

DATE: _____
 ID # _____

HSB STUDY DATA COLLECTION-VISIT #1

ID Number	Yes	No
Own Cigarette Brand	_____	
Valid ID	Yes	No
Time Last Smoked	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	(no time limit)
Consent Form	Yes	No
Collect 4 Cigarette Butts from Home	Yes	No
Smoking History Questionnaire	Yes	No
Collect Urine Sample	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
Collect 2 Saliva Samples	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 _____ mm
(filter and overwrap)

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

ID Number	Yes	No
Own Cigarette Brand	_____	
Valid ID	Yes	No
Time Last Smoked	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	(no time limit)
Consent Form	Yes	No
Collect 4 Cigarette Butts from Home	Yes	No
Smoking History Questionnaire	Yes	No
Collect Urine Sample	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
Collect 2 Saliva Samples	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

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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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