Protocol ID:				Study Subject ID:
Study Name:	<u></u>			Interviewer Name:
Site:				Interview Date:
Event Name:				
Event Date:				
		BLSA Sar	nples - Ver. 1.2	
<b>Section Title: Samples</b>				
Instructions:				
Date Completed				Blank
Date completed				Bidiik
Nail Clippings Tester ID				
1. Were nail clippings collected	O Yes O No	Click to deselect entry	Reason Not Done	O 3-No Time
(Right)?				O 4-Refused
				<ul><li>5-Unable (Physical or Mental)</li></ul>
				6-Equipment problems
				7-No Tester
				8-Not Eligible
				O 9-Not Scheduled/Not Applicable
RIGHT - Collected from:	050403	2 0 1 Click to des	select entry	
Were nail clippings collected (Left)?	O Yes O No	Click to deselect entry		

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			Reason Not Done	<ul> <li>3-No Time</li> <li>4-Refused</li> <li>5-Unable (Physical or Mental)</li> <li>6-Equipment problems</li> <li>7-No Tester</li> <li>8-Not Eligible</li> <li>9-Not Scheduled/Not Applicable</li> </ul>
<b>LEFT</b> - Collected from:	O 5 O 4 O 3	2 0 1 Click to des	select entry	
Saliva Sample Tester ID				
2. Was Saliva sample collected?	○ Yes ○ No	Click to deselect entry	Reason Not Done	<ul> <li>3-No Time</li> <li>4-Refused</li> <li>5-Unable (Physical or Mental)</li> <li>6-Equipment problems</li> <li>7-No Tester</li> <li>8-Not Eligible</li> <li>9-Not Scheduled/Not Applicable</li> </ul>
Stool Sample Tester ID				
3. Was Stool sample collected?	O Yes O No	Click to deselect entry	Reason Not Done	<ul> <li>3-No Time</li> <li>4-Refused</li> <li>5-Unable (Physical or Mental)</li> <li>6-Equipment problems</li> <li>7-No Tester</li> <li>8-Not Eligible</li> <li>9-Not Scheduled/Not Applicable</li> </ul>

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Date collected					
Time collected				O Am O Pm	Click to deselect entry
Blood Sample - Circadian R Tester ID	Rhythm of Agin	g in Blood			
4. Was the sample collected?	O Yes O No	Click to deselect entry	Reason Not Done	O 6-Equip O 7-No Te O 8-Not E	eed le (Physical or Mental) ment problems ester
Date collected					
Time collected				☐ Pm	
What time did you have dinner?					
Did you eat or drink anything, other than water, after dinner?	O Yes O No	Click to deselect entry			
If YES, last time you ate or drank?	,			☐ Pm	
Comments:					

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