

Version: 12/02/15

Start > Eligibility > Rules > Address > Baseline



**Recruitment Script & Eligibility Screener  
Smoke-Free Homes Intervention  
California Grants Program**

**Date:**

**Recruitment Location/Method:**

List tailored to each site

**Recruiter Name/ID:**

**Recruitment & Eligibility Script:**

We are recruiting households for a Smoke-Free Homes Program. The purpose of this program is to encourage and support healthy homes by reducing exposure to secondhand smoke. We are looking to recruit people who live in households where people smoke cigarettes inside the home at least now and then.

Are there any cigarette smokers living in your home? **Note to interviewer:** This intervention was designed to address cigarette smoking.

**No If no:** Unfortunately, you do not qualify to be in this program. Thank you for your time.  
**Yes If yes:** CONTINUE

The Smoke-Free Homes Program consists of three mailings and one coaching call and is delivered at no cost to you. To participate in the program, you will be asked to participate in the coaching call and answer two brief surveys lasting 10-15 minutes each. These surveys will be conducted at the beginning and end of the program. Your decision to take part or not won't affect your request for services from us.

Participants in the Smoke-Free Homes Program will be provided an incentive consisting of (fill in the blank) after completing each survey and the coaching call.

**Screening & Eligibility:**

First, I will need to ask you some questions to make sure that you are eligible to participate. Is this okay with you?

*If yes, continue.* Thank you.

1. Presently the educational program is only available in English. Are you comfortable

Version: 12/02/15

speaking and understanding English?

- Yes
- No

**If yes, continue to question 2**

**If no: Unfortunately, you do not qualify to be in this program.  
Thank you for your time.**

2. Has anybody in your household previously enrolled in this program?

- No
- Yes

**If no, continue to question 3**

**If yes: Unfortunately, you do not qualify to be in this program.  
Thank you for your time.**

3. Are you 18 years of age or older?

- Yes
- No

**If yes, continue to question 4**

**If no: Unfortunately, you do not qualify to be in this program.  
Thank you for your time.**

4. Do you now smoke cigarettes every day, some days, or not at all?

["Everyday" and "Some days" qualify as smokers; "Not at all" qualify as non-smokers]

- Everyday
- Some days
- Not at all

**If yes, continue to question 4a**

**If yes, continue to question 4a**

**If yes, continue to question 4b**

4a. Is there at least one non-smoker living in your household – this includes children:

- Yes
- No

**If yes, continue to question 5**

**If no: Unfortunately you do not qualify to be in this program.  
Thank you for your time.**

4b. Do you live with a smoker?

- Yes
- No

**If yes, continue to question 5**

**If no: Unfortunately you do not qualify to be in this program.  
Thank you for your time.**

5. Which statement best describes the rules about smoking inside your home? This does *not* include decks or porches. Would you say... **[read responses]**

- There are no rules about smoking inside your home
- Smoking is not allowed anywhere inside your home
- Smoking is allowed in some places or at some times
- Smoking is allowed anywhere inside your home

**If selected, participant is eligible**

**If selected: Unfortunately, you do not qualify to be in this program.  
Thank you for your time.**

**If selected, participant is eligible**

**If selected, participant is eligible**

**If eligible:**

Thank you for answering these questions. You are eligible to participate in the Smoke-Free Homes Program. By enrolling in this program, you will receive three interactive mailings containing educational information about making your home smoke-free along with stickers, signs, a window cling, a comic book story, a newsletter, and much more. **You will also receive a**

Version: 12/02/15

call from a (fill in blank, e.g., Health Educator) to help you in making your home smoke-free. All that at no cost to you!

Additionally, for enrolling in the program and completing the first survey you will receive (fill in the blank—based on local project incentive). After you complete the coaching call you will be sent (fill in the blank—based on local project incentive). After you complete the final survey about three months later, you will receive (fill in the blank—based on local project incentive).

Would you like to participate?

**If no:** Thank you for calling.

**If yes:** CONTINUE

Great, thank you for joining the Smoke-Free Homes Program. Next I'll need your full name and address? **This is the address where all program communications and incentives will be mailed.**

**Fighting Back Partnership:** This is the address where all program communications and gift cards will be mailed.

**UIHS:** This is the address where all program communications and gift cards will be mailed.

First name: \*

Last name: \*

Mailing address: \*

City: \*

State: \*

Zip code: \*

Do you have an alternate address?

*[If yes, enter full address including street, city, state, and zip code.]*

What is the best phone number to reach you?: \*

*Enter the phone number as a 10-digit number without dashes*

Do you have an alternate phone number? This number could be a friend or relative:

*Enter the phone number as a 10-digit number without dashes*

What is an email address where we can reach you? This would be for program related communications only and reminders for the coaching call or follow-up interview

\_\_\_\_\_

May we send you a text message reminder for the follow-up interview? (If yes, confirm the number to which texts should be sent): \*

Yes, primary phone

Yes, alternate phone

No permission to send text

What are the best days of the week to call?: any day Sun Mon Tues Wed Thurs Fri Sat

Version: 12/02/15

What times of day: any time mornings between noon and 5:00 p.m. after 5:00 p.m.

NOTE FOR PROGRAMMER ONLY - Next- GO TO BASELINE SURVEY