Project DC-STEP | Face Sheet

Put ID Label here

SECTION A: Initiate Contact

Recruitment Site: _____ **Participant's name**: _____

Address: _____ **Apt #** _____

City: _____ **State**: _____ **Zip**: _____

Phone Numbers: Home _____ ☐ Work _____ ☐

Check Box **if OK to leave a message.**

Cell _____ ☐ Other _____ ☐

Best Times to Call: _____

Baby's Due Date: |___|___| - |___|___| - 2 0 0 |___| **Expected Delivery Site**: _____
(MM-DD-YYYY)

Date of ACASI Consent: |___|___| - |___|___| - 2 0 0 |___| **Birth Date**: |___|___| - |___|___| - 19 |___| |___|
(and ACASI HIPAA form) (MM-DD-YYYY) (MM-DD-YYYY)

SECTION B: A-CASI Screening Results

☐1 **Eligible for NRT** → CONSENT, THEN COMPLETE **SECTIONS C** AND **E**

☐2 **Eligible for ETS** → CONSENT, THEN COMPLETE **SECTIONS C** AND **D**

☐3 **Potential ETS in future** → RECORD ELIGIBILITY DATE RANGE: _____,
GIVE RESCREENING CARD, THEN END.

☐4 **Break-Off** →→→→→ → → →→

☐5 **Eligibility not determined** →→→

☐6 **Not Eligible for either** → END.

RECORD A-CASI ID: _____,

LAPTOP #_____,

DATE TO COMPLETE ACASI: _____,
THEN CONTINUE A-CASI WHEN APPROPRIATE.

☐7 **Potential NRT in future** → RECORD ELIGIBILITY DATE RANGE: _____,
GIVE RESCREENING CARD, THEN END.

SECTION C: Complete Participant Contact Information

Other Contact numbers:	Name:	Relationship:	Phone Number:	
1.	_____	_____	_____	☐
2.	_____	_____	_____	☐
3.	_____	_____	_____	☐

SECTION D: ETS study only

ETS Consent Results:

NOTE: Includes Medical Record Release Form and main study HIPAA form

☐1 Yes → Date |___|___| - |___|___| - 2 0 0 |___| (MM-DD-YYYY):

☐2 Refused → Specify reason _____

☐3 Other/Final → Specify reason _____

☐4 Pending → Specify reason _____

Administer Smoking Q? ☐1 Yes ☐2 No → EXPLAIN WHY _____

Bio-Markers Collected?

☐1 Saliva → SEND TO GW LAB *A.S.A.P.*

☐2 Urine → SEND TO GW LAB

☐3 Urine dipstick → RESULTS _____

IF ANY NOT COLLECTED, EXPLAIN WHY _____

Appt Date/Time or Best Time for BL Telephone Q: _____ **BL Home Visit:** _____

SECTION E: NRT study only

NRT Consent Results:

NOTE: Includes Medical Record Release Form and main study HIPAA form

☐1 Yes → Date |___|___| - |___|___| - 2 0 0 |___| (MM-DD-YYYY):

☐2 Refused → Specify reason _____

☐3 Other/Final → Specify reason _____

☐4 Pending → Specify reason _____

Intervention given? ☐1 Yes ☐2 No → EXPLAIN WHY _____

Administer Smoking Q? ☐1 Yes ☐2 No → EXPLAIN WHY _____

Bio-Markers Collected?

☐1 Saliva → SEND TO GW LAB *A.S.A.P.*

☐2 Urine → SEND TO GW LAB

☐3 Urine dipstick → RESULTS _____

☐4 CO → RESULTS _____

IF ANY NOT COLLECTED, EXPLAIN WHY _____

Appt Date/Time or Best Time for BL Telephone Q:_____

Schedule Visit 2: DATE _____ TIME _____ LOCATION: _____

ETS and NRT: ENTERED FACE SHEET INTO DMS? ☐
RA Name_____ **Date entered:** |___|___| - |___|___| - 2 0 0 |___| (MM-DD-YYYY)

NOTES: