

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA Circadian Core Body Temp - Ver 1.1****Section Title: Eligibility**

BLSA Circadian Core Body Temperature

Date Completed

☐ Blank

Tester ID

Eligibility Assessment*If any response is YES or Don't Know, the participant is ineligible DO NOT TEST*

Do you use a cardiac pacemaker or other implanted electro medical device?

☐ Yes ☐ No ☐ Don't know

Are you scheduled to receive an MRI within the next 5 days?

☐ Yes ☐ No ☐ Don't know

Do you have impaired gag reflex or trouble swallowing large pills?

☐ Yes ☐ No ☐ Don't know

Do you have a history or suspicion of gastrointestinal obstruction, diverticulitis or inflammatory bowel disease?

☐ Yes ☐ No ☐ Don't know

Do you have severe constipation?

☐ Yes ☐ No ☐ Don't know

Have you had gastrointestinal surgery?

☐ Yes ☐ No ☐ Don't know

Do you have a history of reflux esophagitis, esophageal food impaction or felinization of the esophagus?

☐ Yes ☐ No ☐ Don't know

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Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Sensor Administration**Sensor Administration

Swallow the temperature "pill" with a full cup of room temperature water.

Wear the monitoring device at all times except when showering. It is very important to continue wearing the monitor while you are sleeping. It can be moved from one side of your back to the other depending on the position in which you sleep. If you find that wearing the monitor disrupts your sleep, it can be placed on the bed next to the small of your back.

Tester ID

Date :

Time:                      hh:mm

☐ Am ☐ Pm

Serial Number:

Calibration Number:

Begin Recording 2 hours after sensor administration (record for 24 hours)

Tester ID

Recorder Number:

Begin Date:

Time Started:                      hh:mm

☐ Am ☐ Pm

End Date:

Time Ended:

hh:mm

☐ Am ☐ Pm

For all of the following, please note test start and end times or that testing did not occur during the temperature monitoring period.

#### Treadmill

Start:

hh:mm

☐ Am ☐ Pm

Stop:

hh:mm

☐ Am ☐ Pm

☐ Not done during monitoring

#### Long Distance Corridor Walk

Start:

hh:mm

☐ Am ☐ Pm

Stop:

hh:mm

☐ Am ☐ Pm

☐ Not done during monitoring

#### GAIT

Start:

hh:mm

☐ Am ☐ Pm

Stop:

hh:mm

☐ Am ☐ Pm

☐ Not done during monitoring

#### Cognitive Assessment

Start:

hh:mm

☐ Am ☐ Pm

Stop:

hh:mm

☐ Am ☐ Pm

☐ Not done during monitoring

In bed for sleeping

Time:                      hh:mm

☐ Am ☐ Pm

Awake in the morning

Time:                      hh:mm

☐ Am ☐ Pm