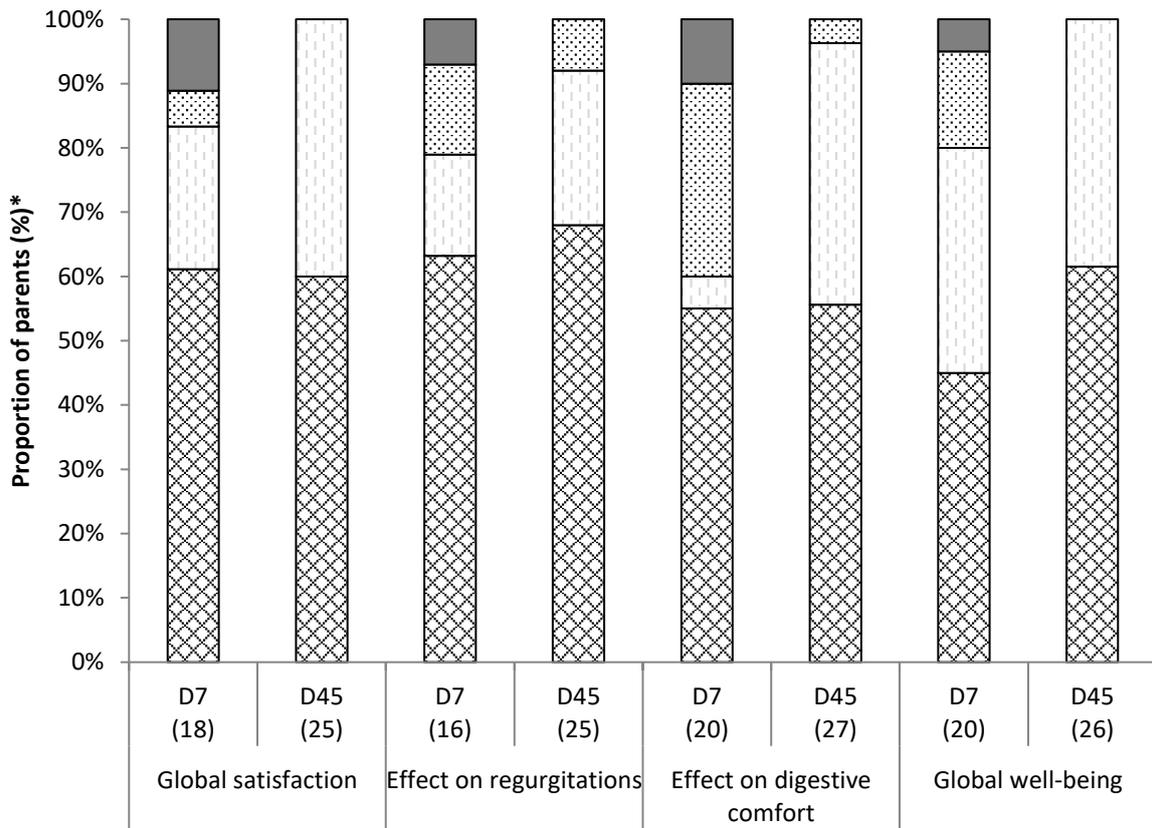


1 **Supplementary material**



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3 **Supplementary Figure 1 Parents' satisfaction at Day 7 and Day 45.** D: day. Black
 4 crossed lines: Very satisfied; grey vertical dotted lines: Satisfied; black dots:
 5 Somewhat unsatisfied; plain black: Unsatisfied; *number of parents expressing their
 6 opinion between brackets.

7 **Supplementary Table 1 Pre-specified scale of allergic symptoms used to assess**
 8 **reactions during the double-blind placebo-controlled food challenge (based on [10] [11])**

	Mild symptoms	Moderate symptoms	Severe symptoms
SKIN			
Pruritus			
	Occasional scratching	Scratching continuously for > 2 minutes at a time	Hard, continuous scratching excoriations
Urticaria/			
Angioedema			
	Less than 3 hives, or mild lip oedema	< 10 hives but >3, or significant lip or face oedema	Generalized involvement
Rash			
	Few areas of faint erythema	Areas of erythema, macular and raised rashes	Generalized marked erythema (>50%), extensive raised lesions (> 25%), vesiculation and/or piloerection
UPPER RESPIRATORY			
Sneezing/Itching			
	Rare bursts, occasional sniffing	Bursts < 10, intermittent rubbing of nose, and/or eyes and/or external ear canals (or frequent sniffing)	Continuous rubbing of nose and/or eyes, periocular swelling and/or long bursts of sneezing (persistent rhinorrhoea)
Nasal Congestion			
	Some hindrance to breathing	Nostrils feel blocked, frequent breathing through the mouth	Nostrils occluded

	Mild symptoms	Moderate symptoms	Severe symptoms
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Rhinorrhoea

Occasional sniffing	Frequent sniffing, requires tissues	Nose runs freely despite sniffing and tissues
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LOWER RESPIRATORY

Laryngeal

(>3 discrete episodes of) throat clearing, (or) occasional cough, (or) persistent throat tightness/pain)	Hoarseness, frequent dry cough	(inspiratory) stridor
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Wheezing

Expiratory wheezing to auscultation	Inspiratory and expiratory wheezing	Dyspnoea, use of accessory muscles, audible wheezing
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GASTROINTESTINAL

**Subjective
Gastrointestinal
Complaints**

Complaints of nausea or abdominal pain, itchy mouth/(throat), no change in activity	Frequent complaints of nausea or pain with (normal) decreased activity	Patient in bed, crying, notably distressed due to gastrointestinal symptoms (with decreased activity)
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**Objective
Gastrointestinal
Complaints**

1 episode of emesis or diarrhoea	2-3 episodes of emesis or diarrhoea or 1 of each	>3 episodes of emesis or diarrhoea or 2 of each
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CARDIOVASCULAR/

NEUROLOGICAL

Mild symptoms	Moderate symptoms	Severe symptoms
Colour change, subjective response (weak, dizzy), mental status change or tachycardia	Decrease in blood pressure >20% from baseline (or significant change in mental status.)	Cardiovascular collapse, signs of impaired circulation (unconscious), bradycardia

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- 11 **Supplementary Table 2 Scales used to evaluate Cow's Milk Allergy symptoms**
 12 **during the second study phase (open 3-month feeding with the thickened extensively**
 13 **hydrolysed casein-based formula)**

The Cow's Milk-related Symptoms Score (based on^[12])			
Symptom	Score	Description	
Crying¹	0	≤ 1 h/ day	
	1	1-1.5 h/ day	
	2	1.5-2 h/ day	
	3	2-3 h/ day	
	4	3-4 h/ day	
	5	4-5 h/ day	
	6	≥5 h/ day	
Regurgitation	0	0-2 regurgitation episodes/ day	
	1	≥3 but ≤ 5 episodes of regurgitation per day of a small volume (< 1 coffee spoon per day)	
	2	> 5 episodes of regurgitation per day of > 1 coffee spoon	
	3	> 5 episodes of regurgitation per day of approximately half of the feeding in less than half of the feedings	
	4	Continuous regurgitations of small volumes during > 30 minutes after each feeding	
	5	Regurgitation of half to the total volume of a feeding in at least half of the feedings	
Stool consistency	4	Types 1 and 2 (hard stools)	
	0	Types 3 and 4 (normal stools)	
	2	Type 5 (soft stools)	
	4	Type 6 (liquid stools, if unrelated to an infection)	
	6	Type 7 (watery stools)	
Skin symptoms	0-6	Atopic eczema	
		Head/neck/trunk	Arms/hands/legs/feet
		Absent	0
		Mild (< 1/3)	1
		Moderate (> 1/3 and < 2/3)	2
		Severe (> 2/3)	3
		Urticaria	
Respiratory symptoms	0	Absent	
	6	Present	
	0	Absent	
	1	Mild (no medication)	
	2	Moderate (medication needed and symptoms controlled by the treatment)	
3	Severe (oxygen/hospitalization needed and/or persistent symptoms)		

under treatment)

Other Cow's Milk Allergy symptoms

	Absence	None
Frequency of vomiting episodes	Occasional	Between 1 and 3 times/week
	Frequent	Between 4 and 7 times/week
	Repeated	≥ 2 times/day
Intensity of digestive discomfort (bloating, gas and abdominal pain)	None	Absence
	Mild	Between 1 and 3 episodes/week with no signs of discomfort
	Moderate	Between 4 and 7 episodes/week and/or signs of discomfort that do not interfere with normal activity or sleep
	Severe	≥ 2 episodes/day and/or with discomfort interfering with normal activity or sleep

¹Crying was only considered if the child was crying for one week or more, according to parents, and without any other obvious cause.

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