I. Data Collection Checklist for the Youth Risk Behavior Survey							

Form Approved OMB No.: 0920-0493

Expiration Date: XX/XX/XXXX

DATA COLLECTION CHECKLIST School Name: _____ Grade(s): _____ Class: _____ Period: _____ Teacher: ___ Date of Survey Administration: _____ Total # of Students Number of Non Number of **Enrolled in Class Participating** Number of Number of *Minus Ineligible **Eligible Students** Completed Student Parent Students* (A, ISS, or NFR) Refusals Refusals Surveys **Females** Males **Total** *The following non-participation codes should be used to identify why students are not eligible to participate in the survey (e.g.,other). Do not include these students in the enrollment totals or on the Make-Up List. **CCI - Cannot Complete** Independently E - Expelled M - Moved Away DC - Dropped Class EA - Extended Absence OSS - Out of School Suspension DS - Dropped School HB - Homebound TAC - Took in Another Class Gender Grade Date Check if Check if Eligibility Eligible for **Please Print** (M/F) Reminder Permission Permission Code (If Make-Up? **Student Name or Identifier** Sent Form Form **Student Did** (yes/no) Returned Returned NOT "No" "Yes" Participate) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17.

18. 19.

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DATA COLLECTION CHECKLIST

School Name:			
Teacher:	Grade(s):	Class:	Period:
Date of Survey Administration:			
Public reporting burden for this collection of i	nformation is estimated to	average 15 minutes per	response, including time for reviewing instructio

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including 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, GA 30333, ATTN:PRA (0920-0493).

Please Print Student Name or Identifier	Gender (M/F)	Grade	Date Reminder Sent	Check if Permission Form Returned "No"	Check if Permission Form Returned "Yes"	Eligibility Code (If Student Did NOT Participate)	Eligible for Make-Up? (yes/no)
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