



Date Sam	/	Day Ye	ear						
Reminder: Write the exact date and time you took the sample on the saliva tube!									
A.) A	CTUAL TIME AMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	c.) DO YOU FEEL HAPPY, EXCITED, OR CONTENT RIGHT NOW?	D.) DO YOU FEEL WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	E.) PROBLEMS OR CONCERNS?				
) AM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely					
Additional Questions for beginning of day: 1. Around what time did you fall asleep last night? AROUND WHAT TIME DID YOU FALL ASLEEP LAST NIGHT?									
2.	2. What time do you usually wake up?								
3.	WHAT TIME DID YOU WAKE UP TODAY?								
4.	How many times did you wake up last night? Times								
5.	How many hours and minutes of sleep did you get last night? Hrs Mins								
6.	How many hours and minutes of sleep do you usually get a night? Hrs Mins								
PLEASE NOTE: Take the next sample 45 minutes after the first. It is fine to brush your teeth and eat your breakfast in the first 25 minutes after taking sample 1, but please avoid doing these in the 20 minutes right before taking sample 2. Please avoid ALL caffeinated beverages until AFTER you have taken sample 2. Sample 2: (45 minutes after you wake up)									
A.) A	ACTUAL TIME CAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) DO YOU FEEL HAPPY, EXCITED OR CONTENT RIGHT NOW?	OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?				
	AM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely					

Now that you've taken sample 2, it is fine to drink coffee.



Saliva Sample Log

Sample 3: (About 4 hours after you wake up)									
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	c.) DO YOU FEEL HAPPY, EXCITED, OR CONTENT RIGHT NOW?	D.) DO YOU FEEL WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?					
O AM O PM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely						
Sample 4: (About 10 hours after you wake up)									
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) DO YOU FEEL HAPPY, EXCITED, OR CONTENT RIGHT NOW?	D.) DO YOU FEEL WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?					
O AM O PM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely						
Sample 5: (Before bed and BEFORE brushing!)									
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) DO YOU FEEL HAPPY, EXCITED, OR CONTENT RIGHT NOW?	D.) DO YOU FEEL WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?					
O AM O PM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely						
Additional Questions for end of day:									
1. Did you smoke any cigarettes today? No Yes How many cigarettes did you smoke today?									
2. DID YOU DRINK ANY A									
3. DID YOU TAKE ANY DR	Dis view and a new annual and warrante and war								
No Yes									
4. DID YOU DO ANY VIGO	4. Did you do any vigorous exercise today, exercise that increased your heart rate or made you sweat?								
○ No	AT TIME DID IT BEGIN?	OAM OPM							

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.