

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Tongue Photo - Ver. 1.0**Section Title: Tongue Photo****Instructions:**

Date Completed

☐ Blank

Tester ID

Were Tongue photos taken?

☐ Yes ☐ Refused ☐ No tester ☐ Not scheduled
☐ Technical ☐ Other

Comment

Before proceeding, participant must rinse mouth with water.

Was a photo taken on each hole-reinforcement (left and right)?

Without food coloring?

LEFT ☐ Yes ☐ No Click to deselect entry RIGHT☐ Yes ☐ No Click to deselect entry

With food coloring?

LEFT ☐ Yes ☐ No Click to deselect entry RIGHT☐ Yes ☐ No Click to deselect entry

If all photos were not collected, please justify.

Other

Reason all photos not collected:

- ☐ Refused
- ☐ Technical
- ☐ Other