Date Kit provided to participant: |__|__| / |__|__| / |__|2___0_|__|__|	Date Samples picked up |__|__| / |__|__| / |__|2___0_|__|__|
KIT ID	
Assignment ID:	Site ID:
Participant ID:	Visit type: ☐ T1 Mom ☐ T1 Prior ☐ T1 Dad ☐ T3 First ☐ T3 Prior ☐ 6 Month
Data Collector ID:	

National Children's Study
DAY 1: ADULT SALIVA DATA COLLECTION FORM

****Please collect your saliva sample on the 2 days following our visit to your home on _____. Please write down the exact time that you collected each saliva sample in the spaces below.**

Day 1 Saliva Samples

What is the date you collected the Day 1 saliva samples? ___/___ /___
Month Day Year

Tube #	When to take sample	Time collected	For Office Use Only
Wake	**As soon as you wake up**	_____:_____ a. __ am b. __ pm **(Answer questions 1 & 2)**	Sample collected ☐ Yes ☐ No

Please answer the following question after you have collected the Wake saliva sample:

1. **Did you spend any time dozing in bed within 2 hours before the time that you woke up and collected the first saliva sample (Wake saliva sample) this morning?**
   ☐ Yes ☐ No

2. **If yes, estimate of time spent dozing before collecting the Wake saliva sample.**

   _____ minutes

Tube #	When to take sample	Time collected	For Office Use Only
+30	**30 minutes after waking up**	_____:_____ a. __ am b. __ pm (check am or pm)	Sample collected ☐ Yes ☐ No

Tube #	When to take sample	Time collected	For Office Use Only
Bedtime	**Before brushing your teeth and at least 1 hour after eating for the last time today**	**_____:_____** a. __ am b. __ pm **(Answer questions 3, 4 & 5)**	Sample collected ☐ Yes ☐ No

Please answer the following questions after you have collected the Bedtime saliva sample:

3. During the past 2 hours have you done any of the following:

a. Consumed a caffeinated beverage (coffee, tea, soda)? ☐ Yes ☐ No

b. Smoked? ☐ Yes ☐ No

c. Consumed alcohol? ☐ Yes ☐ No

4. During the past 2 hours has your physical activity been (circle the correct answer):

Light? (standing, walking light, light house work)

Moderate? (yard work, brisk walking)

Intense? (jogging, exercise classes)

5. Please write down the name of any prescription or over the counter medications that you have taken today. Please be specific. For example, if you took Robitussin DM®, write Robitussin DM® not Robitussin®.

_____ _____

_____ _____

_____ _____

Please feel free to call if you have any questions:
[X at phone #]