

Phone attempt #1 (date/time) _____

Phone attempt #4 (date/time) _____

Phone attempt #2 (date/time) _____

Phone attempt #5 (date/time) _____

Phone attempt #3 (date/time) _____

Name _____ Age _____ Sex M F Case's Onset _____

City _____ County _____ Target Week _____ through _____

Respondent self parent spouse _____ Interviewed by _____ on m ____ / d ____

FOR CONTROLS: Case Match _____ **Control type** ORPHEUS neighborhood internet

School Name and Location (specify)

Y ? N **LEAD-IN QUESTIONS**

- A In the [**target week**], did you drink milk at home?
- B Did you consume any milk in cereal, coffee, tea, cocoa, or anything else?
- C During that week, would you likely have drunk only one brand of milk at home?
(explain)

To the best of your memory, in the [**target week**] do you think you had milk at any of these places outside your home?
(For each venue, ask whether milk came in an individual container (e.g., little carton) or was just served in a cup or otherwise "loose"—if a container, *specify size and paper vs. plastic*)

- D Someone else's house cup/glass container
- E School cup/glass container
- F Child-care facility cup/glass container
- G Workplace or other cafeteria cup/glass container
- H Fast-food or other restaurant cup/glass container
 specify name and location
- I Coffee shop or coffee stand cup/glass container
 specify name and location
- J Event/ fair/ party cup/glass container
- K Food courts/ shopping centers cup/glass container
- L Airport, bus, train station cup/glass container
- M Church or other religious facility cup/glass container
- N Hospital, nursing homes, ALC cup/glass container
- O Movie theatre? cup/glass container
- P Other, specify

- Q If you drank milk in an individual container, did you use a straw?
- R Did you drink milk straight from the container such that your mouth touched the container (any size container)?

| [ii] | Y | ? | N | GROCERY STORES |
|------|--------------------------|--------------------------|--------------------------|---|
| | | | | In the week prior to your illness, did the milk you consumed at home come from: <i>(specify store locations; not all stores carry the same milk source even if the label is the same)</i> |
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walmart |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safeway |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Albertson's |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ray's / Shopsmart |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sherm's/ Thunderbird |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Winco |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fred Meyer |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Costco |
| I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grocery Outlet |
| J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thriftway |
| K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Market of Choice |
| L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other grocery stores |
| M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coffee shops/ coffee stands (name and location) |
| N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas stations/ mini-marts (name and location) |
| O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other milk sources |

MILK BRANDS Which brands did you drink in the [Target Week]?

| [iii] | Y | ? | N | MILK BRANDS 1 | [iv] | Y | ? | N | MILK BRANDS 2 |
|-------|--------------------------|--------------------------|--------------------------|-----------------------|------|--------------------------|--------------------------|--------------------------|---------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Albertson's | A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Market of Choice |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alpine | B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mountain Dairy |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Andersen | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Noris |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auburn Dairy Products | D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organic Valley |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cascade Brand | E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pacific Village |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dairy Glen | F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safeway |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dairy Queen | G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sherms Thunderbird |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Darigold | H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stremick's Heritage |
| I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dutch Bros | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunshine |
| J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eberhard | J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Umpqua Dairy |
| K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fred Meyer | K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Western Family |
| L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Great Value | L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: |
| M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horizon | | | | | |
| N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hy-Top | | | | | |
| O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kirkland | | | | | |
| P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lady Lee | | | | | |
| Q | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lochmead | | | | | |
| R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lucerne Foods | | | | | |
| S | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mallories | | | | | |

If you don't remember the brand name of your milk, can you describe the container (size, label color, etc.)?

[v] Y ? N **MILK TYPE AND CONTAINER TYPE** (ask about container type/size first, then skip to sections below for milk type)

What kind of container did the milk come in that you/your child might have had at home?

- A Gallon (3.8 L) paper carton plastic bottle other _____)
- B ½ Gallon (1.89 L) paper carton plastic bottle other _____)
- C Quart (946 mL) paper carton plastic bottle other _____)
- D Pint (16 oz; 473 mL) paper carton plastic bottle other _____)
- E ½ Pint (8 oz; 237 mL) paper carton plastic bottle other _____)

Of possible help to interviewees who aren't sure:

Half pints: small, short cartons, usually served with school lunch

Pints: the standard size of a coffee cream/ half-and-half container

Umpqua bottles gallons and ½ gallons in plastic only, and paper cartons for ½ gallons and smaller quantities, hence the ½ gallon is the only size that may come in either. If case says otherwise, refer to "other /unknown container" section.

MILK in GALLONS (plastic)

- F Chocolate milk
- G Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- H Skim/ fat free
- I Skim Rich
- J 1%
- K 2%
- L Whole (4%)
- M Buttermilk
- N Eggnog
- O Any milk labeled "organic"
- P Culture/ probiotic added (i.e. acidophilus)
- Q Other?

[vi] Y ? N **MILK in HALF-GALLONS (plastic)**

- A Chocolate milk
- B Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- C Skim/ fat free
- D Skim Rich
- E 1%
- F 2%
- G Whole (4%)
- H Buttermilk
- I Eggnog
- J Half and half
- K Any milk labeled "organic"
- L Culture/ probiotic added (i.e. acidophilus)
- M Other?

MILK in HALF-GALLONS (paper)

- N Chocolate milk
- O Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- P Skim/ fat free
- Q Skim Rich
- R 1%
- S 2%
- T Whole (4%)
- U Buttermilk
- V Eggnog
- W Half and half
- X Any milk labeled "organic"
- Y Culture/ probiotic added (i.e. acidophilus)
- Z Other?

[vii] Y ? N MILK in QUARTS (paper)

- A Chocolate milk
- B Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- C Skim/ fat free
- D Skim Rich
- E 1%
- F 2%
- G Whole (4%)
- H Buttermilk
- I Eggnog
- J Half and half
- K Any milk labeled "organic"
- L Culture/ probiotic added (i.e. acidophilus)
- M Other?

MILK in PINTS (paper)

- N Chocolate milk
- O Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- P Skim/ fat free
- Q Skim Rich
- R 1%
- S 2%
- T Whole (4%)
- U Buttermilk
- V Eggnog
- W Half and half
- X Any milk labeled "organic"
- Y Culture/ probiotic added (i.e. acidophilus)
- Z Other?

[viii] Y ? N MILK in HALF- PINTS (paper)

- A Chocolate milk
- B Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- C Skim/ fat free
- D Skim Rich
- E 1%
- F 2%
- G Whole (4%)
- H Buttermilk
- I Eggnog
- J Half and half
- K Any milk labeled "organic"
- L Culture/ probiotic added (i.e. acidophilus)
- M Other?

Y ? N **MILK in UNKNOWN OR OTHER CONTAINER SIZE TYPE (explain)**

- A Chocolate milk
- B Other flavored milk (e.g strawberry, vanilla, root beer: specify) _____
- C Skim/ fat free
- D Skim Rich
- E 1%
- F 2%
- G Whole (4%)
- H Buttermilk
- I Eggnog
- J Half and half
- K Any milk labeled "organic"
- L Culture/ probiotic added (i.e. acidophilus)
- M Other?

Y ? N **OTHER MILK PRODUCTS CONSUMED**

- A Coffee drinks including blended/ iced drinks that might have contained milk
If yes, from which stores?
- B Dutch Bros
- C Starbucks
- D Human Bean
- E McDonald's
- F Other _____
- G Milkshakes or other frozen drinks at ice cream vendors
If yes, what vendor?
- H Dairy Queen
- I McDonalds
- J BurgerKing
- K Other _____
- L Other blended drinks/shakes/ smoothies that may have contained milk (specify vendor name and location)
- M Cereal with milk outside the home (specify where and whether milk served in sealed container)

OTHER DAIRY ITEMS (at home or away – if at home, specify brand)

- N Sour cream
- O Cottage cheese
- P whipped cream from a carton (i.e., fresh)
- Q whipped cream in spray cans
- R liquid non-dairy creamer
- S frozen yogurt or yogurt drinks
- T any other store-bought yogurt
- U ice cream bars or frozen dairy dessert items from a store
- V ice cream bars or dessert items from a truck
- W ice cream from a grocery store (e.g., typical carton or tub)

END