30} days, since [insert day, date], did {you/your child} have diarrhea? We consider diarrhea as having 3 or more loose stools in 24 hours.
2. Yes
3. 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, since [insert day, date], 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 in the last {7/30} days, we are interested in the most recent illness.*

1. In the last {7/30} days, since [insert day, date], did {you/your child} have any vomiting? We consider vomiting as vomiting 1 or more times in 24 hours.
2. Yes
3. No **{IF Q6=NO THEN GO TO Q16E; IF Q6=YES THEN GO TO Q8}**

7 Don’t know / Not sure **{IF Q6=NO THEN GO TO Q16; IF Q6=YES THEN GO TO Q8}**

9 Refused **{IF Q6=NO THEN GO TO Q16; 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}**

1. 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

1. 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

1. 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, since [insert day, date], we are interested in the most recent illness.

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

9\_01 Sore throat

 9\_02 Cough

 9\_03 Fever

1. 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

1. 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.
2. Yes
3. 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

1. 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.
2. Yes
3. 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

1. 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.
2. Yes
3. 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

1. 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 digestive issue (you have/your child has) had for a long time, such as irritable bowel or colitis

14\_02 A food sensitivity

14\_03 Medication or treatment

14\_04 {if female and ≥12 years of age} Pregnancy or menstrual-related

14\_05 {if ≥12 years of age} Alcohol consumption

1. Did {you/your child} take any antibiotics for this illness? Interviewer note: if child doesn’t know, ask them to please ask a parent}
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. 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

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}}**

1. What is {your/your child’s} gender?
2. Male
3. Female

7 Don’t know / Not sure

9 Refused

1. Including {yourself/your child}, how many people live in {your/your child’s} household?

\_\_ \_\_ Record response

77 Don’t know / Not sure

1. Refused
2. {Are you/Is your child} of Spanish, Hispanic, or Latino origin?
3. Yes
4. No

7 Don’t know / Not sure

9 Refused

1. 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

1. 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}**

77 Don’t know / Not sure

88 No additional choices

99 Refused

1. {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.}**
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. 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

1. {Do you/Does your child} currently live in any of the following settings?

**{READ}**

1. Nursing home or assisted living facility
2. Dormitory or other congregate setting such as military barracks
3. Tribal nation
4. None of the above

**{DO NOT READ}**

7 Don’t know / Not sure

9 Refused

1. 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

1. What is the zip code where {you live/your child lives}?

\_\_ \_\_ \_\_ \_\_ \_\_ZIP CODE

77 Don’t know / Not sure

99 Refused

**{Consistency check: If Q10 does not equal sample size code, “I want to make sure that I heard you correctly. You stated that your zip code is \_\_\_\_\_?”}**

**{INTERVIEWER for Q11:**

 **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}**

1. 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 GED
5. 1 to 3 years of college or any technical school
6. Graduated from college

**{DO NOT READ}**

1. Don’t know / Not sure

9 Refused

1. 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

#### 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)

The next few questions are about probiotics. 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, since [insert day, date], 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”?
2. Yes
3. 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, since [insert day, date], 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, since [insert day, date]?

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Food Safety Module (≥18 years old)

Web-only administration

1. The next few questions are about how you prepare meals in your home.Where you live, do you have a refrigerator and either a stove or microwave?
2. Yes
3. No **{GO TO NEXT MODULE}**

7 Don’t know / Not sure

9 Refused

1. When you eat cooked food at home, how often are you the one who cooks or prepares the food?

**{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}**

1. 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

1. When you cook food at home, do you ever prepare meals where you s tart with raw meat or chicken?

**{READ}**

1 Yes

2 No **{GO TO NEXT MODULE}**

7 Don’t know / Not sure **{GO TO NEXT MODULE}**

9 Refused **{GO TO NEXT MODULE}**

1. 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

1. 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}**

1. Wash with bleach
2. Use a different board
3. Don’t cut raw meat or poultry
4. Don’t know / Not sure

9 Refused

1. 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}**

1. Hamburgers are never served **{GO TO Q11}**
2. 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

1. Do you have a food thermometer, such as a meat thermometer?
2. Yes
3. No **{GO TO Q11}**

7 Don’t know / Not sure **{GO TO Q11}**

9 Refused **{GO TO Q11}**

1. 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

1. 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}**

1. Never cook the food

7 Don’t know / Not sure

9 Refused

1. 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}**

1. Never cook the food

7 Don’t know / Not sure

9 Refused

1. 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}**

1. Do not cook such foods **{GO TO NEXT MODULE }**
2. 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 (≥18 years old)

Web-only administration

The next few questions are about how you prepare chicken dishes in your home.

1. About how many times in the past 30 days, since [insert date], 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

1. In the last month, did you prepare any raw chicken?
2. Yes
3. No **{GO TO NEXT MODULE}**

7 Don’t know / Not sure **{GO TO NEXT MODULE}**

9 Refused **{GO TO NEXT MODULE}**

1. 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

1. After you handled the packaging that held raw chicken, did you…
2. Continue cooking
3. Rinse or wipe hands
4. Wash hands with soap

7 Don’t know / Not sure

9 Refused

1. 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}**

1. The last time you prepared raw frozen chicken, how did you thaw it?
2. Microwave
3. Placed in refrigerator **{GO TO Q6b}**
4. Placed under running water **{GO TO Q6c}**
5. Placed in container of water in sink or on counter **{GO TO Q6c}**
6. Placed on counter **{GO TO Q6d}**
7. Did not thaw. Cooked from frozen. **{GO TO Q7}**
8. 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

1. After you handled the raw chicken, did you…
2. Continue cooking
3. Rinse or wipe your hands
4. Wash your hands with soap

7 Don’t know / Not sure

9 Refused

Site Modules

Web-only administration

Just a few more questions about the foods {you eat/your child eats}.

**California {≥18 years old}**

1. Did you shop at an Asian grocery store or market in the past 7 days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did you shop at a Hispanic grocery store or market in the past 7 days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did you dine in or take-out food from an Asian restaurant in the past 7 days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did you dine in or take-out food from a Hispanic restaurant in the past 7 days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Did you purchase any meats from live animal markets in the past 7 days, since [insert day, date]?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. Do you follow a gluten-free or lactose-free diet? If so, which?
2. Yes, gluten-free
3. Yes, lactose-free
4. Yes, both
5. Neither

7 Don’t know / Not sure

9 Refused

**Colorado**

1. In the past 7 days, since [insert day, date], 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?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. (≥18 years old) How often do you look for or check health department inspection scores or ratings when you eat in a restaurant?
2. Always
3. Sometimes
4. Rarely
5. Never **{GO TO NEXT MODULE}**
6. 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, since [insert day, date]?

|  |  |  |  |
| --- | --- | --- | --- |
| 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, since [insert date].

1. Did {you/your child} eat at any of the following types of restaurants in the past 7 days, since [insert day, date]?

|  |  |  |  |
| --- | --- | --- | --- |
| 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, since [insert day, date], did {you/your child} live or work on a farm where there are livestock or poultry?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. In the past 7 days, since [insert day, date], did {you/your child} visit a farm where there are livestock or poultry?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. In the past 7 days, since [insert day, date], did {you/your child} visit a petting zoo, educational exhibit, fair, or other venue with animals?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. When {you/your child} buy produce from the grocery store, is it primarily organic?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

1. In the past 7 days, since [insert day, date], did {you/your child} eat food from any sandwich restaurants, like Subway or Jimmy John’s?
2. Yes
3. No

7 Don’t know / Not sure

9 Refused

**New Mexico**

1. In the past 7 days, since [insert day, date], 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?
2. Always
3. Most of the time
4. Some of the time
5. Rarely
6. Don’t food shop

7 Don’t know / Not sure

9 Refused

1. How often do you purchase unpasteurized products (milk, cheese, yogurt, cider)?
2. Always
3. Most of the time
4. Some of the time
5. Rarely
6. Don’t food shop

7 Don’t know / Not sure

9 Refused

**Oregon {≥18 years old}**

1. In the past 7 days, since [insert day, date], did you consume any food, candy, snack, or beverage that contained marijuana, a marijuana extract, or marijuana infusion?
2. Yes
3. 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?
2. Yes
3. 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

Closing Statement

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