

#1, GREEN (WAKE)
CHECKLIST FOR SALIVA SAMPLE COLLECTION

1. Wake Time: ____ : ____ a.m. **OR** ____ : ____ p.m.
2. Time #1 sample collected: ____ : ____ a.m. **OR** ____ : ____ p.m.
3. Date #1 sample collected: ____ / ____ / ____
DAY MONTH YEAR
4. Was the sample collected before you got out of bed?
 - 1 Yes
 - 2 No
5. In the 30 minutes before this sample was collected did you BRUSH YOUR TEETH?
 - 1 Yes
 - 2 No
6. In the 30 minutes before this sample was collected did you DRINK SOMETHING OTHER THAN WATER?
 - 1 Yes → If Yes, go to Q.7
 - 2 No → If No, skip to Q.8
7. Did the beverage include caffeine (e.g. coffee, tea, coke) ?
 - 1 Yes
 - 2 No
8. In the 30 minutes before this sample was collected did you EAT ANYTHING?
 - 1 Yes
 - 2 No
9. In the 30 minutes before this sample was collected did you SMOKE CIGARETTES OR USE TOBACCO?
 - 1 Yes
 - 2 No
10. In the 30 minutes before this sample was collected did you EXERCISE (include brisk walks, dancing)?
 - 1 Yes
 - 2 No
11. In the 30 minutes before this sample was collected did you TAKE PRESCRIPTION OR OVER THE COUNTER MEDICATION?
 - 1 Yes
 - 2 No
12. How happy, excited, or content did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely
13. How worried, anxious, or fearful did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely

THANK YOU!

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#2, YELLOW (30 MINUTES AFTER WAKE)
CHECKLIST FOR SALIVA SAMPLE COLLECTION

1. Time #2 sample collected: ____ : ____ a.m. **OR** ____ : ____ p.m.
2. Date #2 sample collected: ____ / ____ / ____
DAY MONTH YEAR
3. In the 30 minutes before this sample was collected did you BRUSH YOUR TEETH?
 - 1 Yes
 - 2 No
4. In the 30 minutes before this sample was collected did you DRINK SOMETHING OTHER THAN WATER?
 - 1 Yes → go to Q.5
 - 2 No → skip to Q.6
5. Did the beverage include caffeine (e.g. coffee, tea, coke)?
 - 1 Yes
 - 2 No
6. In the 30 minutes before this sample was collected did you EAT ANYTHING?
 - 1 Yes
 - 2 No
7. In the 30 minutes before this sample was collected did you SMOKE CIGARETTES OR USE TOBACCO?
 - 1 Yes
 - 2 No
8. In the 30 minutes before this sample was collected did you EXERCISE (include brisk walks, dancing)?
 - 1 Yes
 - 2 No
9. In the 30 minutes before this sample was collected did you TAKE PRESCRIPTION OR OVER THE COUNTER MEDICATION?
 - 1 Yes
 - 2 No
10. How happy, excited, or content did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely
11. How worried, anxious, or fearful did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely

TURN OVER & COMPLETE OTHER SIDE!

12. How many hours of sleep did you get last night? ____ hours ____ minutes
13. How were you awakened?
- 1 Naturally
 - 2 Alarm clock
 - 3 Phone
 - 4 Someone in household
 - 5 Other
14. Was it restful sleep or did you wake up a lot?
- 1 Restful
 - 2 Woke up a lot
15. Since collecting your #1 (Wake) sample, did you exercise vigorously (increased heart rate/sweating)?
- 1 Yes → go to Q.16
 - 2 No → skip to Q. 17
16. What time did you BEGIN exercise? ____:____ a.m. **OR** ____:____ p.m.
- How long did you exercise? ____ hours ____ minutes
17. (For Females)
- What is the date when your last menstrual period began? ____ / ____ / ____
- DAY MONTH YEAR

THANK YOU!

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#3, RED (BEDTIME)
CHECKLIST FOR SALIVA SAMPLE COLLECTION

1. Time #3 sample collected: ____ : ____ a.m. **OR** ____ : ____ p.m.
2. Date #3 sample collected: ____ / ____ / ____
DAY MONTH YEAR
3. In the 30 minutes before this sample was collected did you BRUSH YOUR TEETH?
 - 1 Yes
 - 2 No
4. In the 30 minutes before this sample was collected did you DRINK SOMETHING OTHER THAN WATER?
 - 1 Yes → go to Q.5
 - 2 No → skip to Q.6
5. Did the beverage include caffeine (e.g. coffee, tea, coke)?
 - 1 Yes
 - 2 No
6. In the 30 minutes before this sample was collected did you EAT ANYTHING?
 - 1 Yes
 - 2 No
7. In the 30 minutes before this sample was collected did you SMOKE CIGARETTES OR USE TOBACCO?
 - 1 Yes
 - 2 No
8. In the 30 minutes before this sample was collected did you EXERCISE (include brisk walks, dancing)?
 - 1 Yes
 - 2 No
9. In the 30 minutes before this sample was collected did you TAKE PRESCRIPTION OR OVER THE COUNTER MEDICATION?
 - 1 Yes
 - 2 No
10. How happy, excited, or content did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely
11. How worried, anxious, or fearful did you feel before you gave this sample?
 - 1 Not at all
 - 2 Somewhat
 - 3 Very much
 - 4 Extremely
12. Was this sample collected just before going to bed?
 - 1 Yes
 - 2 No

TURN OVER & COMPLETE OTHER SIDE!

13. Bed time? ____ : ____ a.m. **OR** ____ : ____ p.m.
14. Did you smoke cigarettes **AND/OR** use tobacco today?
1 Yes → go to Q.15
2 No → skip to Q.16
15. How many cigarettes? _____ **AND/OR** How many dips of tobacco? _____
16. Did you drink alcoholic beverages today (CIRCLE ALL THAT APPLY)?
1 Beer → go to Q.17
2 Wine or wine coolers → go to Q.17
3 Hard liquor → go to Q.17
4 No → skip to Q.18
17. What was the total number of drinks you had today? ____ drinks
18. Since collecting your #2 (30 min. after Wake) sample today, did you exercise vigorously (increased heart rate/sweating)?
1 Yes → go to Q.19
2 No → skip to Q. 20
19. What time did you BEGIN the most recent bout of exercise? ____:____ a.m. **OR** ____:____ p.m.
How long did you exercise? ____ hours ____ minutes
20. What was the most stressful event of the day? Please describe briefly.

21. What time did the stressful event begin? ____ : ____ a.m. **OR** ____ : ____ p.m.
22. How long did the stressful event last? ____ hours ____ minutes
23. How stressed did this event make you feel?
1 Not at all stressed
2 Somewhat stressed
3 Moderately stressed
4 Very stressed
5 Most stressed I've ever felt
24. Was this a typical day for you, in terms of how busy, pressured, or stressed you felt?
1 Today I had a **lower workload or felt less stressed** than usual
2 Today was **typical** in terms of workload and stress level
3 Today I had **greater workload or felt more stressed** than usual
25. Have you had dental work in the past 24 hours?
1 Yes
2 No

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