

## **DAY 2, continued**

aliva Sample L	_og			M	
Sample 3: (About 4	hours after you wake up)			+4 hrs	
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, EXCITED, OR CONTENT RIGHT NOW?	D.) Do you feel worried, anxious, or fearful right now?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		
Sample 4: (About 1	0 hours after you wake up)			+10 hrs	
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, EXCITED, OR CONTENT RIGHT NOW?	D.) Do you feel WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		
Sample 5: (Before A.) Actual Time Sample Taken	bed and BEFORE brushing!)  B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, excited, or content right now?	D.) Do you feel Worried, anxious, or FEARFUL RIGHT NOW?	Bed time  E.)  PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	O Not at all O Somewhat O Very much Extremely		
Additional Questio	NS FOR END OF DAY:				
1. Did you smoke any cigarettes? No Yes How many cigarettes did you smoke today?  2. Did you drink any alcoholic beverages today??  No Yes					
3. Did you take any drugs or medications today?  No Yes Please list the names of all drugs or medications you took today:					
4. DID YOU DO ANY VIGOROUS EXERCISE TODAY, EXERCISE THAT INCREASED YOUR HEART RATE OR MADE YOU SWEAT?					
O Yes	WHAT TIME DID IT BEGIN?	OAM OPM	How long did you exerc		

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.

GuLFSTUDY
Saliva Sample Log

Place Saliva Log PID Barcode Label here

DAY 1

iiva Sampie Log			Label here		
Date of Samples Month	Day Yea	ar		Wake	
Sample 1: (Please to	ake sample while still in bed!	)		4 Un	
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, excited, or content right now?	D.) Do you feel wor- RIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		
Additional Question	NS FOR BEGINNING OF DAY:				
1. AROUND WHAT TIME	E DID YOU FALL ASLEEP LAS	т NIGHT?	OAM OPM		
2. What time do you usually wake up?					
3. What time did you wake up today?					
4. How many times did you wake up last night? Times					
5. How many hours and minutes of sleep did you get last night?  Hrs Mins					
6. How many hours and minutes of sleep do you usually get a night?  Hrs Mins					
PLEASE NOTE: Take the next sample 45 minutes after the first. It is fine to brush your teeth and eat your breakfast in the first 25 minutes after taking sample 1, but please avoid doing these in the 20 minutes right before taking sample 2. Please avoid ALL caffeinated beverages until AFTER you have taken sample 2.					
Sample 2: (45 minutes after you wake up)					
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, excited, or content right now?	D.) Do you feel worried, anxious, or fearful right now?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		

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Now that you have taken sample 2, it is fine to drink coffee.



## **DAY 1, continued**

aliva Sample L	_og			M
Sample 3: (About 4	hours after you wake up)			+4 hrs
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, EXCITED, OR CONTENT RIGHT NOW?	D.) Do you feel WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	E.)  PROBLEMS OR  CONCERNS?
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely	
Sample 4: (About 1	0 hours after you wake up)			+10 hrs
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, EXCITED, OR CONTENT RIGHT NOW?	D.) Do you feel WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	E.)  PROBLEMS OR  CONCERNS?
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely	
Sample 5: (Before A.) ACTUAL TIME SAMPLE TAKEN	bed and BEFORE brushing!)  B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, excited, or content right now?	D.) Do you feel worried, anxious, or fearful right now?	PROBLEMS OR CONCERNS?
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely	
Additional Questio	NS FOR END OF DAY:			
1. DID YOU SMOKE AN	IY CIGARETTES? No	O YES How	W MANY CIGARETTES DID	YOU SMOKE TODAY?
2. DID YOU DRINK ANY ALCOHOLIC BEVERAGES TODAY??				
3. DID YOU TAKE ANY  NO YES	DRUGS OR MEDICATIONS TO		R MEDICATIONS YOU TOOK	( TODAY:
4. DID YOU DO ANY VI  YES  No	WHAT TIME DID IT BEGIN?		HOW LONG DID YOU EXERC	CISE FOR?

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GULFSTUDY
Saliva Sample Log

DAY 2

Date of Samples Month	//			<b>A</b> 4	
Month	Day Yea	ar		Wako	
Sample 1: (Please to	ake sample while still in bed!	)		Wake Up	
A.) ACTUAL TIME SAMPLE TAKEN	B.) BEFORE TAKING THIS SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	C.) Do you feel happy, excited, or content right now?	D.) Do you feel wor- RIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		
Additional Question	NS FOR BEGINNING OF DAY:				
1. Around what time did you fall asleep last night?					
2. WHAT TIME DO YOU USUALLY WAKE UP?					
3. WHAT TIME DID YOU WAKE UP TODAY?					
4. How many times did you wake up last night? Times					
5. How many hours and minutes of sleep did you get last night?  Hrs Mins					
6. How many hours and minutes of sleep do you usually get a night?  Hrs Mins					
PLEASE NOTE: Take the next sample 45 minutes after the first. It is fine to brush your teeth and eat your breakfast in the first 25 minutes after taking sample 1, but please avoid doing these in the 20 minutes right before taking sample 2. Please avoid ALL caffeinated beverages until AFTER you have taken sample 2.					
Sample 2: (45 minutes after you wake up)					
A.) ACTUAL TIME	B.) BEFORE taking this	C.) Do you feel happy,	D.) Do you feel	E.)	
SAMPLE TAKEN	SAMPLE, DID YOU DO ANY OF THE FOLLOWING?	EXCITED, OR CONTENT RIGHT NOW?	WORRIED, ANXIOUS, OR FEARFUL RIGHT NOW?	PROBLEMS OR CONCERNS?	
OAM OPM	Brushed teeth? Eaten anything? Drunk anything? Exercised?	Not at all Somewhat Very much Extremely	Not at all Somewhat Very much Extremely		

Now that you have taken sample 2, it is fine to drink coffee.