| I. Data Collection Checklist for the National Youth Tobacco Survey | |
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Form Approved

OMB No.: 0920-0621 Expiration Date: XX/XX/XXXX

DATA COLLECTION CHECKLIST

| School Name: | | | | | | | |
|--------------------------------|--|--|----------------------------------|---------------------------------|-----------------------------------|--|--|
| Teacher: | Grade(s): _ | Class: | | Period: | | | |
| Date of Survey Administration: | | | | | | | |
| | Total # of Students Enrolled in Class *Minus Ineligible Students* | Number of Non Participating Eligible Students (A, ISS, or NFR)** | Number of Student Refusals | Number of Parent Refusals | Number of Completed Surveys | | |
| Females | | | | | | | |
| Males | | | | | | | |
| Total | | | | | | | |

CCI - Cannot Complete

Independently DC - Dropped Class E - Expelled EA - Extended Absence M - Moved Away OSS - Out of School Suspension DS - Dropped School HB - Homebound TAC - Took in Another Class

***A=Absent; ISS=In School Suspension; NFR=No Form Returned

| | TVFK-IVO FOI III KE | | | | | | |
|--|---------------------|-------|--------------------------|--|---|---|--------------------------------------|
| 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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^{*} 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.

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DATA COLLECTION CHECKLIST

| School Name: | | _ | |
|--------------------------------|-----------|----------|---|
| Teacher: | Grade(s): | _ Class: | Period: |
| Date of Survey Administration: | | _ | |
| . 9 | | | response, including time for reviewing instructions, reviewing the collection of information. An agency |

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 (0920-0621).

| 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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