

**H3. School-level Recruitment Script for the Youth Risk Behavior Survey Supplemental Documents**

**H3a. School Letter of Invitation and YRBS Fact Sheet for Schools**

**H3b. Letter to Agreeing Schools**

### **H3a. School Letter of Invitation and YRBS Fact Sheet for Schools**

## SCHOOL LETTER OF INVITATION

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Dear Principal:

I am writing to inform you that your school is among the 200 schools randomly selected across the United States to participate in the 2013 Youth Risk Behavior Survey (YRBS) sponsored by the U.S. Centers for Disease Control and Prevention (CDC). The YRBS is a survey of students in grades 9 through 12 that assesses priority health-risk behaviors, including (1) behaviors that result in unintentional injuries and violence; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to HIV infection, other sexually transmitted diseases, and unintended pregnancies; (5) unhealthy dietary behaviors; and (6) physical inactivity. The YRBS was designed in cooperation with Federal agencies and numerous state and local departments of education and health and is conducted biennially in odd-numbered years.

### **INSERT**

The CDC respects the educational mission of schools; for that reason, only a small number of classes in each school, one or two at each grade-level, is selected randomly to participate. The selected grades and the number of classes are as follows:

#### **Grade (# of Classes)**

Data collection will occur during February through April, 2013. Questionnaires will be administered during one normal class period by specially trained field staff. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. Counties, cities, school districts, schools, and students will not be identified in any published reports.

As a symbol of appreciation for contributing their time and support, the CDC will provide each participating school with a monetary incentive. One option is to use these funds for prevention curriculum and educational materials. However, no restrictions will be placed on how schools can use these funds. Schools also will receive a copy of the published results report and a variety of educational materials related to the health of young people.

The YRBS has become the primary source of information on the most important health risk behaviors of high school students in the U.S. and is increasingly used by leading educators, public health officials, the media, and others to advocate for and improve school health policies and programs. In parallel to the national survey, the YRBS questionnaire is used independently by many state and local departments of education and health to conduct their own surveys. Results serve as an index against which state- and local-level data can be compared and are used by states to support the design, implementation, and evaluation of effective prevention and control programs.

Enclosed are copies of the YRBS questionnaire, sample parental permission forms, a Fact Sheet, letters of support, and the 2011 Youth Risk Behavior Surveillance results report. Within one week, a representative from ICF Macro, a nationally recognized survey research firm contracted by CDC to conduct the national YRBS, will contact you. If you have any immediate questions, please call Dr. Danice Eaton of CDC at (770) 488-6143. Your support for this survey will help assess and improve efforts to reduce priority health-risk behaviors among adolescents throughout our Nation.

Sincerely yours,

Howell Wechsler, Ed. D., M.P.H.  
Director  
Division of Adolescent and School Health  
Centers for Disease Control and Prevention

Enclosures

# **FACT SHEET FOR SCHOOLS**

## **2013 NATIONAL YOUTH RISK BEHAVIOR SURVEY (YRBS)**

The Centers for Disease Control and Prevention (CDC) conducts a biennial national school-based survey to measure the prevalence of priority health risk behaviors among students in grades 9 through 12. This fact sheet answers important questions about the 2013 national YRBS.

**Q. What is the purpose of the national YRBS?**

A. The purpose of the national YRBS is to gather nationally representative data for students in grades 9 through 12 on priority health risk behaviors. These behaviors contribute to the leading causes of mortality and morbidity during both youth and adulthood and include: behaviors that result in unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies; unhealthy dietary behaviors; and physical inactivity.

**Q. How frequently is the YRBS conducted?**

A. The national YRBS has been conducted every other year since 1991.

**Q. Why is the national YRBS conducted?**

A. CDC's Division of Adolescent and School Health is responsible for identifying and monitoring factors that may affect the health of our Nation's youth. CDC will use the results from the YRBS to (1) monitor how priority health-risk behaviors among high school students increase, decrease, or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent high-risk behaviors; and (3) improve school health education policies and programs.

**Q. Does the survey have broad national support?**

A. Yes. The survey is supported by many major national organizations interested in the health of youth including: American Academy of Pediatrics; American Association of School Administrators; Association of State and Territorial Health Officials; Council of Chief State School Officers; National Association of Chronic Disease Directors; National Association of State Boards of Education; National Association of Secondary School Principals; National Education Association Health Information Network; National PTA; National School Boards Association; and the Society of State Directors of Health, Physical Education and Recreation.

**Q. Are sensitive questions asked?**

A. Some questions may be considered sensitive by some schools or school districts. AIDS, HIV infection, and other sexually transmitted diseases (STDs) are major health problems. Sexual intercourse and intravenous drug use are among the behaviors known to increase the risk of HIV or other STDs. The only way to determine if adolescents are at risk of becoming infected with HIV or other STDs is to ask questions about these behaviors. Attempted suicide, tobacco use, alcohol and other drug use, and weapon-carrying also may be considered sensitive topics. Questions are presented in a straightforward and sensitive manner in recognition of these topics.

**Q. Is student participation anonymous? How is student privacy protected?**

A. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The survey administration is coordinated by specially trained field staff. Students submit a completed optically scannable questionnaire booklet, containing no personal identifiers, in a sealed envelope which is then placed in a large box or envelope. Similar safeguards are used to complete make-ups. Students not participating in the survey are provided with an alternative activity by their school. Published reports do not include names of participating counties, cities, school districts, schools, or students.

**Q. Are students tracked over time to see how their behavior changes?**

A. No. Each year a new sample of states, schools, and students is drawn. Students who participated cannot be tracked because no identifying information is collected.

**Q. Is this voluntary? What if school districts, schools, or students do not choose to participate?**

A. Participation in the national YRBS is voluntary. However, to develop accurate national estimates of priority health-risk behaviors among adolescents, participation rates must be high. Selected schools and students cannot be replaced. The goal is to achieve 90 to 95 percent participation by selected schools and students.

**Q. What grades are included? What types of schools are included in the sample?**

A. The 2013 national YRBS will be administered to students in grades 9 through 12. This includes students from public, Catholic, and private schools with one or more grades in this range (e.g., K-12, 7-12, 10-12, and 9-12).

**Q. What is the sample size and how are schools selected?**

A. A random sample of approximately 200 schools has been selected to participate in the 2013 national YRBS. The probability of a school being selected is based on enrollment in grades 9 through 12. One or two classes (approximately 25 to 50 students) in each grade 9 through 12 are selected randomly to participate in each school. Approximately 100 to 200 students are asked to participate in a school containing grades 9, 10, 11, and 12. In a junior high school with grades 7 through 9, approximately 25 to 50 ninth graders are asked to participate.

**Q. How is the 2013 national YRBS coordinated at each school? What role do school staff play?**

A. It is preferable to have a single spokesperson in each school. This can be the principal, another administrator, a teacher, or someone else designated by the principal. The spokesperson provides a list of class sections, distributes parental permission forms to teachers of the sampled classes, follows up to ensure permission forms have been distributed to students, helps to promote the survey in the school, and ensures a high participation rate. Teachers assist with tracking parental permission forms. Teachers generally are not asked to administer the survey except for make-ups with students absent during the initial administration.

**Q. What is done to maximize student participation?**

A. CDC provides information to school administrators explaining the importance of the national YRBS that can be shared with teachers, parents, and students. It is helpful if the school's spokesperson for the YRBS is familiar with the survey and is willing to gain support from teachers, parents, and students. The school spokesperson may work through the school's PTA to gain support for the survey. Many schools also notify parents of the survey in the school newsletter.

**Q. What is the relationship between this national survey and similar surveys being conducted by state and local education and health agencies?**

A. Many state and local education and health agencies use the same or similar questionnaire to conduct their own YRBS as part of their cooperative agreement activities with CDC.

**Q. Why can't a YRBS conducted by state and local education and health agencies be used to arrive at national estimates?**

A. Many state and local education and health agencies regularly conduct their own school-based YRBS. However, the sampling procedures and questionnaires vary. Thus, it is not possible to combine results from these surveys, even if every state participated.

**Q. What if a school is selected to be in a state or local YRBS as well as the national YRBS?**

A. Every effort is made to avoid asking a school to participate in the state or local YRBS and national YRBS in the same school year. The CDC works collaboratively with each state to identify schools selected for both state and national surveys. Normally, agreement is reached that either the national or the state survey will be administered in the school.

**Q. How long does it take to fill out the questionnaire? Is there some sort of physical test?**

A. One class period is needed to complete the self-administered questionnaire. It takes approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 35 minutes for students to record their responses. The questionnaire contains 97 multiple-choice questions. No physical test or exam is involved.

**Q. Can state and local education and health agencies conducting their own YRBS obtain a waiver from the national survey?**

A. No. This action would jeopardize the selection of a nationally representative sample of all students in grades 9 through 12. To develop valid national estimates, every state, school district, school, and student in grades 9 through 12 nationwide must have a chance to be selected as a survey participant. Otherwise, survey results will be biased. The burden for a state to participate in the national YRBS is low because of the small number of schools and students selected to participate in most states.

**Q. Do students answer questions truthfully?**

A. Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

**Q. When is the survey conducted? When are results available?**

A. Data collection is scheduled to start in early February and continue through April with schools closing earlier in the year completed first. Results are published the following year. All participating states, school districts, and schools receive a copy of the results.

**Q. What do the schools receive for participating in the 2013 national YRBS?**

A. As a symbol of appreciation for contributing their time and support and for being a significant partner in the 2013 national YRBS effort, the CDC will provide each participating school with a monetary school award. One option is to use these funds for prevention curriculum and educational materials. However, no restrictions will be placed on how schools can use these funds. Schools also will receive a copy of the published report on survey results and a variety of educational materials related to the health of young people.

**Q. Who is the survey contractor for the 2013 YRBS?**

A. ICF Macro, a nationally recognized survey research company in Calverton, Maryland has received a contract from CDC to work with states, school districts, and schools to help obtain clearance, select a sample of students, schedule data collection, distribute survey materials, and collect student data.

**Q. Whom may I call to obtain additional information and/or make arrangements for data collection in my school?**

A. To obtain additional information and/or arrange for the national YRBS to be conducted in your school, call the 2013 national YRBS information line *toll free*: 1-800-675-9727. Someone will be available to help make arrangements for your school between 8:30 a.m. and 5:30 p.m. Eastern time. If no one is available, please leave a message and someone will call you back promptly.

Inquiries to CDC should be directed to Dr. Danice Eaton, Centers for Disease Control and Prevention, Division of Adolescent and School Health, 4770 Buford Hwy., NE, Atlanta, GA 30341-3724; email at [dhe0@cdc.gov](mailto:dhe0@cdc.gov) or telephone at 770-488-6143.



### **H3b. Letter to Agreeing Schools**

## 2013 National Youth Risk Behavior Survey

Dear Principal/School Contact:

Thank you for agreeing to participate in the national Youth Risk Behavior Survey (YRBS), 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 2013 national YRBS. Results from the YRBS will help to determine the extent to which teenagers practice health risk behaviors, and to develop education programs and other strategies to help reduce these behaviors. When published, your school will receive a copy of the national results from the CDC.

Enclosed is a packet of materials for each participating teacher (whose names are listed on the enclosed Summary of School Arrangements Form). These packets contain: the parental permission forms and reminders, the Summary of School Arrangements Form, a survey fact sheet, Data Collection Checklist and instructions to be read when distributing the permission forms. If requested, parental permission forms and reminders are also provided in Spanish. We do not need to receive the completed parental permission forms. These forms remain at the school and, following the completion of the survey in your school, are to be discarded according to your school's parental permission form policies and procedures.


We request that each teacher complete a Data Collection Checklist for his or her class **before** the day of the survey administration. Names or ID's of **all** students in each 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 "yes" response), develop make-up lists of eligible students who are absent, and determine the gender and grade of all nonparticipants.

Your support and encouragement will help to ensure a high rate of participation among your students. A high participation rate is needed to produce valid national data. We ask that you:

1. Distribute the packets to each teacher. Ask them to distribute a parental permission form to each student in the selected class **at least 10 days before survey administration date**. If requested, parental permission forms and reminders are provided in Spanish. We do not need to receive the completed parental permission forms. These may remain at the school.
2. Please check with teachers a few days prior to the survey administration and ask them to distribute reminders and /or additional permission forms as needed.
3. Identify someone within the school to whom participating teachers may refer students, in the unlikely event the survey raises questions about health risk behaviors. This person may be a guidance counselor, school nurse, or other staff member. Let the teachers know who this is, prior to the survey.
4. Complete the enclosed School Enrollment Form (tan form) and the School Award Form (white form). Please give it to the data collector on the day of the survey.

The participation of your students in the YRBS will help the CDC, educators, and public health officials assess and improve efforts to reduce priority health risk behaviors among adolescents throughout the Nation. If you have any questions, please call me toll-free at 1-800-675-9727 between 8:30 a.m. and 5:30 p.m. eastern time. Thank you again for your cooperation.

Sincerely,



Kate Flint, Project Director  
National Youth Risk Behavior Survey