

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Samples - Ver. 1.3**Section Title: Samples****Instructions:**

Date Completed

☐ Blank**Saliva Sample**

Tester ID

2. Was Saliva sample collected? ☐ Yes ☒ 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**Stool Sample**

Tester ID

3. Was Stool sample collected? ☐ Yes ☒ 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

☐ Am ☐ Pm [Click to deselect entry](#)

Blood Sample - Circadian Rhythm of Aging in Blood

Tester ID

4. Was the sample collected? ☐ Yes ☐ 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? ☐ Yes ☐ No [Click to deselect entry](#)

If YES, last time you ate or drank?

☐ Pm

Comments: