

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Circadian Core Body Temp - Ver 1.0

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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Section Title: Sensor AdministrationSensor 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: _____

☐ 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: _____

☐ Am ☐ Pm

End Date:

Time Ended:

☐ 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:

☐ Am ☐ Pm

Stop:

☐ Am ☐ Pm

☐ Not done during monitoring

Long Distance Corridor Walk

Start:

☐ Am ☐ Pm

Stop:

☐ Am ☐ Pm

☐ Not done during monitoring

GAIT

Start:

☐ Am ☐ Pm

Stop:

☐ Am ☐ Pm

☐ Not done during monitoring

Cognitive Assessment

Start:

☐ Am ☐ Pm

Stop:

☐ Am ☐ Pm

☐ Not done during monitoring

In bed for sleeping

Time:

☐ Am ☐ Pm

Awake in the morning

Time:

☐ Am ☐ Pm