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**Data Collection Sheet**  
*The Raine Challenge Me Study*

Raine ID: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Gender: M / F

TSST time slot:     1     2     3     4

Comment on sample collection:     blood & saliva / saliva only

Time of last food / drink (other than water) intake:                          am / pm

Blood / saliva collected in 16-year FU?                          yes / no

Consent for DNA analysis at 16-year FU?                          yes / no

CO<sub>2</sub> breath test at 13-year FU?                          yes / no

Smoking?    yes / no

Current medication?    yes / no

If Yes list medication:

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*Girls only*

Oral contraceptives?    yes / no

Regular cycles?    yes / no

First day of last menstruation: \_\_\_\_\_