

DATE: \_\_\_\_\_  
 ID # \_\_\_\_\_

**HSB STUDY DATA COLLECTION-VISIT #1**

<b>ID Number</b>	Yes	No
<b>Own Cigarette Brand</b>	_____	
<b>Valid ID</b>	Yes	No
<b>Time Last Smoked</b>	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	(no time limit)
<b>Consent Form</b>	Yes	No
<b>Collect 4 Cigarette Butts from Home</b>	Yes	No
<b>Smoking History Questionnaire</b>	Yes	No
<b>Collect Urine Sample</b>	Yes	No

**LIFESHIRT:** Give participant appropriate-sized vest (women need not remove undergarments)

Apply Electrodes (if needed)	Yes	No
Explain event marker	Yes	No
Confirm system works properly	Yes	No
<b>Collect 2 Saliva Samples</b>	Yes	No

**PATIENT MONITOR**

Apply Electrodes (if needed)	Yes	No
Apply blood pressure cuff	Yes	No
Place finger in SPO2 sensor	Yes	No
Confirm system works properly	Yes	No

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0736)

DATE: \_\_\_\_\_  
ID # \_\_\_\_\_

**HSB STUDY DATA COLLECTION-VISIT #1 (CONTINUED)**

**Blood Pressure** \_\_\_\_\_

**Heart Rate** \_\_\_\_\_

**BPM**

**Carbon Monoxide**

LEVEL: \_\_\_\_\_

TIME:

\_\_\_\_:\_\_\_\_  AM  PM

***Prior to smoking, turn on video camera, have participant hold card with ID number, date and time for a couple of seconds***

***Remind participant to press the even marker EVERYTIME they take a puff***

**CRESS – Begin smoking**

Start TIME:

\_\_\_\_:\_\_\_\_  AM  PM

**CRESS – Finish smoking**

Stop TIME:

\_\_\_\_:\_\_\_\_  AM  PM

***After smoking, have participant press event marker three times in a row***

**Blood Pressure** \_\_\_\_\_

**Heart Rate** \_\_\_\_\_

**BPM**

**Carbon Monoxide**

LEVEL: \_\_\_\_\_

TIME:

\_\_\_\_:\_\_\_\_  AM  PM

**Length of Subject's Own Brand**  
(filter and overwrap) \_\_\_\_\_ mm

**Length of entire cigarette** \_\_\_\_\_ mm

**UPC Number** \_\_\_\_\_

**Reimburse**

Amount

\$ \_\_\_\_\_

***Address questions; provide cessation info if requested and thank.***

**NOTES:**

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DATE: \_\_\_\_\_  
 ID # \_\_\_\_\_

**HSB STUDY DATA COLLECTION-VISIT #2**

<b>ID Number</b>	Yes	No
<b>Own Cigarette Brand</b>	_____	
<b>Valid ID</b>	Yes	No
<b>Time Last Smoked</b>	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	(no time limit)
<b>Consent Form</b>	Yes	No
<b>Collect 4 Cigarette Butts from Home</b>	Yes	No
<b>Smoking History Questionnaire</b>	Yes	No
<b>Collect Urine Sample</b>	Yes	No

**LIFESHIRT:** Give participant appropriate-sized vest (women need not remove undergarments)

Apply Electrodes (if needed)	Yes	No
Explain event marker	Yes	No
Confirm system works properly	Yes	No
<b>Collect 2 Saliva Samples</b>	Yes	No

**PATIENT MONITOR**

Apply Electrodes (if needed)	Yes	No
Apply blood pressure cuff	Yes	No
Place finger in SPO2 sensor	Yes	No
Confirm system works properly	Yes	No

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0736)

DATE: \_\_\_\_\_  
ID # \_\_\_\_\_

**HSB STUDY DATA COLLECTION-VISIT #2 (CONTINUED)**

**Blood Pressure** \_\_\_\_\_

**Heart Rate** \_\_\_\_\_

**BPM**

**Carbon Monoxide**

LEVEL: \_\_\_\_\_

TIME:

\_\_\_\_:\_\_\_\_  AM  PM

***Prior to smoking, turn on video camera, have participant hold card with ID number, date and time for a couple of seconds***

***Remind participant to press the even marker EVERYTIME they take a puff***

**CRESS – Begin smoking**

Start TIME:

\_\_\_\_:\_\_\_\_  AM  PM

**CRESS – Finish smoking**

Stop TIME:

\_\_\_\_:\_\_\_\_  AM  PM

***After smoking, have participant press event marker three times in a row***

**Blood Pressure** \_\_\_\_\_

**Heart Rate** \_\_\_\_\_

**BPM**

**Carbon Monoxide**

LEVEL: \_\_\_\_\_

TIME:

\_\_\_\_:\_\_\_\_  AM  PM

**Length of Subject's Own Brand**  
(filter and overwrap) \_\_\_\_\_ mm

**Length of entire cigarette** \_\_\_\_\_ mm

**UPC Number** \_\_\_\_\_

**Reimburse**

Amount

\$ \_\_\_\_\_

***Address questions; provide cessation info if requested and thank.***

**NOTES:**

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