

**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

# 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	1	Albany	39	Greene	97	Schuyler
	1		Y	3	Allegany	41	Hamilton	99	Seneca
	3	Contra Costa		9	Cattaraugus	51	Livingston	101	Steuben
	7			1					
	5	San Francisco		3	Chautauqua	55	Monroe	113	Warren
	8			1			Montgomer		Washingto
	1	San Mateo		5	Chemung	57	y	115	n
	8			1					
	5	Santa Clara		9	Clinton	63	Niagara	117	Wayne
CO	1	Adams		2					
				1	Columbia	69	Ontario	121	Wyoming
	5	Arapahoe		2					
	1			5	Delaware	73	Orleans	123	Yates
	3	Boulder		2					
	1			9	Erie	77	Otsego		
	4	Broomfield		3					
3	Denver		1	Essex	83	Rensselaer			
			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, [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 ~~away outside the~~from 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 [foods dishes](#) containing chicken, [such as chicken breasts or wings, ground chicken, chicken casserole, or chicken sausage](#) *If yes...*

Chicken prepared ~~outside the 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 ~~outside the away from~~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 away from~~home, [such as in a restaurant, deli, fast food, take-out, or catered event](#)

Ground turkey prepared at home or ~~outside the 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, [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 \[insert day, date\]](#)?

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/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, or clover, ~~or broccoli~~

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

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, [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 away from-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 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 [outside the away from-home](#)  
Pork, [such as pork chops, pork roasts, bacon, ham or sausage, not including ham](#) *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/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, 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]?

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

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

- 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, such as in smoothies in the past 30 days, since [insert date]?

- 1 Yes
- 2 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 ~~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, 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?

- 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

## Diet Module

Time estimate: 0.5-1m

Now I would like to ask you some questions about ~~{your/your child's} diet~~ the foods {you eat/your child eats} 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 {you/your child} may or may not be a part of ~~have eaten~~ {your/your child's} diet for any reason within the past year.

1. Did ~~{Do you/Does 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

2. Did ~~{Do you/Does your child}~~ eat eggs in the past year?

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

3. Did ~~{Do you/Does your child}~~ eat poultry, such as chicken or turkey, in the past year?

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

4. Did ~~{Do you/Does your child}~~ eat pork in the past year?

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

5. Did ~~{Do you/Does your child}~~ eat red meat, such as beef, in the past year?

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

6. Did ~~{Do you/Does your child}~~ eat seafood, such as fish, crab, or shrimp, in the past year?

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

7. Did ~~{Do you/Does 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

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

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

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

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

~~Does~~ Did your child drink any formula in the past year?

- 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, 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   |
| — | — | — | <u>Pet fish, including fish in an aquarium or pond</u>  |
|   |   |   | Other small mammalian household pet, such as hamster, <del>or</del> guinea pig, <u>or hedgehog</u>                                    |
|   |   |   | Any pet that had diarrhea   |
|   |   |   | Baby chick <del>or duckling</del>   |
|   |   |   | <u>Live poultry of any age, such as</u> <del>Other poultry including adult</del> chicken <u>or, duck,</u> turkey, <del>or goose</del> |
|   |   |   | <u>Other birds, such as pet or wild birds, such as parrots or pigeons not including poultry</u>                                       |
|   |   |   | Cow, sheep, or goat   |
|   |   |   | Pig   |
|   |   |   | <u>Commercial</u> <del>D</del> dry <u>or wet dog or cat</u> pet food <u>or treats</u>   |
| — | — | — | <del>Canned or “wet” dog or cat food</del>  |
| — | — | — | <del>Dog or cat “treats”</del>  |
|   |   |   | 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 housed 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitten (<6 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cat (≥6 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puppy (<6 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog (≥6 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other small mammalian household pet, such as hamster or guinea pig
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bird, not including poultry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lizard, including iguana or gecko
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turtle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other reptile, such as snake
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphibian, such as frog
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pet fish, including fish in an aquarium or pond
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 housed 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby chick or duckling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other poultry including adult chicken, duck, turkey, or goose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheep or goat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pig
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pet store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Petting zoo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ranch or farm with animals present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 ~~drinkuse~~/your child ~~drinksuses~~}. 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 ~~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, 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

3. 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 ~~useenter~~/your child ~~usesenters~~} ~~to for~~ swimming, 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.

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

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, since [insert date], did {you/your child} enter any water to swim in, wade in, or relax in ~~enter any water~~ at an...

**{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, 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} ~~swim or~~ enter {insert response from Q4a} in the past 30 days, since [insert date]?

- \_\_\_ \_\_\_ (##)
- 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 used/your child used} in the past 7 days [insert date, date]. This includes drinking and recreational water. ~~For each question, my question will be “~~in the past 7 days, since [insert day, date], 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, since [insert date], 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 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?

- 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, 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
- 3\_02 Antibiotics, such as those used to treat or prevent an infection or for acne
- 3\_03 Prednisone {pred-na-zone} or other steroid pill that you swallow
- 3\_04 Radiation therapy
- 3\_05 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, since [insert day, date]?

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

5. 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? ~~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, since [insert day, date], 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, 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 illness in the last {7/30} days, we are interested in the most recent illness.

7. 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.

- 1 Yes  
2 No **{IF Q6=NO THEN GO TO Q16END MODULE; IF Q6=YES THEN GO TO Q8}**  
7 Don't know / Not sure **{IF Q6=NO THEN GO TO Q16END MODULE; IF Q6=YES THEN GO TO Q8}**  
9 Refused **{IF Q6=NO THEN GO TO Q16END 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, 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

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 digestive issue \(you have/your child has\) had for a long time, such as irritable bowel or colitis](#)  
~~A diagnosed 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  $\geq 12$  years of age} Pregnancy [or menstrual-related](#)
- 14\_05 {if  $\geq 12$  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/your child}, how many people live in {your/your child's} 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
- 7 Other

**{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 GED~~
- ~~5 GED 1 to 3 years of college or any technical school for 1 to 3 years~~
- ~~6 Graduated from college~~

~~**{DO NOT READ}**~~

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

~~7. 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~~

8. {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

9. ~~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}**

- 8 — Less than \$15,000
- 9 — \$15,000 up to \$25,000
- 10 — \$25,000 up to \$40,000
- 11 — \$40,000 up to \$55,000
- 12 — \$55,000 up to \$75,000
- 13 — \$75,000 up to \$100,000
- 14 — More than \$100,000

**{DO NOT READ}**

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

10. 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

11. ~~{Do you/Does your child} currently live in any of the following settings? 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~~ None of the above

**{DO NOT READ}**

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

12. 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

13. What is the zip code where you live/your child lives?

\_\_\_\_ ZIP CODE

77 Don't know / Not sure

99 Refused

**{Consistency check: If Q104 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}**

14. What is the highest level of school you/your parents completed?

**{READ IF NECESSARY}**

8 Never attended school or only attended kindergarten

9 Some elementary school, grades 1 through 8

10 Some high school, grades 9 through 11

11 Graduated from high school or got GED

12 1 to 3 years of college or any technical school

13 Graduated from college

**{DO NOT READ}**

14 Don't know / Not sure

9 Refused

15. 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}**

15 Less than \$15,000

16 \$15,000 up to \$25,000

17 \$25,000 up to \$40,000

18 \$40,000 up to \$55,000

19 \$55,000 up to \$75,000

20 \$75,000 up to \$100,000

21 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”?

- 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, 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

## 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?

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

- 3 — Yes
- 4 — No
- 7 — Don't know / Not sure
- 9 — Refused

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

- 3 — Yes
- 4 — No
- 7 — Don't know / Not sure
- 9 — Refused

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

- 3 — Yes
- 4 — 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

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

- 3 — Yes
- 4 — 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}**
- 6 — Most weeks
- 7 — Every month
- 8 — Every 2-3 months
- 9 — Twice a year
- 10 — 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 (≥18 years old)

Web-only administration

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

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... 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}**

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. When you cook food at home, do you ever prepare meals where you start 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}**

5. 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

6. 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

7. 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

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

- 1 Yes
- 2 No **{GO TO Q11}**
- 7 Don't know / Not sure **{GO TO Q11}**
- 9 Refused **{GO TO Q11}**

9. 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

10. 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

11. 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

12. 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 (≥18 years old)

Web-only administration

The next few questions are about how you prepare chicken dishes in your home. ~~{If proxy} Please answer the next questions about yourself, not your child.~~

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

~~{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

[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 \[insert day, date\]](#)?

- 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, [since \[insert day, date\]](#)?

- 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, [since \[insert day, date\]](#)?

- 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, [since \[insert day, date\]](#)?

- 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, [since \[insert day, date\]](#)?

- 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, [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?

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, [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 \[insert date\]](#).

2. 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?

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

2. In the past 7 days, [since \[insert day, date\]](#), 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, [since \[insert day, date\]](#), 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, [since \[insert day, date\]](#), 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, [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?

- 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, [since \[insert day, date\]](#), 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