DC-STEP: Healthy Infants and Mothers Program

Nicotine Monitor
DROP-OFF/PICK-UP FORM

SUBJECT ID LABEL

A. DROP OFF INFORMATION

1. DROP-OFF ASSESSMENT: 1☐HV 1a (pre-delivery) 2☐HV 2a (6-week PP) 3☐HV 3a (6-month PP) 4☐HV 4a (12-month PP)
2. MONITORS DROPPED OFF? 1☐ YES 2☐ NO → 2a. SPECIFY REASON AND END:_____
3. DROP OFF DATE: |___|___| - |___|___| - |___|___|___|___|
   mm dd yyyy

	A. Primary Monitor	B. Duplicate Monitor	C. Blank Monitor	D. Long Term Monitor	E. Extra Monitor # 1	F. Extra Monitor # 2
4. Was this monitor placed?	1☐YES 2☐NO→GO TO B	1☐YES 2☐NO→GO TO C	1☐YES 2☐NO→GO TO D	1☐YES 2☐NO→GO TO E	1☐YES 2☐NO→GO TO F	1☐YES 2☐NO→GO TO SEC C
5. JHU Monitor ID #						
*6. Map Code #	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|
*7. Room Code #	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|
8. Time Opened (24-hour clock)	|__|__|: |__|__|	|__|__|: |__|__|	|__|__|: |__|__|	|__|__|: |__|__|	|__|__|: |__|__|	|__|__|: |__|__|
9. Time Closed (24-hour clock)			|__|__|: |__|__|			

B. PICK UP INFORMATION

1. PICK-UP ASSESSMENT: 1☐HV 1b (pre-delivery) 2☐HV 2b (6-week PP) 3☐HV 3b (6-month PP) 4☐HV 4b (12-month PP)
2. MONITORS PICKED UP? 1☐ YES 2☐ NO → 2a. SPECIFY REASON AND END:_____
3. PICK UP DATE: |___|___| - |___|___| - |___|___|___|___|
   mm dd yyyy

4. Did you check this monitor?				1☐ YES 2☐ NO		
5. Was this monitor picked up?	1☐YES 2☐NO→GO TO B	1☐YES 2☐NO→GO TO D		1☐YES 2☐NO→GO TO E	1☐YES 2☐NO→GO TO F	1☐YES 2☐NO→GO TO SEC D
6. Remained in same location in room?	1☐YES 2☐ NO	1☐YES 2☐ NO		1☐YES 2☐NO	1☐YES 2☐ NO	1☐YES 2☐NO
7. Time Closed (24-hour clock)	|__|__|: |__|__|	|__|__|: |__|__|		|__|__|: |__|__|	|__|__|: |__|__|	|__|__|: |__|__|

*REFER TO LIST OF ROOMS ON BASELINE OR POSTPARTUM NICOTINE MONITOR PLACEMENT/SAFETY OBSERVATION DETERMINATION FORM.

SECTION C. MONITOR DROP OFF

Use the following symbols to draw the room where the Primary Monitor in Column A above was placed (should be same place for Duplicate/Blank) and where the Long Term & Extra Monitor in Columns D-F above were placed.

	SYMBOL	WRITE IN PARENTHESES NEXT TO EACH SYMBOL WHAT TYPE THEY ARE: i.e., (O)
Doors in Room		(I) indoor (O) outdoor opening
Windows in Room		(I) indoor (O) outdoor opening
Air Monitors	X	(P) Primary, (D) Duplicate (B) Blank (LTM) Long Term Monitor (E) Extra Monitor

1. PRIMARY MONITOR

2. LONG TERM AND EXTRA MONITOR

a. Map Code #: |___|___| |___|___|

b. Number of (I) Doors: |___|___| |___|___|

c. Number of (O) Doors: |___|___| |___|___|

d. Number of (I) Windows: |___|___| |___|___|

e. Number of (O) Windows: |___|___| |___|___|

f. Type of Air Conditioning System: |___| |___|
1.....Central Air
2.....Window
3.....None

g. Room Dimensions:
(1) Length |___|___|ft |___|___| in. |___|___|ft |___|___| in.
(2) Width |___|___|ft |___|___| in. |___|___|ft |___|___| in.
(3) Height |___|___|ft |___|___| in. |___|___|ft |___|___| in.

3. Is the Long-Term Monitor in the same location as the last visit? 1☐Yes 2☐No -7☐N/A

4. Monitors dropped off by: _____

5. Comments: _____

_____

_____

SECTION D. MONITOR PICK UP

1. Were there any problems collecting air monitors?

   1 ☐ Yes → EXPLAIN:_____

   2 ☐ No

2. Did participant have any problems with air monitors during time interval (e.g., fell down, kids picked up)?

   1 ☐ Yes → EXPLAIN: _____

   2 ☐ No

3. Monitors collected by: _____

4. Comments: _____

   _____

   _____

   _____