

**K. Data Collection Checklist for the National Youth Tobacco Survey Supplemental Documents**

**K1. Letter to Teachers in Participating Schools**

**K2. Make-up List and Instructions**

## **K1. Letter to Teachers in Participating Schools**

## 2009 National Youth Tobacco Survey

Dear Teacher:

Thank you for agreeing to participate in the National Youth Tobacco Survey (NYTS), sponsored by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health. We appreciate your school's graciousness in hosting the 2009 NYTS. The survey is designed to collect comprehensive data on the attitudes, knowledge, and behaviors of middle and high school students (grades 6-12) with respect to tobacco use, intent to use, exposure to tobacco use, and exposure to tobacco marketing/advertising. When published, your school will receive a copy of the national results.

Your class was randomly selected to participate and cannot be replaced. We have enclosed a variety of materials to help you understand the NYTS, including the Summary of School Arrangements Form, a survey fact sheet, a sample survey booklet, instructions to be read when distributing permission forms, parental permission forms, reminder forms, and a Data Collection Checklist. If requested, parental permission forms and reminders are provided in Spanish.

The enclosed Data Collection Checklist should be used to track and record the return of **all** parental permission forms. Names or ID's for **all** students in your selected class should be listed on this checklist, not just those participating in the survey. Names will be kept confidential and destroyed after the completion of data collection. The names are needed to take roll, make sure students not in the selected class do not "slip in", identify students eligible to complete the survey (i.e., returned parental permission form with a "yes" response), develop make-up lists of eligible students who are absent, and determine the gender and grade of all nonparticipants. **This form needs to be filled out BEFORE the data collection.**

You play a very important role in the survey. Your support and encouragement are necessary to ensure a high rate of participation among your students. A high participation rate is needed to produce valid national estimates of health risk behaviors.

Please follow the instructions below to help us prepare for survey administration in your class.

1. Distribute the parental permission forms to students in the selected class as soon as possible, preferably at least **7 days prior** to the survey date. Read to the class "Instructions to be Read in Distributing Permission Forms." Add your own words of encouragement and support of the survey. Encourage students to return the forms **the next day**.
2. Give a reminder form and/or another parental permission form to students as needed.
3. Track and record the return of permission forms on the Data Collection Checklist. Our data collector will meet with you immediately prior to the survey administration to review the checklist. NOTE: Returned parental permission forms remain at the school.
4. On the day of the survey, please plan an alternate activity for those students who do not have parental permission to take the survey.

Survey procedures have been designed to protect your students' privacy and allow for anonymous participation. During survey administration, you will be asked to remain at the front of the classroom to increase student candor. The survey will be administered by specially trained field staff. It will take about 45 minutes.

The participation of your students in the NYTS will help the CDC, educators, and public health officials assess and improve efforts to reduce tobacco use among adolescents throughout the Nation. If you have any questions, please call me toll-free at 800-675-9727 between 9:00a.m and 5:00p.m Eastern Time. Thank you again for your cooperation.

Sincerely,



Kate Flint, Project Director  
National Youth Tobacco Survey

## **K2. Make-up List and Instructions**

**MAKE-UP LIST**

<b>School Name:</b> _____ <b>State:</b> _____  <b>Grades(s):</b> _____	<b>Teacher Name(s):</b> _____  <b>Class:</b> _____ <b>Period:</b> _____
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Dear Teacher:

Students who were selected to participate in the **2009 National Youth Tobacco Survey**, but did **NOT** complete the survey and need a make-up are listed below. The list includes absentees and students who lacked parental consent when the survey was originally administered.

You are asked to administer a make-up with each of these students. An adequate supply of survey booklets, student envelopes, and pencils is enclosed. When administering the survey, please follow the enclosed make-up instruction guide closely.

When you have completed the make-ups, please place each student's **sealed** envelope containing his/her questionnaire, in the white, business reply, pre-paid envelope marked MAKE-UPS along with this form. Please enter your name, school name and address on the envelope prior to mailing. For any student(s) not completing a make-up survey, please note the reason (if known), and return any unused survey booklets and envelopes.

**Important:** If a student has for all practical purposes ceased to attend school and you cannot conduct a make-up, mark a capital "D" next to his/her name.

Please do **NOT** send back pencils. Thank you again for your help. If you have any questions, please call us toll-free at **800-675-9727**.

**PLEASE PRINT NAMES CLEARLY.**

Males Needing Make-ups	Code* <i>(See list of codes below)</i>	Females Needing Make-ups	Code* <i>(See list of codes below)</i>

**NON-PARTICIPATION CODES\***  
**A = Absent**  
**ISS = In School Suspension**  
**NFR = No Form Returned**