

For Office Use Only
Participant # _____

National Children’s Study

DAY 1: CHILD SALIVA DATA COLLECTION FORM

****Please collect your child’s 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 the child wakes up	____:____	
Bedtime	Before brushing his/her teeth and at least 1 hour after eating for the last time today	____:____	

- Please write down the name of any prescription or over the counter medications that your child has taken today. Please be specific. For example, if he/she took Robitussin DM®, write Robitussin DM® not Robitussin®.

Please feel free to call if you have any questions:

[X at phone #]