



Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

## BLOOD COLLECTION FORM

**This form collects important information about your blood collection. If you answer “Yes” to any of the questions below, fill in the corresponding square using a pencil or a blue or black pen.**

**For example:**



**Correct**



**Incorrect**



**Incorrect**

**YES**

- ☐ Did you complete blood collection within 15 minutes?
- ☐ Did you collect blood from your ring finger?
- ☐ Did you collect blood from your middle finger?
- ☐ Did you wipe your fingers(s) with an alcohol pad prior to collection?
- ☐ Did you find the instructions difficult to understand?
- ☐ Did you have difficulty poking your finger(s) with the lancet?
- ☐ Did you have difficulty getting blood to flow from your finger(s)?
- ☐ Did you squeeze your finger(s) to increase blood flow?
- ☐ Did you have difficulty filling all three tubes with blood?

