

Form Approved
OMB No. 0920-0493
Expiration Date: XX/XX/XXXX

2017 and 2019 National Youth Risk Behavior Survey

Appendix K3

School-level Recruitment Script for the YRBS

SCHOOL-LEVEL RECRUITMENT SCRIPT FOR THE
YOUTH RISK BEHAVIOR SURVEY

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the 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: OMB-PRA (0920-0493)

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND SCHOOL'S FILE FOLDER READY TO DOCUMENT THE OUTCOME OF EACH CALL. ALSO HAVE DISTRICT FILE FOLDER CONTAINING NAMES OF CONTACT PERSONS.

1. Hello, this is {YOUR NAME}. I'm calling to follow up on a letter from the Centers for Disease Control and Prevention notifying you that your school is invited to participate in the {Year} national Youth Risk Behavior Survey sponsored by CDC. Do you have some time to talk with me right now? [IF NOT] When would you like me to call you back or would you prefer to make an appointment?
2. The letter was dated {INSERT DATE FROM LETTER}. The letter was from Dr. Stephanie Zaza and was on Centers for Disease Control and Prevention letterhead. Do you recall getting the letter? Along with the letter was a copy of the questionnaire and other materials.

(DEPENDING ON PREVIOUS ARRANGEMENT WITH DISTRICT, USE 3 OR 3A.)

3. You should have also received a {LETTER, MEMO, PHONE CALL} or have talked with {DISTRICT OR DIOCESAN OFFICIAL} regarding this survey, as well as receiving a letter of support from the State Education Agency.
- 3A. We spoke to {NAME} in the School District (or Diocesan Office) on {DATE}. (He/she) has given (his/her) approval for our contacting you today.
4. (ONLY IF THERE WAS A STATE ENDORSEMENT LETTER:) A letter of support from {NAME} at the State Department of Education was enclosed with the letter of invitation from Dr. Stephanie Zaza at CDC.
5. Have you had a chance to review the packet of materials about the project?
6. My basic reason for calling now is to make sure that you received the letter, to answer any questions that you may have, and to discuss your school's involvement in the survey.
7. Do you foresee any problems with participating or do you have any questions?
(PROVIDE BACKGROUND INFORMATION ON PROJECT.) This survey will attempt to measure the prevalence of priority health risk behaviors of students in grades 9 through 12. The resulting data will be used to develop more effective education programs and strategies for schools and communities to change behaviors that pose health risks. These behaviors include unhealthy dietary behaviors; alcohol and other drug use; tobacco use; behaviors that contribute to HIV infection, other sexually transmitted diseases, or unintended pregnancy; physical inactivity; and behaviors that result in unintentional and intentional injury.
8. (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) One or two classes (about 25 to 50 students) in each of grades 9 through 12 will be selected to participate from your school. The estimated total participants from your school will be students. The survey will be administered by specially-trained field staff

during one class period, and will take approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students and approximately 35 minutes for the students to record their responses to {#} multiple-choice questions. The questionnaire was developed by expert panels in six health risk topic areas, with technical assistance by CDC. Representatives from state and local education agencies have reviewed the questionnaire.

Anonymity will be maintained throughout the entire survey process. No results will be reported by student name, class, school, school district, city, or state. States, districts, and schools were selected randomly for this survey. Participation in the survey is completely voluntary. However, it is very important that we achieve a high participation rate for the survey results to be valid.

We are asking the schools to assist our field staff in coordinating our visit, and teachers to send home the parental permission forms, keep track of them when they are returned, and send out reminder notes when necessary.

9. The survey will occur between {Month} and {Month} {Year} (Other schools within your area also will participate.). We will have a data collector in your area for approximately one week, but exact timing has yet to be determined.
10. Do you have any questions that I can answer for you? Are there any issues you would like to discuss? If you have no further questions, can we count on your school's participation in the survey?
11. (IF SCHOOL REFUSES PARTICIPATION: RECORD ALL REASONS AND CIRCUMSTANCES CONCERNING REFUSAL.) Thank you very much for the time you've spent talking to me today. (END CONVERSATION ON POSITIVE NOTE ALLOWING FOR FUTURE CONTACT ON THIS ISSUE.)
12. Now, I'd like to obtain some of the information from you that we need to plan your school's participation in the survey. This includes selecting classes, getting names of teachers, and some other things. Could you verify that your school contains the grade range we have listed which is {Grade level}? Is {THE PRINCIPAL'S/YOUR} name correct? Is the school's phone number and address correct?
 - A. CLASS SELECTION: At each grade 9-12 in the school, we want to select one class (two classes) at random to be in the study. The classes have to be selected randomly so that we have a scientifically defensible and nationally representative sample.
 - B. TYPES OF CLASS USED: Does your school have homerooms? (IF YES:) How long are homeroom period? Could the survey be administered in homeroom? (IF NOT:), at each grade, what academic subjects do all students take? (VERIFY:) If we used the subject for {GRADE}, would every student at this grade level have a chance to be selected? In other words, do all students in this grade take this subject? (FOR UPPER GRADES WHERE THERE A FEW OR NO PREPONDERANCE OF THE GRADES NEEDED.)
 - C. CLASS SECTIONS: (USE WORKSHEET.) Now I'd like to select the actual classes. First, can you tell me how many classes (sections) you have at grade (GO FROM GRADE 9 TO GRADE 12).

I need to list each of the class sections at each grade. (IF USING HOMEROOMS, ALPHABETIZE BY LAST NAME OF TEACHER. OTHERWISE, USE NUMERICAL SECTION NUMBER SEQUENCE. AGAIN, GO FROM GRADE 9 TO GRADE 12. MAKE SELECTION AS YOU GO, USING RANDOM NUMBER TABLE.) That means that we'll be using {Teacher Name}'s class at {GRADE}.

(REVIEW ALL TEACHERS AND SECTIONS AT CONCLUSION OF CLASS SELECTIONS. OBTAIN THE MOST CURRENT CLASS ENROLLMENT FOR EACH.)

- D. **SPACE:** We will be conducting the survey with an entire class at one time. If feasible, more than one class can complete the survey at one time if there is a large auditorium or lunch room where students can occupy every other seat. What would you prefer to do? (IF LARGE ROOM, INQUIRE ABOUT ACOUSTICS/SEATING ARRANGEMENTS.)
- E. **SCHEDULING:** Scheduling information will help us plan the timing of the visits to your school and the actual survey activity itself. I'd like to ask a series of questions. The reasons for most questions will be self-evident. When are each of the following:

Start of school day for most students: _____
End of school day for most students: _____
Lunch period(s): _____
Time at which most teachers leave school: _____
Time at which most teachers arrive at school: _____
Time of "Homeroom" meetings of classes: _____

13. **PARENTAL PERMISSION FORMS:** One very important task for which we depend on you and your teachers is the distribution of parental permission forms. We've learned that response rates depend a lot on who sends them home and how they go home. Who do you want to be responsible for the permission forms?

Homeroom or Classroom Teacher
 Contact Person
 Principal
 Other: _____

Permission forms will be available in Spanish for parents who speak and read only Spanish. Will you need any of these?

No
 Yes--Roughly how many? _____

To personalize the form and increase parental perception that this is an important survey, we can insert the name of the Superintendent, Principal, or other Contact Person in the form. Would you prefer that we do this? The form could be copied on school letterhead. (IF YES: DETERMINE IF SCHOOL WANTS TO DO IT OR ASK THAT LETTERHEAD BE SENT IMMEDIATELY.) It also would appear more "official" if you can insert it in a school envelope.

No
 Yes--Which name(s)? _____

14. **REACHING TEACHERS:** We will need to meet very briefly with {TEACHERS(s) selected in Q. 12C}. We'll need to review the status of parental permission forms with each teacher before starting to conduct the survey. To the extent that you can generalize, what are the best times to meet with the teachers? Bear in mind, we don't want to take the teachers out of their classrooms. We are talking in terms of before school, after school, or lunch periods, for the most part. We would be glad to meet with all of the teachers at the same time.

	Class	Teacher	Times
9 th	_____	_____	_____
10 th	_____	_____	_____
11 th	_____	_____	_____
12 th	_____	_____	_____

15. **HOLIDAYS/INSERVICE/BAD DAYS:** Our field staff member, {INSERT NAME, IF KNOWN}, will be in your area for approximately one week sometime between the dates of {Date} and {Date}. To avoid any major scheduling conflicts, we need to know what holidays you will be observing or any other school activities such as in-service, parent-teacher, conferences, standardized testing, class trips, or anything else that would prevent conducting the survey on any given day.

What dates would be bad for you in:

{MONTH}: _____
 {MONTH}: _____

We have tentatively scheduled your school for data collection between {INSERT DATES}. Do you envision any problems with this time period?

___ No
 ___ Yes--(DISCUSS) _____

16. **MAXIMIZING PARTICIPATION:** Our goal, as you know, is to come as close to 100 percent participation as possible, since we cannot replace selected students who choose not to participate. Participation rates strongly affect the validity of the survey. From our experience in many prior studies, willingness to participate depends to a large degree on the extent to which the school conveys the message that it views participation as valuable and important. What can be done in your school to help promote the study?

___ School Bulletin/Newsletter
 ___ PTA
 ___ Teacher Meeting
 ___ Letter Home from Principal
 ___ Other: _____

17. **CONTACT PERSON:** We appreciate the time that you have taken out of your busy schedule to arrange the details of this survey. We are extremely grateful to you and your teachers for their receptiveness and willingness to participate in the survey.

Do you wish to remain the contact person in your school or would you like someone else to be the contact person from now on? It is not necessary that you or your designated representative be present during the survey. Is there a local regulation or requirement that the teacher be present in the room during the survey? (IF NO:) We do request that the teacher remain unobtrusively in the room in the unlikely event he/she may be needed to maintain discipline or provide other assistance.

Contact Person: _____

Telephone: _____

Best Time To Reach: _____

18. In the next few days, a confirmation letter will be sent to you summarizing everything we have just discussed. Please read this carefully, revise any unclear information, and return your confirmation memo in the envelope provided.

In addition, a package with parental permission forms and other materials will be sent to your school 2 or 3 weeks before the anticipated start of data collection. This package will include information packets for the teachers with instructions on what to do prior to arrival of the data collector. We would appreciate it if {YOU/THE CONTACT PERSON} would make sure that the packets are distributed to the teachers.

19. Are there any other special circumstances or requirements you think are important for us to know about, concerning your staff, the students, or the school premises?
20. Thank you very much for your time and cooperation with us on this very important survey. Please feel free to call Kate Flint at ICF Macro if you have any questions. The number is (800) 675-9727. ICF Macro has been contracted by CDC to conduct this survey. You may also contact Dr. Nancy Brener, at CDC. Her number is (404) 718-8133.