



The DRINK Study
Inclusion/Exclusion Form

Instructions: The following form will be used to determine if the patient is eligible for the study. The RAs will interview the potential study participant's legal guardian to ascertain inclusion/exclusion information.

INCLUSION:

Instructions: If the answer is no to any questions between 1 – 3, exclude the participant from the study.

1. Is your child aged 3 to 6 years?
 - 1) ___ Yes
 - 2) ___ No

2. Is your child attending a daycare center or school 5 days a week?
 - 1) ___ Yes
 - 2) ___ No

3. Do you (parent/legal guardian) agree to have your child refrain from consuming dairy fermented products during the course of the study?
 - 1) ___ Yes
 - 2) ___ No

EXCLUSION:

Instructions: If the answer is no to any questions between 4 – 6, exclude the participant from the study.

4. You speak English or Spanish.
 - 1) ___ Yes
 - 2) ___ No



5. You have a refrigerator for product to be stored at home.
- 1) Yes
 - 2) No
6. We have obtained both you and your spouse's signatures on the informed consent form (if you are separated/divorced and have joint custody of your child).
- 1) Yes
 - 2) No

Instructions: If the answer is yes to any questions between 7 – 24, exclude the patient from the study.

7. Your child has allergy or hypersensitivity to milk proteins or dairy food components like lactose.
- 1) Yes
 - 2) No
8. Your child has a chronic disease that requires daily medication (Ex: cancer, tuberculosis, Crohns disease, cirrhosis, multiple sclerosis, Type I diabetes...).
- 1) Yes
 - 2) No
9. Your child has cardiac, respiratory or renal insufficiencies.
- 1) Yes
 - 2) No
10. Your child has chronic immunodeficiency (ex: HIV, Chemotherapy...).
- 1) Yes
 - 2) No
11. Your child has had any infection in the last 7 days.
- 1) Yes
 - 2) No



12. Your child has any current or past severe gastrointestinal or metabolic disease (malabsorption, ulcer, celiac disease...).
- 1) Yes
- 2) No
13. Your child has history of severe respiratory disease that requires daily usage of medicine.
- 1) Yes
- 2) No
14. Your child has used laxatives within the last 7 days.
- 1) Yes
- 2) No
15. Your child has had diarrhea or constipation in the last 7 days.
- 1) Yes
- 2) No
16. Your child is under artificial nutrition or was under artificial nutrition in the last 2 months.
- 1) Yes
- 2) No
17. Your child has special medicated diet (obesity, anorexia, metabolic pathology...).
- 1) Yes
- 2) No
18. Your child has eating disorders (anorexia, bulimia...).
- 1) Yes
- 2) No
19. Your child is currently receiving, or received in the last 7 days any antibiotics, antiseptics, antifungal, corticosteroids, vaccines, anti-histamines, non steroidal anti-inflammatory drugs.
- 1) Yes
- 2) No



20. Your child has had a gastrointestinal surgery in the last 3 months.

1) Yes

2) No

21. Your child has had any surgery or intervention requiring general anaesthesia in the last month.

1) Yes

2) No

22. Your child was enrolled in another clinical study, currently or during the last 2 months.

1) Yes

2) No

23. Your child has a congenital malformation.

1) Yes

2) No

24. Your child has failure to thrive, growth retardation or any developmental problem.

1) Yes

2) No

25. Is the child eligible?

1) Yes

2) No