

## Add Health Wave IV Documentation: Pretest Cortisol

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## **SALIVA COLLECTION INSTRUCTIONS** Questions? Call 1-800-XXX-XXXX

You are scheduled to collect your 3 saliva samples on: \_\_\_\_\_ (collect all 3 samples on same day)

#1 GREEN-----Upon awakening, **before you get out of bed** (awakening is when your eyes are open and you are ready to get up for the day)

\*\*\*Set a timer for 30 minutes, as a reminder for collecting sample #2

#2 YELLOW----30 minutes after awakening

#3 RED-----At bedtime (right before getting into bed)

### **BEFORE YOU GIVE A SAMPLE**

#### **DO:**

-> Keep collection supplies by your bedside (white storage container, Ziploc bag, these instructions, and 3 checklists).

-> Only unscrew the white storage container when you are ready to collect a sample.

-> Only withdraw **the small tube you are about to collect saliva into**. After taking out a small collection tube immediately put the screw cap back on the white storage container.

#### **DON'T:**

-> Do NOT drink alcoholic beverages on the day you collect your samples.

-> Do NOT smoke or use tobacco, drink anything, or brush your teeth 30 minutes before you collect a sample.

-> Do NOT consume dairy products, acidic or sugary foods within 30 minutes before you collect a sample.

-> Do NOT eat anything between #1 and #2 sample. Do NOT eat a meal within 60 minutes of #3 sample.

\* NOTE: If you DO any of these things, go ahead and collect your samples and complete the checklists honestly.

### **HOW TO GIVE A SAMPLE**

1. Upon awakening, unscrew the cap on the white storage container and retrieve ONLY the #1, (GREEN) collection tube and IMMEDIATELY replace the white cap to the storage container. Retrieve 1 straw and remove the plastic wrapper.
2. Remove wrapper from straw. Unscrew the cap on the small collection tube and place one end of the straw into your mouth and the other end of the straw into the #1, collection tube.
3. Close your mouth and imagine eating your favorite food. Tilt your head forward and with your tongue, push the saliva down the straw into the collection tube. Continue until the saliva (not the bubbles) reach the goal line marked in pen.
4. After providing this sample, replace the small (GREEN) colored cap on the #1 collection tube. Make sure the cap is screwed on completely. Discard the used straw and place the saliva sample inside the Ziploc bag.
5. Immediately after collecting your sample, complete the answers to the questions on the checklist for the #1 sample. Be sure to **write the exact time and date of collection on the checklist**, even if different from instructions (there is no penalty).
6. Follow these procedures above with the #2 (YELLOW) and #3 (RED) samples. After placing all 3 saliva samples into the Ziploc bag, seal the Ziploc bag.

### **HOW TO PACKAGE AND MAIL YOUR SAMPLES**

The day after you collect the 3 samples, place the following into the pre-addressed mailer:

1. Empty white storage bottle (with cap on)
2. Sealed Ziploc bag containing #1 (GREEN), #2 (YELLOW), and #3 (RED) saliva samples.
3. The 3 completed Checklists, folded in half.
4. **Close the mailer and place package in the US mail!** (You should receive your incentive in the mail within 30 days of sending samples in).

**#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!**

**Please fold this checklist and place inside the padded envelope labeled with  
the U.S. Postal Service Delivery Confirmation label.**

**#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

**THANK YOU!**

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# Add Health Wave IV Pretest

## Materials for Collection of Saliva Samples for Cortisol

