National Children's Study

P1 Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Time collection started: **|__|__|:|__|__|**
☐ **1 am** ☐ **2 pm**

Time collection stopped: **|__|__|:|__|__|**
☐ **1 am** ☐ **2 pm**

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Visit location: ☐ 1 Home ☐ 2 Clinic/Office

Participant's age |__|__| years

Section Status (Select one) Complete ☐ 1
Partial Complete ☐ 2
Not Done ☐ 3

Reason for Not Done/Partial (Select one)

SP Refusal	☐ 1
SP III/Emergency	☐ 3
No Time	☐ 4
Safety Exclusion	☐ 10
Physical Limitation	☐ 11
Defective Collection Kit	☐ 15
Language Issue, Spanish	☐ 17
Language Issue, Non-Spanish	☐ 18
Cognitive Disability	☐ 20
No Time (no appt. set for next data collection)	☐ 25
Other Specify_____	☐ 96

Part B: Blood Collection Questions (Ask these questions at all visits when blood is drawn.)

1) Do you have hemophilia or any bleeding disorder?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Do you take any blood-thinning medication, such as Coumadin or Warfarin?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

3) Have you had cancer chemotherapy within the past 4 weeks?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Have you had any problems with a blood draw in the past?

☐ 1 Yes ☐ 2 No (Go to Q 6)
☐ 97 Refuse (Go to Q 6) ☐ 98 Don't know (Go to Q 6)

5) What problems did you have with a blood draw in the past? (Check all that apply)

Fainting	☐ 1
Light-headedness	☐ 2
Hematoma	☐ 3
Bruising	☐ 4
Other Specify_____	☐ 96
Refused	☐ 97
Don't know	☐ 97

6) When was the last time you had anything to eat or drink?

|__|__|:|__|__| ☐ 1 am ☐ 2 pm

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

Part C: Blood Collection

Kit ID: (Affix Pre-printed Blood Kit ID Label Here)

Data Collector ID: |___|___|___|___|

Blood Collection Status (Select one)

Collected	☐ 1
Partial Collected	☐ 2
Not collected	☐ 3

Reason for Partial/Not Collected (Select one)

Safety Exclusion	☐ 1
Physical Limitations	☐ 2
Participant III/ Emergency	☐ 3
Equipment Failure	☐ 4
No Suitable Vein	☐ 5
Hematoma	☐ 6
Fainting	☐ 7
Light-Headedness	☐ 8
Communication Problem	☐ 9
No Time	☐ 10
Other Specify_____	☐ 96
Refused	☐ 97 (Go to Part D)

Blood Collection Tubes		
LPS-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial:	
	Equipment Failure ☐ 3	Bruising ☐ 7
	Fainting ☐ 4	Vein Collapsed During the Procedure ☐ 8
	Light-Headedness ☐ 5	Other, Specify_____ ☐ 96
	Hematoma ☐ 6	Refuse ☐ 97
RED-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial:	
	Equipment Failure ☐ 3	Bruising ☐ 7
	Fainting ☐ 4	Vein Collapsed During the Procedure ☐ 8
	Light-Headedness ☐ 5	Other, Specify_____ ☐ 96
	Hematoma ☐ 6	Refuse ☐ 97
RED-0002	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial:	
	Equipment Failure ☐ 3	Bruising ☐ 7
	Fainting ☐ 4	Vein Collapsed During the Procedure ☐ 8
	Light-Headedness ☐ 5	Other, Specify_____ ☐ 96
	Hematoma ☐ 6	Refuse ☐ 97
RED-0003	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial:	
	Equipment Failure ☐ 3	Bruising ☐ 7
	Fainting ☐ 4	Vein Collapsed During the Procedure ☐ 8
	Light-Headedness ☐ 5	Other, Specify_____ ☐ 96
	Hematoma ☐ 6	Refuse ☐ 97
LAV-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial:	
	Equipment Failure ☐ 3	Bruising ☐ 7
	Fainting ☐ 4	Vein Collapsed During the Procedure ☐ 8
	Light-Headedness ☐ 5	Other, Specify_____ ☐ 96
	Hematoma ☐ 6	Refuse

Blood Collection Comment:_____

_____

_____

_____

Part D Saliva Collection (Only use if blood collection is refused or not possible)

Because you have hemophilia, are taking blood thinning medication, have had chemotherapy recently, or refused the blood draw, we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? ☐ **1 Yes** ☐ **2 No**

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Data Collector ID: |___|___|___|___|

Kit ID: (Affix Pre-Printed Saliva Kit ID Label Here)

☐ **1 Collected** ☐ **2 Partial Collected** ☐ **3 Not Collected**

Reason not done or partial:

No Time	☐ 1	Other, Specify_____	☐ 96
Participant Ill/Emergency	☐ 2	Refuse	☐ 97
Equipment Failure	☐ 3	Could Not Obtain	☐ 99

Saliva Comments:

_____

_____

_____

Initials QC

_____