

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	____:____	

1. 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 #]

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