

ENVIRONMENTAL MONITORS (INCLUDING DUST COLLECTION KIT) SETUP CALL

ID NUMBER:									
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FORM CODE: ESC
VERSION: 2.0 12/11/2025

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's Environmental Monitors and Dust Collection Kit Setup Call.

Environmental Monitors

1) Did you set up the Environmental Monitors according to the instructions received before this set up call?

☐ No₀ → **Go to 4**

☐ Yes₁

2) In what room in your home did you set up the Environmental Monitors?

☐ Bedroom₁

☐ Kitchen₂

☐ Living / Family Room₃

☐ Basement₄

☐ Dining Room₅

☐ Study / Den / Office₆

☐ Other₇

2a) Other, please be specific: _____

3) Is this the room where you spend most of your time while you are awake?

☐ No₀

☐ Yes₁ → **Go to 5**

4) In what room in your home do you spend most of your time while you are awake?

☐ Bedroom₁

☐ Kitchen₂

☐ Living / Family Room₃

☐ Basement₄

☐ Dining Room₅

☐ Study / Den / Office⁶

☐ Other⁷

4a) Other, please be specific: _____

Instructions: Ask the participant to set up the Environmental Monitors in the room indicated in question 4 above. If the participant set up the Environmental Monitors before this set up call, complete questions 5 through 16 below by asking the participant when they set it up. If they did not set up the Environmental Monitors before this set up call, then enter the current date and time in questions 5 through 16 after providing instructions over the phone.

5) Air Nicotine Indoor **Primary** Monitor start date: / /

6) Air Nicotine Indoor **Primary** Monitor approximate start time: : AM₁ / PM₂

7) Participant was shipped or given an Air Nicotine **Blank**.

☐ No₀ = EST item 2 = No

☐ Yes₁ = EST item 2 = Yes

8) Participant was shipped or given an Air Nicotine **Duplicate**.

☐ No₀ = EST item 3 = No → Go to 11

☐ Yes₁ = EST item 3 = Yes

9) Air Nicotine Indoor **Duplicate** Monitor start date: / /

10) Air Nicotine Indoor **Duplicate** Monitor approximate start time: : AM₁ / PM₂

11) NO₂ Indoor **Primary** Monitor start date: / /

12) NO₂ Indoor **Primary** Monitor approximate start time: : AM₁ / PM₂

13) Participant was shipped or given an NO₂ **Blank**.

☐ No₀ = EST item 4 = No

☐ Yes₁ = EST item 4 = Yes

14) Participant was shipped or given an NO₂ **Duplicate**.

☐ No₀ = EST item 5 = No → Go to END

☐ Yes₁ = EST item 5 = Yes

15) NO₂ Indoor **Duplicate** Monitor start date: / /

16) NO₂ Indoor **Duplicate** Monitor approximate start time: : AM₁ / PM₂

Dust Collection Kit

17) Did you collect the dust sample according to the instructions received before this set up call?

☐ No₀ → **Ask the participant to collect the dust sample according to the instructions received and**

Go to END.

☐ Yes₁

☐ N/A₂ (i.e., dust collection kit was not shipped to the participant) → **Go to END**

18) From what room(s) in your home did you collect the dust sample? PLEASE CHECK ALL THAT APPLY.

☐ Bedroom₁

☐ Kitchen₂

☐ Living / Family Room₃

☐ Basement₄

☐ Dining Room₅

☐ Study / Den / Office₆

☐ Other₇

18a7a) Other, please be specific: _____

19) Dust collection date: / /

END OF FORM