



8. How many days of daycare/school did your child miss in the past week(s) due to them not feeling well, if any?
 days

9. How many days of daycare/school did your child have in the past week(s)?
 days

10. In the past week(s), have you or your spouse/partner missed any work due to your child not feeling well (includes time talking to child's physician)?

- 1) Yes
- 2) No (Go to Q. 11)

10a. If yes, how many days? days

11. In the past week(s), has your child had an illness that resulted in change in activity, such as missed school, birthday party, soccer game, etc.? *“Change in activity” refers to all activities, not just structured ones (Questions 11-32).*

- 1) Yes
- 2) No (Go to Q. 12)

11a. If yes, how many days? days

“I am going to read a list of conditions that your child may have had since we last spoke, if you could please answer with a Yes or No, and if Yes, how many days did your child have this condition. Some but not all of these will be on your diary.”

In the past week(s), has your child had any? (Check all that apply) **If the parent answers no to questions 12 through 27, ask what the cause of the missed activities were.**

Condition	A. 1 = Yes 2 = No	B. # Days	C. # Days w/Changed Activity
12. Diarrhea		<input type="text"/>	<input type="text"/>
13. Vomiting		<input type="text"/>	<input type="text"/>
14. Stomach pain		<input type="text"/>	<input type="text"/>
15. Constipation		<input type="text"/>	<input type="text"/>
16. Runny nose		<input type="text"/>	<input type="text"/>
17. Cough		<input type="text"/>	<input type="text"/>



Condition	A. 1 = Yes 2 = No	B. # Days	C. # Days w/Changed Activity
18. Ear aches		_____	_____
19. Decreased appetite		_____	_____
20. Fever		_____	_____
21. Headaches		_____	_____
22. Irritability		_____	_____
23. Asthma problems		_____	_____
24. Breathing problems		_____	_____
25. Lethargy (extreme tiredness)		_____	_____
26. Rash		_____	_____
27. Allergies		_____	_____

If days were missed according to Q 11 and not accounted for in Q12 - 27, ask “What was the reason for missed activity?”

Condition	A. 1 = Yes 2 = No	B. # Days	C. # Days w/Changed Activity
28. Other: _____		_____	_____
29. Other: _____		_____	_____
30. Other: _____		_____	_____
31. Other: _____		_____	_____
32. Other: _____		_____	_____

33. In the past week(s), did you take your child's temperature?

- 1) Yes
- 2) No (Go to Q. 34)

33a. If yes, what was the highest temperature reading? ____ . ____

33b. Is the temperature in Fahrenheit or Celsius?

- 1) Fahrenheit



2) ____ Celsius

II. DIAGNOSES/TREATMENT

34. In the past week(s), did you seek medical care for your child?

- 1) ____ Yes
- 2) ____ No (Go to Q. 45)

34a. In the past week(s), how many times did your child visit a doctor?

- 1. ____ Once
- 2. ____ Twice
- 3. ____ Three times
- 4. ____ More than three times

35. Where did you seek the medical care for your child? (check all that apply)

- a. ____ Emergency room
- b. ____ Physician's office
- c. ____ Other _____ (please specify)
- d. ____ Other _____ (please specify)



36. What was the diagnosis? (Check all that apply)

- a. Ear Infection (Otitis Media)
- b. Sinusitis
- c. Strep throat
- d. Sore throat non-strep (pharyngitis)
- e. Rhinopharyngitis
- f. Gastroenteritis
- g. Dehydration due to Respiratory illness
- h. Dehydration due to Diarrhea
- i. Dehydration due to reason Other than above
Reason: _____
- j. Pneumonia
- k. Bronchitis
- l. Flu (Influenza)
- m. Viral infection
- n. Diarrhea
- o. Unknown
- p. Other _____ (please specify)
- q. Other _____ (please specify)
- r. Other _____ (please specify)
- s. Other _____ (please specify)
- t. Other _____ (please specify)



37. Did your child's health care provider order any tests?

- 1) Yes
- 2) No (Go to Q. 38)

37a. If yes, which tests? (Check all that apply)

- a. Strep throat test
- b. Nasal Discharge
- c. Expectorant (Sputum culture)
- d. Blood
- e. Urine
- f. X-ray
- g. Stool
- h. Other _____ (please specify)

38. Was your child given any prescriptions?

- 1) Yes
- 2) No (Go to Q. 43)

If yes, please read us the bottle label (refer to MOP: medication codes guide)

	A	B	C
	Code	If other, specify*	Number of days
39.		_____	
40.		_____	
41.		_____	
42.		_____	

**confirm with the study PI the classification of the drug as other.*



43. Did your child's health care provider recommend a follow up visit?

- 1) Yes
- 2) No (Go to Q. 44)

43a. If yes, how many days after the initial visit were you told to follow up?
 _____ days

44. Did your child's health care provider recommend oral rehydration with products such as Pedialyte, Gatorade, etc.?

- 1) Yes
- 2) No

45. In the past week(s), has your child started any over-the-counter medicines (such as Tylenol, Advil, or Robitussin, etc.)?

- 1) Yes
- 2) No (Go to Q. 50)

If yes, please read us the bottle label (refer to MOP: medication codes guide)

	A	B	C
	Code	If other, specify*	Number of days
46.		_____	
47.		_____	
48.		_____	
49.		_____	

**confirm with the study PI the classification of the drug as other.*

50. In the past week(s), has your child seen an alternative medical provider (such as an herbalist, acupuncturist, etc.)?

- 1) Yes
- 2) No



51. In the past week(s), has your child taken any herbal medicines (such as Echinacea, chamomile, etc.)?

- 1) Yes
- 2) No (Go to Q. 52)

51a. If yes, what is the name: _____

52. In the past week(s), has your child taken multi-vitamins?

- 1) Yes
- 2) No (Go to Q. 53)

52a. If yes, what is the name: _____

III. COMPLIANCE

53. In the past week(s), on how many days did your child have 2 study drinks?
_____ days

54. In the past week(s), on how many days did your child have 1 study drink?
_____ days

55. In the past week(s), on how many days did your child have 0 study drinks?
_____ days

56. In the past week(s), has your child consumed any yogurts or probiotic supplements, other than the study drink?

- 1) Yes
- 2) No (Go to Q. 57)

56a. If yes, for how many days did your child have a yogurt or probiotic supplement?
_____ days



IV. OTHER

57. In the past week(s), has anyone in your household, besides your child, been sick?

- 1) Yes
- 2) No (Go to Q. 62)

If yes, complete the following table:

	A Relationship Code*	B If other Relationship, Specify	C Illness Code**	D If Other Illness, Specify
58.				
59.				
60.				
61.				

*Relationship Code: 1=father, 2=mother, 3=sister, 4=brother, 5=other

**Illness Code:

Illness	Code
Ear Infection (Otitis Media)	1
Sinusitis	2
Strep throat	3
Strep throat non-strep (pharyngitis)	4
Rhinopharyngitis	5
Gastroenteritis	6
Dehydration due to respiratory illness	7
Dehydration due to diarrhea	8
Dehydration due to other reason	9
Pneumonia	10
Bronchitis	11
Flu (Influenza)	12
Viral Infection	13
Diarrhea	14
Unknown	15
Other	16



V. ADVERSE EVENTS

62. Since we last spoke, have there been any adverse events or side effects that you think may have occurred from the drink?

- 1) ____ Yes
- 2) ____ No

Interviewer Guide: If there were any AE's, remember you need to fill out AE form and contact APM or PI immediately if there are any serious AE's.

VI. SATISFACTION

63. On a scale of 1 to 10, how would you rate your child's overall health in the past week(s)? (Please circle the answer)

1	2	3	4	5	6	7	8	9	10
Very Unhealthy					Extremely Healthy				

64. On a scale of 1 to 10, how would you rate your child's happiness in general in the past week(s)? (Please circle the answer)

1	2	3	4	5	6	7	8	9	10
Very Unhappy					Extremely Happy				

Interviewer Guide: On Visits 5, 9, and 14 ONLY, ask Question 65.

65. Since we last spoke, have you noticed a change in your child's health?

- 1) ____ Yes
- 2) ____ No (Go to Q. 66)

65a. Please explain.



Please read, "Thank you so much for your time, I just have one more question."

66. Is there anything else you would like to tell us that you think we should know, either about your child's health or the study?

Interviewer Guide: On all Visits, state:

"I just want to remind you, if any bottles are open when you receive your package, please do not drink from them, and notify study personnel immediately."

Interviewer Guide: On Visits 3, 7, and 12 ONLY, state:

"Please tell me which toy your child selected for ___ Day compensation?"