

Phone Screen

Record ID _____

Note: Please make sure to have Google calendar (UB) or Outlook calendar + density tracker (Penn) open in a separate tab during the phone screen.

Screen Date and Time: _____

Staff username: _____

Select if:

- returning PPT's call
 PPT call in

Before we get started with eligibility questions, I wanted to let you know we plan to do additional studies in the future. Would you be interested in being contacted about those as well?

- Yes
 No

Now I am going to move forward with the phone screen. Your participation in the screening is voluntary. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. However, not answering the questions means that you will not be eligible to participate in this study.

Do I have your permission to ask you these questions?

- Yes, proceed with screen questions
 No

May I ask why you're not interested?

Document response verbatim

How did you hear about the study?

- Flyer location _____
 Facebook
 Instagram
 Friend/word of mouth
 Radio station
 Contacted by us from prior participation
 Other _____
 Not sure

toggles campus

Now I'm going to ask questions to find out a little more about you.

What is your date of birth?

(If refused, say that we have to know a person's age to continue.)

Calculated Age in Years as of Phone Screen Date

Calculated Age in Months as of Phone Screen Date

What was your biological sex assigned at birth?

- Female
- Male
- Intersex
- None of these describe me _____

Gender calculation for AUDIT purposes

Which of the following best describes your gender identity?
(Read options out loud)

- Man
- Woman
- Non-binary
- Transgender
- None of these describe me, and I'd like to consider additional options
- Prefer not to answer

Are any of these a closer description to your gender identity?
(Read options out loud)

- Trans man/Transgender Man/FTM
- Trans woman/Transgender Woman/MTF
- Genderqueer
- Genderfluid
- Gender variant
- Questioning or unsure of your gender identity
- None of these describe me, and I want to specify _____

Which of the following best describes your race? [you may select more than one]

- American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Other: [ps_race_other]

How do you identify?

Do you consider yourself to be Hispanic or Latino?

- Yes
- No

Can you read, speak, and understand English?

- Yes
- No

Are you currently pregnant, trying to get pregnant, or breastfeeding?
(If "yes" then the participant is ineligible.)

- Yes
- No

This study compares in-person to remote treatment. So this next set of questions asks about where you live, and later questions will ask about the technology you use.

How long have you been living at your current address? (code in years and months)

Enter # of years:

(# years)

Enter # of months:

(# months)

Calculates time living at current street address in months

And how long did you live at the address before your current address? (code in years and months)

Enter # of years:

(# years)

Enter # of months:

(# months)

Calculates time living at previous street address in month

toggles campus

How long would it take you to travel from your home to [ps_togglecampus]?

Enter # hours:

(# hours)

Enter # minutes:

(# minutes)

Calculates time to travel to [ps_togglecampus] in minutes

Are you planning to live at your current address for at least the next 4 months?

- Yes
 No
-

How long would it take you to travel from your future address to [ps_togglecampus]?

Enter # hours:

(# hours)

Enter # minutes:

(# minutes)

Calculates time to travel to [ps_togglecampus] in minutes

Do you have an email address that you check regularly where you can receive messages about the study?

- Yes
 No
-

Do you have a mobile phone where you can regularly receive text messages for the study?

- Yes
 No

Is your mobile phone a smartphone?

- Yes
 No
-

What operating system does it use (e.g., Apple iOS, Android)?

- Apple iOS
 Android
 Other
-

The next set of questions asks you about your comfort with different activities you might perform on a phone, computer or tablet.

For each question, please answer with a number between 1 and 10, where 1 means extremely uncomfortable (or terrible performing the task), and 10 means extremely comfortable (or excellent performing the task).

From Irfan et al (2022) - PMID: 3549521 DOI: 10.1016/j.amjsurg.2021.08.006

NOTE: If the caller says they never do or have never done the activity, or they feel like it doesn't apply to them, say: "If you were asked to [PERFORM ACTIVITY] right now, how comfortable would you feel on a scale from 1 - extremely uncomfortable - to 10 - extremely comfortable?"

	1	2	3	4	5	6	7	8	9	10
1. Using a cell phone to send a text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Checking email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Downloading an app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Commenting on a friend's post on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Connecting to a free Wi-Fi network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Making a video-based call with your phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Changing the password to your phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of "Internet Access" section. All Internet Access questions (variable names begin with "ps_ia") come from <https://www.phenxtoolkit.org/protocols/view/281301>

These next questions are about technology.

Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

- Yes **Nelson et al. (2004) The Health Information National Trends Survey (HINTS): development, design, and dissemination**
 No **PMID: 15513791 <https://doi.org/10.1080/10810730490504233>**

When you use the Internet, do you access it through...

	Yes	No
A wireless network (Wi-Fi)	<input type="radio"/>	<input type="radio"/>
A cellular network (i.e., phone, 4G/5G)	<input type="radio"/>	<input type="radio"/>
Broadband such as DSL, cable, or FiOS	<input type="radio"/>	<input type="radio"/>
A regular dial-up telephone line	<input type="radio"/>	<input type="radio"/>

How often do you access the Internet through each of the following ways? The answer choices are daily, sometimes, never, and not applicable.

	Daily	Sometimes	Never	Not Applicable
Computer at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer in a public place (library, community center, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a mobile device (cell phone/smart phone/tablet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are you satisfied with your internet speed?

- Not at all satisfied
- Not very satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

End of "Internet Access" section.

Now I need to ask some questions about your smoking and other health habits and concerns.

Over the past 6 months, on average, how many cigarettes did you typically smoke per day?

At what age did you start smoking daily or nearly every day?

When it comes to your desire and plans to quit smoking, which of the following best describes you?

- I don't really want to stop smoking
- I want to stop smoking but haven't thought about when
- I want to stop smoking and hope to soon
- I REALLY want to stop smoking and intend to in the next month

In the past 3 months, on average how many days per week did you use:

1. E-cigarettes or vapes?

Enter # days per week:

2. Cigars, cigarillos, or filtered cigars?

Enter # days per week:

((These products go by lots of different names, Traditional cigars contain tightly rolled tobacco that is wrapped in a tobacco leaf. Some common brands of cigars include Macanudo®, Romeo y Julieta®, and Arturo Fuente®, but there are many others. Cigarillos and filtered cigars are smaller than traditional cigars. They are usually brown. Some are the same size as cigarettes, and some come with plastic or wood tips. Some common brands are Black & Mild®, Swisher Sweets®, Dutch Masters®, Phillies Blunts®, Prime Time®, and Winchester®.))

Are these typically filled with:

- Tobacco only
 Marijuana only
 A mix of tobacco and marijuana
-

3. Pipe tobacco?

Enter # days per week:

((There are many different types of regular pipes. They all have a bowl that holds the tobacco and a stem.))

4. Hookah, shisha, or waterpipe?

Enter # days per week:

((Hookah is a type of water pipe. It is sometimes also called a "narghile" pipe. From now on, we will use "hookah" to refer to a water pipe or narghile pipe that is often used to smoke tobacco. There are many types of hookahs. People often smoke tobacco in hookahs in groups at cafes or in hookah bars.))

5. Smokeless tobacco?

Enter # days per week:

((Frequently you chew, suck or spit while using smokeless tobacco, although there is no need to do so for some types. Snus, for instance, is a type of smokeless tobacco that comes in a small pouch that you put inside your lip. There are many kinds of smokeless tobacco, such as snus pouches, loose snus, moist snuff, dip, spit, and chewing tobacco. Common brands include Redman®, Levi Garrett®, Beechnut®, Skoal®, Grizzly®, Nordic Ice®, and Copenhagen®.))

6. Dissolvable tobacco?

Enter # days per week:

((Dissolvable tobacco products are made of finely ground flavored tobacco that dissolves in your mouth. Dissolvable tobacco products come in a variety of shapes, including small round pellets, thin sticks and flat strips. Some common brands are Ariva®, Stonewall™, and Camel Orbs, Sticks, or Strips.))

7. Nicotine pouches?

Enter # days per week:

((This product is placed between the cheek and gum. They do not contain tobacco, but they do contain nicotine, flavorings, sweeteners and plant-based fibers. Some popular brand names include Zyn, On! and Velo, and they come in colorful packaging that looks like mint containers.))

8. Other sources of nicotine, like nicotine gum, patch, or lozenge

Enter # days per week:

In the past 7 days, have you used a prescribed or over-the-counter medication to help you quit smoking?

- Yes
 No

This question is about drinking alcohol. For this question, a 12 oz beer, 6 oz glass of wine, and 1.5 ounces of liquor each count as "one drink".

By that definition, in a typical week over the past 6 months, how many drinks did you have?

Do you have a mental illness (such as schizophrenia, bipolar disorder, or major depression) that led you to be hospitalized in the past 30 days?

- Yes
 No

In the past 3 months, have you made a suicide attempt with some intent to die?

- Yes
 No

Have you ever had an allergic reaction or been intolerant to (meaning unable to use) the nicotine patch or lozenge?

- Yes
 No

Many aspects of our health are affected by our living situation. So, this next set of questions asks about your access to housing, food, transportation, and other resources.

1. What is your housing situation today? Here are the options:

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park
 I have housing today, but am worried about losing housing in the future
 I have housing

From Billieux et al (2017)
Standardized screening for health-related social needs
in clinical settings: the accountable health communities
screening tool. NAM perspectives.

2. Think about the place you live. Do you have problems with any of the following? [Read out the options, and check all that apply]

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- None of the above

3. Within the past 12 months, you worried that your food would run out before you got money to buy more. Would you say the previous statement was often true, sometimes true, or never true?

- Often true
- Sometimes true
- Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. Would you say the previous statement was often true, sometimes true, or never true?

- Often true
- Sometimes true
- Never true

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Would you say: [read out the options, and check all that apply]

- Yes, it has kept me from medical appointments or getting medications
- Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
- No

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- Already shut off

7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

- Very hard
- Somewhat hard
- Not hard at all

8. Do you want help finding or keeping work or a job?

- Yes, help finding work
- Yes, help keeping work
- I do not need or want help

9. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need? Choose between the following options:

- I don't need any help
- I get all the help I need
- I could use a little more help
- I need a lot more help

10. How often do you feel lonely or isolated from those around you? [Read out the options]

- Never
- Rarely
- Sometimes
- Often
- Always

Finally, although a computer determines whether people's visits will be in-person or remote for this study, we are still interested in learning about your attitudes towards remote vs. in-person visits.

For each of the next set of questions, please indicate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree.
1. Videoconferencing technology (such as Zoom) makes remote visits too complicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will have greater privacy if my visits are remote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I will have greater personal safety if my visits are in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It will be easy to get packages from the study team if I have remote visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Transportation to in-person visits will be easy for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It will be easier for me to balance childcare and work responsibilities if my visits are remote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I will trust the project team more if my visits are in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I will get more personalized attention from the project team if my visits are remote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I will be more likely to use the treatment to improve my health if visits are remote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

So, overall, which of the following is true of you?

- I am ONLY willing to participate if all of my visits are in-person.
- I prefer in-person visits, but am willing to do remote visits.
- I am happy to do visits remotely or in-person.
- I prefer remote visits, but am willing to do in-person visits.
- I am ONLY willing to participate if all of my visits are remote.

Thank you for letting us know about your preferences. In the end, because this is a research study, the format - in-person at [record-dag-label] or remote (in your own home or other private space) - is determined randomly by a computer program, not by you or the study team. There is a 50% chance that your next visit, which we call the Intake, will be remote. It's like a coin toss but done by the computer. Similarly, for people eligible at intake, there will be another electronic "coin toss" to decide whether their Treatment and Assessment visits will all be remote or in-person. To move forward, we need your consent to have the computer determine whether your Intake visit is in-person or remote. Of course, you are free to withdraw from the project at any time.

Do you agree to the computer choosing where your Intake visit will be?

- Yes
- No

Thanks for answering the screening questions. Let me take a minute to look over the results.

Once you submit the Phone Screen, review the Eligibility Summary and proceed to Phone Screen Wrap-Up.

Comments:

calculate default for race randomization

calculate default for site randomization

study phone by site
