



TEDS Biomarkers Project
A study about young people's experience of stress

We will contact you via telephone to instruct you when to complete the questionnaire and take the saliva sample. Please do not start this questionnaire before we have contacted you.

Once we have spoken to you, please remember that you should complete the questionnaire on the same day as you take the saliva. Please read all the instructions carefully before you start. Each part of the questionnaire has its own set of instructions. Please complete this questionnaire on your own. There are no 'right' or 'wrong' answers, just answer according to how you think and feel. All responses will be kept strictly confidential.

Thank you for taking part in this study!

Twin ID:

1. Saliva Sample

Please do not collect your saliva sample if you have had any dental work done in the last 2 days.

In order to get the best possible sample, please:

- do NOT eat 60 minutes before giving the sample
- do NOT brush your teeth 45 minutes before giving the sample
- do NOT drink 30 minutes before giving the sample

Please complete the questionnaire on the same day you take your saliva sample

How to collect your saliva sample:

It is important that you time how long it takes you to collect the saliva sample. You can use the stopwatch on your mobile phone, on your watch, or one on the Internet, e.g. at this web address: www.online-stopwatch.com. It does not matter how fast or slow you are - there is no 'right' or 'wrong' time.

1. Please **rinse your mouth** out with water to remove any food debris **10 minutes before** giving the sample **Do not eat or drink anything after this point until you finish saliva collection.**
2. Take out the drinking straw and container (in the envelope with the questionnaire).
3. Set your stopwatch to **00.00**
4. **Press 'Start' on the stopwatch to start collecting saliva.** Saliva is collected by spitting/drooling till the plastic tube is filled.
5. With your head tilted forward, **allow the saliva to pool in the mouth.** Some people find it helpful to imagine eating their favorite food.
6. With your head tilted forward, **drool down through the straw** so the saliva collects in the container.
5. Allow the saliva to collect in your mouth and drool down the straw until the container is full.
6. **Press 'Stop' on your stopwatch.**
6. Put the cap on the container and **place the container in the fridge** as soon as the sample is collected and leave there until collected by the courier.
7. Record how long it took you to collect the saliva sample in the space below:

Time to collect saliva sample:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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mins : secs

2. Body Temperature

How to measure your temperature:

Opening thermometer package

Fold along the perforation and tear off a single thermometer Strip. Peel back the top of wrapper to expose the handle of the thermometer. Remove it by pulling on the handle. **DO NOT touch the dotted end!**

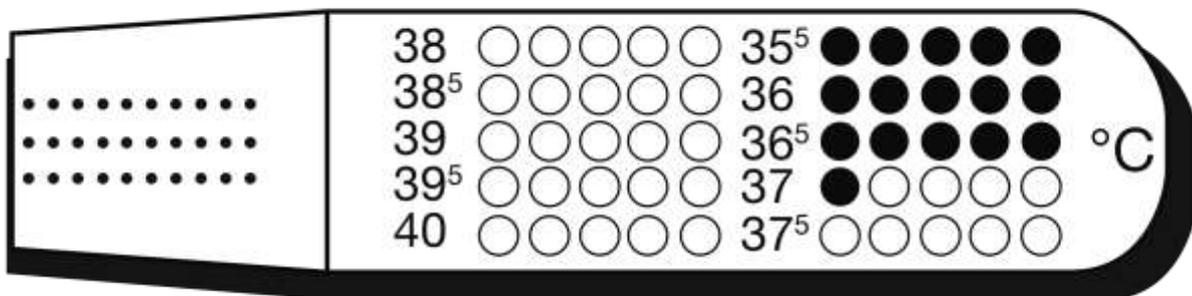
Taking your temperature

Place the dotted end of the thermometer into your mouth, under the tongue, as far back as possible. Lips should touch the middle of the "TempaDot" logo. Press your tongue down onto the thermometer whilst keeping your mouth closed.

Wait 60 seconds, then remove the thermometer from your mouth.
(Retake if left in mouth for over 2 minutes)

Reading and recording temperature

After removing the thermometer, **wait 10 seconds before reading**. The last blue dot on the matrix of your thermometer indicates your body temperature (see diagram below)



This example reads 37.0°C.

Record your body temperature in the space below:

My body temperature:

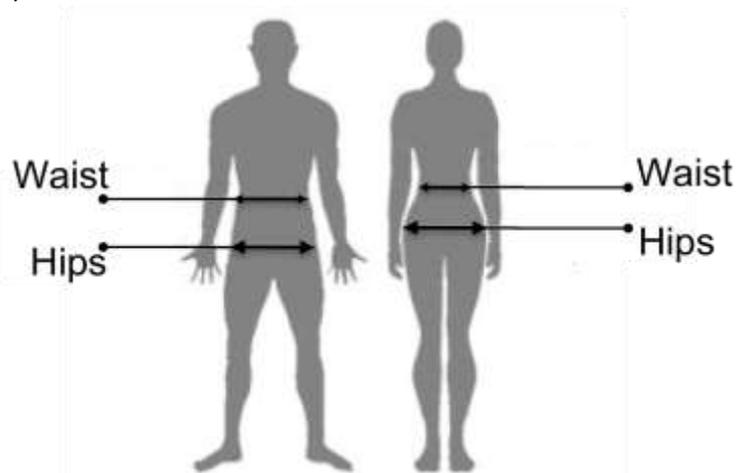
. °C

3. Body Composition

How to measure your waist and hips:

Please use the tape measure enclosed with the questionnaire and follow the instructions below. For this part, you can get someone to help you.

1. Remove any loose clothing (e.g. jumpers, cardigans), and stand upright.
2. To locate your waist, find the narrowest part of your middle between your hips and ribcage (see picture below)
3. Breathe in, breathe out and relax, then wrap the tape measure around your waist. Record the distance around your waist to the nearest centimetre or inch (in the box below the picture).
4. To locate your hips, find the widest part between your waist and the upper part of your leg (see picture below).
5. Wrap the tape measure around your hips. Record the distance around your hips to the nearest centimetre or inch (in the box below the picture).



Waist			
Distance around waist	EITHER	In centimetrescm
	OR	In inchesinches

Hips			
Distance around hips	EITHER	In centimetrescm
	OR	In inchesinches

Height			
How tall are you?	EITHER	Height incm
	OR	feet, and inches

Weight			
How much do you weigh?	EITHER	Weight inkg
	OR	stones, and pounds

4. For each of the following statements and/or questions, please tick the point on the scale that you feel is most appropriate in describing you

In general, I consider myself:

1	2	3	4	5	6	7
Very unhappy			Neutral			Very happy
<input type="checkbox"/>						

Compared to most of my peers, I consider myself:

1	2	3	4	5	6	7
Less happy			Average			More happy
<input type="checkbox"/>						

Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this describe you?

1	2	3	4	5	6	7
Not at all			Mixed			A great deal
<input type="checkbox"/>						

Some people are generally not very happy. Whatever is going on, they never seem as happy as they might be. To what extent does this describe you?

1	2	3	4	5	6	7
Not at all			Mixed			A great deal
<input type="checkbox"/>						

	I agree a lot	I agree a little	I neither agree nor disagree	I disagree a little	I disagree a lot
In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Below are words that describe personality traits. Please select where you fall on the scale from high to low

		High	←		→	Low
Anxiousness:	(fearful, apprehensive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(relaxed, unconcerned, cool)
Angry Hostility:	(angry, bitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(even-tempered)
Depressiveness:	(pessimistic, glum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(optimistic)
Self-consciousness:	(timid, embarrassed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(self-assured, glib, shameless)
Impulsivity:	(tempted, spontaneous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(controlled, restrained)
Vulnerability:	(helpless, fragile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(fearless, unflappable)
Warmth:	(pleasant, affectionate, welcoming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(cold, aloof, indifferent)
Gregariousness:	(sociable, outgoing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(withdrawn, isolated)
Assertiveness:	(dominant, forceful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(unassuming, quiet, resigned)
Activity:	(vigorous, energetic, active)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(passive, lethargic)
Excitement-Seeking:	(reckless, daring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(cautious, monotonous, dull)
Positive Emotions:	(high-spirited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(placid, anhedonic)
Fantasy:	(dreamer, unrealistic, imaginative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(practical, concrete)
Aesthetics:	(curious, appreciate art)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(uninvolved, no artistic interests)
Feelings:	(self-aware, constricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(unaware, alexithymic)
Actions:	(unconventional, eccentric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(routine, predictable, habitual, stubborn)
Ideas:	(strange, odd, peculiar, creative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(pragmatic, rigid)
Values:	(permissive, broad-minded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(traditional, inflexible, dogmatic)
Trust:	(gullible, naïve, trusting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(skeptical, cynical, suspicious, paranoid)
Straightforwardness:	(confiding, honest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(cunning, manipulative, deceptive)
Altruism:	(sacrificial, giving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(stingy, selfish, greedy, exploitative)
Compliance:	(docile, cooperative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(oppositional, combative, aggressive)
Modesty:	(meek, self-effacing, humble)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(confident, boastful, arrogant)
Tender-Mindedness:	(soft, empathetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(tough, callous, ruthless)
Competence:	(perfectionist, efficient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(lax, negligent)
Order:	(methodical, organized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(haphazard, disorganized, sloppy)
Dutifulness:	(rigid, reliable, dependable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(casual, undependable)
Achievement:	(workaholic, ambitious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(aimless, desultory)
Self-Discipline:	(diligent, dogged, devoted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(hedonistic, negligent)
Deliberation:	(cautious, ruminative, reflective)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(hasty, careless, rash)

6. The questions in this scale ask you about your feelings and thoughts. For each question please indicate how often you have felt or thought a certain way during the last month.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
How often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/>				
How often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>				
How often have you felt nervous and "stressed"?	<input type="checkbox"/>				
How often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>				
How often have you felt that things were going your way?	<input type="checkbox"/>				
How often have you found that you could not cope with all the things that you had to do?	<input type="checkbox"/>				
How often have you been able to control irritations in your life?	<input type="checkbox"/>				
How often have you felt that you were on top of things?	<input type="checkbox"/>				
How often have you been angered because of things that were outside of your control?	<input type="checkbox"/>				
How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>				

7. How true are the following statements when you think about your feelings and behaviours over the last two weeks?

	Not true/ hardly ever true	Somewhat true	Very true/ often true
When I feel frightened, it is hard to breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get headaches when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like to be with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared if I sleep away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about other people liking me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel like passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I follow my mother and father wherever they go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that I look nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nervous with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true/ hardly ever true	Somewhat true	Very true/ often true
I get stomach aches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel like I am going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about being as good as other young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel like things are not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nightmares about something bad happening to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, my heart beats fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get shaky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nightmares about something bad happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about things working out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I sweat a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a worrier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get really frightened for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid to be alone in the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to talk with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel like I am choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People tell me that I worry too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not like to be away from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of having anxiety (or panic) attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that something bad might happen to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel shy with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about what is going to happen in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel like throwing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about how well I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am scared to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about things that have already happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get frightened, I feel dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true/ hardly ever true	Somewhat true	Very true/ often true
I feel nervous when I am with other people and have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please answer the following questions relating to your usual sleep habits during the past month. Please tick the category that best describes your sleeping patterns for the *majority* of days and nights in the past month.

When have you usually gone to bed at night?	8 pm – 9 pm	<input type="checkbox"/>
	9 pm – 10 pm	<input type="checkbox"/>
	10 pm – 11 pm	<input type="checkbox"/>
	11 pm – 12 am	<input type="checkbox"/>
	12 am – 1 am	<input type="checkbox"/>
	Later than 1 am	<input type="checkbox"/>
How long (in minutes) has it usually taken you to fall asleep each night?	Less than 5 min	<input type="checkbox"/>
	5 – 10 min	<input type="checkbox"/>
	10 – 15 min	<input type="checkbox"/>
	15 – 20 min	<input type="checkbox"/>
	20 – 30 min	<input type="checkbox"/>
	Longer than 30 min	<input type="checkbox"/>
When have you usually gotten up in the morning?	Earlier than 6 am	<input type="checkbox"/>
	6 am – 7 am	<input type="checkbox"/>
	7 am – 8 am	<input type="checkbox"/>
	8 am – 9 am	<input type="checkbox"/>
	Later than 9 am	<input type="checkbox"/>
How many hours of <i>actual sleep</i> did you get at night? (This may be different from the number of hours you spend in bed.)	Less than 5 hours	<input type="checkbox"/>
	5 – 6 hours	<input type="checkbox"/>
	6 – 7 hours	<input type="checkbox"/>
	7 – 8 hours	<input type="checkbox"/>
	8 – 9 hours	<input type="checkbox"/>
	9 – 10 hours	<input type="checkbox"/>
	More than 10 hours	<input type="checkbox"/>

9. Young people have a variety of different thoughts and feelings. Please tick the box that best describes your feelings during the past two weeks.

	Not true	Quite true	Very true
I felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt so tired I just sat around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was no good any more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hated myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that nobody really loved me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I could never be as good as others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Below is a list of statements. Please read each statement and rate how strongly you agree or disagree based on your feelings over the last month

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
My life is going well.	<input type="checkbox"/>					
My life is just right.	<input type="checkbox"/>					
I would like to change many things in my life.	<input type="checkbox"/>					
I wish I had a different kind of life.	<input type="checkbox"/>					
I have a good life.	<input type="checkbox"/>					
I have what I want in life.	<input type="checkbox"/>					
My life is better than most people's	<input type="checkbox"/>					

11. Please tick the appropriate box to tell us about any health problems or any medication you are taking.

Health problems	Yes				No
	Today	Last week	Last 14 days	Last month	
Infection (e.g., fever, cold, flu, persistent cough, sore throat, eye pain, ear pain, diarrhoea)	<input type="checkbox"/>				
Trauma (major bruising, sprains, dislocated or broken bone)	<input type="checkbox"/>				
Dental problems (bleeding gum, tooth ache, dentist visit)	<input type="checkbox"/>				
Other health problems (please specify below)	<input type="checkbox"/>				
Any medication (please specify below)	<input type="checkbox"/>				

12. Puberty

The following questions are about the normal physical changes that happen to your body at puberty. Please tick the box that best describes you. If you feel uncomfortable in any way about answering any of these questions, simply leave them blank and move on to the next section.

	Not yet begun	Barely begun	Definitely begun	Completed	Not sure
Would you say that your growth spurt (more growth than usual) has started?	<input type="checkbox"/>				
Would you say that your body hair (underarm & pubic) growth has started?	<input type="checkbox"/>				
Has your skin begun to change?	<input type="checkbox"/>				

	Male	Female
Please tick to show whether you are male or female	<input type="checkbox"/>	<input type="checkbox"/>

If you are **MALE**, please answer section **A** on the next page

If you are **FEMALE**, please answer section **B** on the next page

Section A – MALES ONLY

	Not yet begun	Barely begun	Definitely begun	Completed	Not sure
Has your voice begun to deepen?	<input type="checkbox"/>				
Have you begun to grow hair on your face?	<input type="checkbox"/>				

Section B – FEMALES ONLY

	Not yet begun	Barely begun	Definitely begun	Completed	Not sure
Have your breasts begun to grow?	<input type="checkbox"/>				

	Yes	No
Have you begun to menstruate (to have monthly periods?)	<input type="checkbox"/>	<input type="checkbox"/>

	Tick the year of your first period	Tick the month of your first period
If you have begun to menstruate, what was the year and month of your first menstruation?	2002 <input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/>
	2003 <input type="checkbox"/>	Mar <input type="checkbox"/> Apr <input type="checkbox"/>
	2004 <input type="checkbox"/>	May <input type="checkbox"/> Jun <input type="checkbox"/>
	2005 <input type="checkbox"/>	Jul <input type="checkbox"/> Aug <input type="checkbox"/>
	2006 <input type="checkbox"/>	Sep <input type="checkbox"/> Oct <input type="checkbox"/>
	2007 <input type="checkbox"/>	Nov <input type="checkbox"/> Dec <input type="checkbox"/>
	2008 <input type="checkbox"/>	
	2009 <input type="checkbox"/>	
	2010 <input type="checkbox"/>	
	2011 <input type="checkbox"/>	

Please, make sure that you have written down the **time it took to collect the saliva sample** and recorded your **body temperature** on page 2 and 3.

Thank you again for taking part in this study!