

Instruction Sheet

Thank you for participating in the MESA Stress Study. You will collect saliva samples on two week days. For each day you will use one of the zip lock bags. Each bag has the date written on it. Each day you will collect saliva 8 times using the schedule on the daily questionnaire in each bag. Each sample you collect has a number. The numbers are 1 through 8.

Each time you need to collect a saliva sample you will do the following:

1. Open up the container with the number for the sample you are collecting.
2. Take out the cotton swab, place it in your mouth, and chew gently until you feel that it is soaked with saliva. This usually takes about one minute.
3. While you are letting it soak in your mouth write the TIME on the daily questionnaire in the space for the sample you are collecting. **It is VERY important that you write the exact time in hours and minutes as noted on the clock we provided you and mark if it is am or pm. You can set the alarm on the clock to remind you of the times.**
4. Open up the little plastic tube and place the cotton swab inside it. Close it tightly with the plastic stopper. Put it back in the zip lock bag and make sure to zip the bag closed.

Important things to remember:

1. *Choose the tube with the right number!!*
2. *Write the time exactly as it appears on the clock even if it is not the exact time we asked.*
3. *You can use your clock to remind you (it has an alarm), especially for the first three which are VERY important.*
4. *Do not eat or brush your teeth 15 minutes before collecting the sample.*
5. *The cotton must be WET. Make sure you put the swab in the little tube.*
6. *Don't forget to answer the questions on the back of the daily questionnaire.*

You will have to carry the zip lock bag and daily questionnaire with you during your day. After you collect all the samples you can store the bag in the refrigerator until you bring the samples to the clinic.

Use a NEW bag each day, even if there are unused tubes in the bag for the previous day.

YOU WILL COLLECT THE SALIVA SAMPLES ON: _____ AND _____.

If you have ANY questions please do not hesitate to call us at _____.

Thank you

Today's date is _____

Please do not eat, drink, or brush your teeth for 15 minutes prior to taking any of the samples.

What time did you wake up?	____:____ AM / PM (circle one)
Sample #1 (awakening sample, when you open your eyes and are ready to get up)	____:____ AM / PM
Sample #2 (30 minutes after waking)	____:____ AM / PM
HAVE BREAKFAST AFTER SAMPLE #2. What time did you FINISH breakfast?	____:____ AM / PM
Sample #3 (1 hour after you finish breakfast)	____:____ AM / PM
Sample #4 (around 10 am)	____:____ AM / PM
Sample #5 (around noon, before lunch)	____:____ AM / PM
HAVE LUNCH AFTER SAMPLE #5 What time did you FINISH lunch?	____:____ AM / PM
Sample #6 (around 4 pm)	____:____ AM / PM
Sample #7 (around 6 pm, before dinner)	____:____ AM / PM
HAVE DINNER AFTER SAMPLE #7 What time did you FINISH dinner?	____:____ AM / PM
Sample #8 (bedtime, before you brush your teeth)	____:____ AM / PM

REMEMBER THE QUESTIONS ON THE BACK!!!!

ANSWER THESE QUESTIONS AT THE END OF THE DAY

1. Did you go to work today?
 - i. ☐ Yes
 - ii. ☐ No

2. Which of the following options best describes how your day went? (please choose only one)
 - i. ☐ Today was typical in terms of my stress level
 - ii. ☐ Today I felt more stressed than usual
 - iii. ☐ Today I felt less stressed than usual

3. How much did you feel happy, excited, or content today? (circle the answer, please choose only one)
☐ Not at all ☐ Somewhat ☐ Very Much ☐ Extremely

4. How much did you feel worried, anxious, or fearful today? (circle the answer, please choose only one)
☐ Not at all ☐ Somewhat ☐ Very Much ☐ Extremely

5. Which of the following best describes how you slept last night? (please choose only one)
 - i. ☐ I slept soundly and woke up feeling rested
 - ii. ☐ I had some trouble sleeping but slept through most of the night
 - iii. ☐ I did not sleep well, had trouble falling asleep or staying asleep

6. Did you notice any bleeding in your gums today? ☐ Yes ☐ No

7. Did you smoke today? ☐ Yes ☐ No
 If yes, how many cigarettes did you smoke? _____#

Multi-Ethnic Study of Atherosclerosis



Stress Study 2 Processing Form

Participant ID #:

Acrostic:

Processor ID: _____

Processing Start Time: _____ Citrate

Processing Start Time: _____ Serum

Label #	Type	Color	Sample Vol (ml)	if Done	Comment
1	Saliva D1S1	<i>Not applicable</i>			
2	Saliva D1S2	<i>Not applicable</i>			
3	Saliva D1S3	<i>Not applicable</i>			
4	Saliva D1S4	<i>Not applicable</i>			
5	Saliva D1S5	<i>Not applicable</i>			
6	Saliva D1S6	<i>Not applicable</i>			
7	Saliva D1S7	<i>Not applicable</i>			
8	Saliva D1S8	<i>Not applicable</i>			
9	Saliva D2S1	<i>Not applicable</i>			
10	Saliva D2S2	<i>Not applicable</i>			
11	Saliva D2S3	<i>Not applicable</i>			
12	Saliva D2S4	<i>Not applicable</i>			
13	Saliva D2S5	<i>Not applicable</i>			
14	Saliva D2S6	<i>Not applicable</i>			
15	Saliva D2S7	<i>Not applicable</i>			
16	Saliva D2S8	<i>Not applicable</i>			
17	Saliva SC1	<i>Not applicable</i>			
18	Saliva SC2	<i>Not applicable</i>			
19	Saliva SC3	<i>Not applicable</i>			
20	Saliva SC4	<i>Not applicable</i>			
21	Hair	<i>Not applicable</i>			
22	Serum	R	5 ml		
23	Citrate	B	4.5 mL		
24	Serum	R	0.5		
25	Serum	R	0.5		
26	Serum	R	0.5		
27	Serum	R	0.5		
28	Citrate	B	0.5		
29	Citrate	B	0.5		
30	Citrate	B	0.5		
31	Citrate	B	0.5		

Stress ID#:

NOTE: The MESA Stress Processing Form is for use for ALL Stress Samples.

COLOR: R=red, B=blue, W=white.

COMMENT: P for partial volume, H for hemolysis

Comments: _____

LCBR Rec'd Date: _____

Frozen: Y N

Multi-Ethnic Study of Atherosclerosis



Stress Study 2
Phlebotomy Form

MESA ID#:

Stress ID#:

Date:

Month

Day

Year

UCLA WBC draw **only**:

Filled

Other (specify volume):

Yes No Partial

min ½ full

EDTA 2 mL

☐ ☐ ☐

For participants recruited more than 6 months after Exam 5 blood draw
only:

Blood Volume
per tube:

Filled

Other (specify volume):

Yes No Partial

min ½ full

Serum 5 mL

☐ ☐ ☐

Citrate 4.5 mL

☐ ☐ ☐

Comments:

Phlebotomist ID

Reviewer ID

Data Entry ID