

CRF Report for Study E7694105D

Report run by Brian Saari at 25-FEB-2013 12:18:41

Report Parameters

Site: P3880_0342

Discrepancy status choice: All statuses

Approval status choice: All statuses

Verification status choice: All statuses

Starting patient: R4098

Ending patient: R4098

Legend: How different values appear in the report

Prompt	Abc 123
Data value	Abc 123
Data value with discrepancy	Abc 123

All time stamps displayed in this report are in the timezone of the database server.

The data contained in this report is current at the time of printing (time as shown above)

Initials:

(b)

Subject #:

R4098

WEEK 1

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: 14-JUL-2009

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average 20 cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) 10

Small (0.5g) 15

6. I have experienced the following Adverse Events:

NONE

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_1 (v1, 25-MAR-2009)

Document Number R289855813

Initials:

(b)

Subject #:

R4098

WEEK 2

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: 21-JUL-2009

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average 20 cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) 20

Small (0.5g) 10

6. I have experienced the following Adverse Events:

NONE

7. I think the Adverse Event is related to the snus product:

Correct
 Incorrect
 Don't Know
 I have not experienced an Adverse Event

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Page Version No. WEEK_2 (v1, 25-MAR-2009)

Document Number R289856013

Initials:

(b)

Subject #:

R4098

WEEK 3

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: 28-JUL-2009

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average 16 cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) 20

Small (0.5g) 20

6. I have experienced the following Adverse Events:

NONE

7. I think the Adverse Event is related to the snus product:

Correct
 Incorrect
 Don't Know
 I have not experienced an Adverse Event

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Page Version No. WEEK_3 (v1, 25-MAR-2009)

Document Number R289856113

Initials:

(b)

Subject #:

R4098

WEEK 4

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: 04-AUG-2009

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average 15 cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) 15

Small (0.5g) 20

6. I have experienced the following Adverse Events:

NONE

7. I think the Adverse Event is related to the snus product:

Correct
 Incorrect
 Don't Know
 I have not experienced an Adverse Event

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Page Version No. WEEK_4 (v1, 25-MAR-2009)

Document Number R289856313

Initials:

(b)

Subject #:

R4098

WEEK 5

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: 11-AUG-2009

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average 20 cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) 10

Small (0.5g) 20

6. I have experienced the following Adverse Events:

NONE

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_5 (v1, 25-MAR-2009)

Document Number R289856413

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Initials:

(b) _____

Subject #:

R4098

WEEK 6

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_6 (v1, 25-MAR-2009)

Document Number R289856513

Initials:

(b) _____

Subject #:

R4098

WEEK 7

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_7 (v1, 25-MAR-2009)

Document Number R289856613

Initials:

(b) _____

Subject #:

R4098

WEEK 8

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_8 (v1, 25-MAR-2009)

Document Number R289856713

Initials:

(b)

Subject #:

R4098

WEEK 9

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion:

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g)

Small (0.5g)

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_9 (v1, 25-MAR-2009)

Document Number R289856813

Initials:

(b) _____

Subject #:

R4098

WEEK 10

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_10 (v1, 25-MAR-2009)

Document Number R289856913

Initials:

(b) _____

Subject #:

R4098

WEEK 11

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_11 (v1, 25-MAR-2009)

Document Number R289857013

Initials:

(b) _____

Subject #:

R4098

WEEK 12

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_12 (v1, 25-MAR-2009)

Document Number R289857113

Initials:

(b)

Subject #:

R4098

WEEK 13

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion:

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g)

Small (0.5g)

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

Verified Approved Locked Frozen

Page Version No. WEEK_13 (v1, 25-MAR-2009)

Document Number

Initials:

(b) _____

Subject #:

R4098

WEEK 14

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

Verified Approved Locked Frozen

Page Version No. WEEK_14 (v1, 25-MAR-2009)

Document Number R289857313

Initials:

(b) _____

Subject #:

R4098

WEEK 15

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g) _____

Small (0.5g) _____

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

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Page Version No. WEEK_15 (v1, 25-MAR-2009)

Document Number R289857413

Initials:

(b)

Subject #:

R4098

WEEK 16

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion:

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify:

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

5. I have consumed on average the following number of snus sachets per day:

Sachet Size:

Large (1g)

Small (0.5g)

6. I have experienced the following Adverse Events:

7. I think the Adverse Event is related to the snus product:

Correct

Incorrect

Don't Know

I have not experienced an Adverse Event

Verified Approved Locked Frozen

Page Version No. WEEK_16 (v1, 25-MAR-2009)

Document Number

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 17

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

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Page Version No. WEEK_17 (v1, 25-MAR-2009)

Document Number R289857613

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 18

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_18 (v1, 25-MAR-2009)

Document Number R289857713

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 19

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_19 (v1, 25-MAR-2009)

Document Number R289857813

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 20

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_20 (v1, 25-MAR-2009)

Document Number R289857913

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 21

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_21 (v1, 25-MAR-2009)

Document Number R289858013

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 22

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_22 (v1, 25-MAR-2009)

Document Number R289858113

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 23

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_23 (v1, 25-MAR-2009)

Document Number R289858213

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 24

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_24 (v1, 25-MAR-2009)

Document Number R289858313

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 25

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_25 (v1, 25-MAR-2009)

Document Number R289858413

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 26

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

Verified Approved Locked Frozen

Page Version No. WEEK_26 (v1, 25-MAR-2009)

Document Number R289858513

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 27

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

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Page Version No. WEEK_27 (v1, 25-MAR-2009)

Document Number R289858613

Initials:

(b) _____

Subject #:

R4098

FOLLOW-UP WK 28

Is Blank

STUDY PRODUCT USE DIARY

During the past week:

Date of completion: _____

1. I have not smoked any cigarettes at all during the past week (1 or 2 puffs = 1 cigarette)

Correct Incorrect

2. I have smoked on average _____ cigarettes per day

3. I have smoked tobacco products other than cigarettes:

No Yes-please specify: _____

4. Did you use smokeless tobacco products, nicotine-containing products (e.g., gum or patch), or other smoking cessation products this week?

Yes No

If yes, what type (smokeless tobacco, pharmaceutical nicotine replacement products [gum / patch / other], other nicotine products [e.g., lozenges])?

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Page Version No. WEEK_28 (v1, 25-MAR-2009)

Document Number R289858713

Appendix: Audit and Discrepancy Information

Audit History Report

This section lists audited data that meets the parameters set when the report was run. It may not include all of the audited data in a particular CRF. Refer to the documentation for a complete description of the parameters that can affect this report.

Document #: R289856413

Patient Site	Visit Visit Date	CRF CRF Page
R4098 P3880_0342	Week 5	Week_5 05

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Study Diary	Page number	5	Week 5

Group #	Group Name
1	DRUGSCR

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment	
7.	I think the AE is related to the snus (4)	AE	25-JAN-2010 16:20:38 Lana Glaser	Data Entry Error
1				

Discrepancy Detail Report

Deleted CRFs Report