

### Telephone Script for Recruitment of MUH Operators in Minnesota, Maine, and Florida

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

Hello,

My name is \_\_\_\_\_ XXXX and I am calling you from Healthy Housing Solutions in Columbia, MD. This is not a sales call. We have been asked by the U.S. Centers for Disease Control and Prevention, or CDC, to study smoke-free policies in apartment complexes. I am calling you because your apartment complex: (specify one of the following based on the apartment complex being contacted):

- Advertises that it has a non-smoking policy for the building;
- Is a federally-subsidized complex subject to US Department of Housing and Urban Development's policies recommending no smoking in common areas the the complex;
- Is operated by a public housing authority with a no-smokng policy for the complex;
- Is located in Minneapolis or St. Paul, MN and is subject to those cities' rules requiring no smoking in common areas of the complex.

I would like to invite a representative of your apartment complex to take part in a study about adopting non-smoking policies in apartment complexes. The goal of this research study is to learn more about how apartment complexes put smoke-free policies in place and what it takes to carry out those policies.

1. Are you the person in charge of the daily operation of this apartment complex?

- Yes (If "Yes", go to Question 2)
- No (If "No", go to Question 1a)

Would you please tell me

1a. Who I may call to obtain contact information for the person who *is* in charge? [END SURVEY with respondent; if information available, contact the appropriate person]

\_\_\_\_\_

2. Do you know what the company policy/policies are regarding smoking in this apartment complex?

Yes (If "Yes", proceed with the interview)

No (If "No", go to Question 2a)

Would you please tell me

2a. Who I may call to obtain contact information for the person who is in charge? [END SURVEY with respondent; if information available, contact the appropriate person]

\_\_\_\_\_

I'd/we'd like to invite you to be a part of this study. If you agree to participate, we will:

- Come to your office on a day and time of your convenience between \_\_\_\_\_ and \_\_\_\_\_, 2012;
- Ask you to read a consent form about your role in the study. If you agree to participate, we will ask you to sign the form;
- Interview you for approximately one hour about your policies and experience with smoke-free units;
- Get copies of any written materials that your apartment complex gives tenants about smoke-free policies (such as lease agreements and statements about charges for damages or costs to renovate a unit that had smokers in it);
- Ask you to show us the outside and common areas of the complex to look at signs for designated smoking and non-smoking areas;
- Ask you to suggest a location to hold focus groups with a group of residents about smoke-free policies in this and other local apartment complexes; and
- Ask you to allow us to post a notice about the focus groups on the community bulletin board or in a newsletter to recruit residents of apartment complexes with smoke-free policies.

At the end of the interview, we will give you a \$50.00 Visa gift card.

You and the apartment complex will not be identified by name in any of the information we use for this study. We will not share the information you give us with senior management from your firm.

Would you like to participate?

- Yes - Thanks for your help!
- No -- *If no, ask the following:*

Do have any questions or concerns that would limit your participation that you would like me to answer?

- Yes

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- No - Can you recommend someone else who might help us?

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**Use only if appointment is scheduled:**

I will send a letter confirming the appointment day and time. Please let me know the correct mailing address to use.

Appointment Date and Time: \_\_\_\_\_

Mailing address for confirmation \_\_\_\_\_

Email (optional) \_\_\_\_\_

Thank you for your time!