VITAMINS

1. In the past year has the DAISY participant taken vitamins/supplements or probiotics?

☐ Yes ☐ No ☐ **No Change** If yes, continue to questions 2-7. Record all brands/types *separately*.

2. What type of supplement? (Please include mg/IU of the vitamin, do not list number of pills)

Reference the summary of the last interview if needed.

☐ Multiple vitamin	☐ Multiple vitamin	☐ Multiple vitamin	☐ Multiple vitamin
☐ Vit A (IU)	☐ Vit A (IU)	☐ Vit A (IU)	☐ Vit A (IU)
☐ Vit C (mg)	☐ Vit C (mg)	☐ Vit C (mg)	☐ Vit C (mg)
☐ Vit D (IU)	☐ Vit D (IU)	☐ Vit D (IU)	☐ Vit D (IU)
☐ Vit E (IU)	☐ Vit E (IU)	☐ Vit E (IU)	☐ Vit E (IU)
☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)
☐ Iron (IU)	☐ Iron (IU)	☐ Iron (IU)	☐ Iron (IU)
☐ Other Specify:	☐ Other Specify:	☐ Other Specify:	☐ Other Specify:
☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg

3. What is the brand name of the vitamin/supplement/probiotic? (is this with extra C, or iron, etc)

Brand 1	Brand 2	Brand 3	Brand 4
____________	____________	____________	____________
Code ☐☐☐	Code ☐☐☐	Code ☐☐☐	Code ☐☐☐

4. Each time it is taken, indicate how many droppers full or pills?

☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐

5. When taking a vitamin/supplement/probiotic, how many times per week is it taken?

☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9
☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10

6. Since the last interview (~52 weeks), how many weeks was the vitamin/supplement/probiotic taken, in weeks?

If "All Weeks" stop after this question, if less than all weeks get the number and continue to question **7.**

☐ All Weeks	☐ All Weeks	☐ All Weeks	☐ All Weeks
☐☐ Weeks ↓	☐☐ Weeks ↓	☐☐ Weeks ↓	☐☐ Weeks ↓

7. Was the vitamin/supplement/probiotic taken for a period of time (school year, winter…)**, or spread out, off and on, over the whole year?** *If the supplement was taken during a specific time get start and stop dates.*

☐ Off and On	☐ Off and On	☐ Off and On	☐ Off and On
or	**or**	**or**	**or**
Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐
Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐

DIET

1. **On average, over the past year, how many servings of *__tap water__* does the DAISY participant have per day (include drinks that are made with tap water, like tea, juice from concentrate, Kool-aid)?**
   1 serving = 8 oz. Do not include bottled water.

   ☐None ☐ 1 serving ☐ 2-3 servings ☐ 4-6 servings ☐ >6 servings

2. **On average, over the past year, how many servings of cow's milk does the DAISY participant have per day?** Do not include soy, rice, or goat's milk.
   1 serving = 8 oz.

   ☐None ☐ 1 serving ☐ 2-3 servings ☐ 4-6 servings ☐>6 servings

3. **On average, how many __servings per day__ does the DAISY participant eat of foods made with wheat, oats, barley and rye? This includes breads (dark and white), cookies, pies, pasta, cereals, pretzels, and crackers. (1 slice of bread = 1 serving)**

   ☐ None ☐Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6 or more

4. **On average, how many __servings per day__ does the participant eat corn, rice, or potatoes and foods made with corn, rice and potatoes? This includes fries, rice cakes, breads, cookies, pies, pasta, cereals, pretzels, and crackers. (½ cup of cooked rice = 1 serving)**

   ☐ None ☐Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6 or more

5. **We are interested in direct and indirect exposure to smoke from tobacco, e-cigarettes, and marijuana. Please indicate if the participant is exposed to smoke from any of the sources below:**

	Cigarette (any tobacco)			E-Cigarette			Marijuana		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Mom									
Mom-in home									
Mom-in car									
Dad									
Dad-in home									
Dad-in car									
Participant									
Regular exposure from another individual (roommate, significant other, grandparent)									

☐ **No Changes to Smoke Exposure**

The next set of questions asks about allergies, symptoms and illnesses of that have occurred in the last year.

Indicate NE if the participant has never been exposed to the food or substance.
Indicate NE if the participant has indicated an allergy but has NOT been exposed to the allergen in the last year.

Diagnosed? = Diagnosed by health professional
NE = Not Exposed

7. Is the DAISY participant allergic to any of the following foods?

FOOD ALLERGEN	Allergic?	Age Symptoms Began	Diagnosed?
Cow's Milk/Dairy Products	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Chocolate	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Peanuts/Peanut Butter/Nuts	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Citrus Fruits	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Tomatoes/Spaghetti Sauce/Ketchup	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Ye s ☐No
Other Fruits	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Eggs	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Shellfish	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Wheat	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Other Food (Specify)	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐No
Other Non-Food (Specify)	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No

☐ **No Known Allergies**

ILLNESSES

1. **In the last year, how many times has the DAISY participant been sick? ("sick" means unable to participate in normal activities)?**

   Number of times sick: ☐☐

2. **What illness or symptoms did the DAISY participant have during each sick episode?**
   Check the box on following page if the illness or symptom was present. If the answer is 'flu' prompt for the specific symptoms listed.

		SICK EPISODE					
Illness	**Further details**	**1**	**2**	**3**	**4**	**5**	**6**
Pneumonia		☐	☐	☐	☐	☐	☐
Croup	Barking cough, includes RSV	☐	☐	☐	☐	☐	☐
Meningitis		☐	☐	☐	☐	☐	☐
Ear infection		☐	☐	☐	☐	☐	☐
Skin infections	Boils, impetigo, not eczema	☐	☐	☐	☐	☐	☐
Chicken pox		☐	☐	☐	☐	☐	☐
Strep throat		☐	☐	☐	☐	☐	☐
Sinus infection		☐	☐	☐	☐	☐	☐

Ask about the above 8 illnesses first. Then ask about each of the symptoms in the following table whether or not a specific illness was used to describe the sick episode.

		SICK EPISODE					
Specific Symptoms	**Further details**	**1**	**2**	**3**	**4**	**5**	**6**
Cold/runny nose		☐	☐	☐	☐	☐	☐
Cough		☐	☐	☐	☐	☐	☐
Wheezing	Bronchiolitis, reactive airway disease, not due to asthma	☐	☐	☐	☐	☐	☐
Diarrhea	3 or more times in 24 hours	☐	☐	☐	☐	☐	☐
Fever	Over 100 degrees F	☐	☐	☐	☐	☐	☐
Vomiting	Not just spitting up; vomits 3 or more times in 24 hours	☐	☐	☐	☐	☐	☐
Mouth sores	Includes ulcers, cold sores	☐	☐	☐	☐	☐	☐
Rash	Not diaper rash	☐	☐	☐	☐	☐	☐
Eye discharge/pinkeye	Not due to blocked tear ducts	☐	☐	☐	☐	☐	☐
Any other infection/ illness (specify)		☐	☐	☐	☐	☐	☐

	SICK EPISODES					
	1	**2**	**3**	**4**	**5**	**6**
How long did each illness last?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

(# ***days***, including days of symptoms and treatment)						
Seen by a doctor or health professional?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
How many episodes of a similar illness did they have that is *not* described in a separate episode?						

3. **What is your current health insurance carrier?**
   Check all that apply.

☐ Kaiser Permanente ☐ Medicaid ☐ Multiple Plans

☐ Other HMO/PPO/Private ☐ CHP ☐ No Health Insurance

STRESSFUL EVENTS

The next set of questions list stressful things that can happen to people during their lives. Think of the list in terms of the DAISY participant's life in the past year and please answer whether or not each of these has happened. For those events that the DAISY participant has experienced, please indicate the month/year when it occurred. It is also possible that none of these events have happened to the DAISY participant. Remember to think in terms of events that happened to the DAISY participant, not to the primary caretaker.

Events of the DAISY participant	**Yes or No**	**Date of Event**
1. Serious illness, injury or surgery to DAISY participant that required hospitalization	☐ Y ☐ N	/ mm yy
2. Serious illness, injury or surgery to parent of participant	☐ Y ☐ N	/ mm yy
3. Serious illness, injury or surgery to sibling of participant	☐ Y ☐ N	/ mm yy
4. Serious illness, injury or surgery to other family member (specify who)	☐ Y ☐ N	/ mm yy
5. Bad auto accident involving DAISY participant	☐ Y ☐ N	/ mm yy
6. Marital separation/divorce of participant's parents	☐ Y ☐ N	/ mm yy
7. Relationship change of the DAISY participant (got married, separation from significant other/spouse, divorce)	☐ Y ☐ N	/ mm yy

8. Death of a: (check all that apply)	☐ Parent	☐ Y ☐ N	/ mm yy
	☐ Sibling	☐ Y ☐ N	/ mm yy
	☐ Spouse	☐ Y ☐ N	/ mm yy
	☐ Child	☐ Y ☐ N	/ mm yy
	☐ Other family member	☐ Y ☐ N	/ mm yy
	☐ Friend	☐ Y ☐ N	/ mm yy
	☐ Pet	☐ Y ☐ N	/ mm yy
9. New addition to participant's immediate family (check all that apply)	☐ Sibling	☐ Y ☐ N	/ mm yy
	☐ Child	☐ Y ☐ N	/ mm yy
	☐ Pet	☐ Y ☐ N	/ mm yy
9. Moving		☐ Y ☐ N	/ mm yy
10. Change in school and/or job		☐ Y ☐ N	/ mm yy
11. Other (specify)		☐ Y ☐ N	/ mm yy