Protocol ID:	<u></u>			Study Subject ID:			
Study Name:				Interviewer Name:			
Site:				Interview Date:			
Event Name:							
Event Date:							
		DI CA Co.	manles Van 12				
		BLSA Sai	mples - Ver. 1.3				
Section Title: Samples							
Instructions:							
Date Completed		☐ Blank					
Saliva Sample Tester ID							
2. Was Saliva sample collected?	O Yes O No	Click to deselect entry	Reason Not Done	O 3-No Time			
				O 4-Refused			
				5-Unable (Physical or Mental)			
				O 6-Equipment problems			
				○ 7-No Tester			
				8-Not Eligible			
				9-Not Scheduled/Not Applicable			
Stool Sample Tester ID							
3. Was Stool sample collected?	○ Yes ○ No	Click to deselect entry					

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Date collected			Reason Not Done	 3-No Time 4-Refused 5-Unable (Physical or Mental) 6-Equipment problems 7-No Tester 8-Not Eligible 9-Not Scheduled/Not Applicable 	
				O A O D	Clinia ha danala et auto.
Time collected				O Am O Pm	Click to deselect entry
Blood Sample - Circadian R Tester ID	hythm of Agin	g in Blood			
4. Was the sample collected?	O Yes O No	Click to deselect entry	Reason Not Done	 3-No Time 4-Refused 5-Unable (Physical or Mental) 6-Equipment problems 7-No Tester 8-Not Eligible 9-Not Scheduled/Not Applicable 	
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				

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Comments:

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