

2015 NYTS DATA COLLECTION CHECKLIST

School Name: _____ Date of Survey Administration: _____

Teacher: _____ Grade(s): _____ Class: _____ Period: _____

| Please Print Student Name or Identifier | Date Reminder Sent | Check if Permission Form was Returned "No" | Check if Permission Form was Returned "Yes" | If Student Did NOT Participate Record Eligibility Code | If Eligibility Code is: A, ISS, SR or NFR ✓ Student <u>IS</u> Eligible for Make- Up |
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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

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MAKE-UP SURVEY ADMINISTRATION GUIDE NATIONAL YOUTH TOBACCO SURVEY

STEP 1 - VERIFY THAT ALL ASSEMBLED STUDENTS HAVE COMPLETED APPROPRIATE PERMISSION FORM PROCESS REQUIRED FOR THIS SCHOOL AND THAT NONPARTICIPATING STUDENTS (IF ANY) HAVE AN ALTERNATE ACTIVITY.

STEP 2 - AFTER STUDENTS ARE SEATED, DISTRIBUTE PENCILS AND STUDENT ENVELOPES. DO NOT DISTRIBUTE QUESTIONNAIRE BOOKLETS.

STEP 3 - INTRODUCE THE SURVEY TO THE CLASS.

I'd like to thank each of you for participating in the 2015 national Youth Tobacco Survey today. This survey is being conducted on behalf of the Centers for Disease Control and Prevention (also known as CDC). Participating in this survey is voluntary and your grade in this class will not be affected, whether or not you answer the questions. However, only a limited number of students like yourselves are participating in this survey in schools all over the Nation. The answers you give are very important so the results are accurate.

I would like to emphasize that this is not a test of you or our school. In order to help develop better education programs, educators and health officials must collect comprehensive data on the attitudes, knowledge, and behaviors of middle and high school students (grades 6-12) with respect to tobacco, and on other influences that might make a youth susceptible to tobacco use in the future.

STEP 4 - DISTRIBUTE QUESTIONNAIRES. EMPHASIZE PRIVACY/ANONYMITY.

Throughout the entire survey process, we will maintain strict procedures to protect your privacy and allow for your anonymous participation. Please **do not** write your name on the questionnaire booklet or envelope. Your answers are private and we do not want to know your name. Results of this survey will never be reported by names, class, or school. When you finish the survey, place your survey booklet in the envelope provided, seal it, and leave it on your desk.

PAUSE HERE TO ANSWER ANY QUESTIONS...

STEP 5 - INSTRUCT THE CLASS IN FILLING OUT QUESTIONNAIRE.

Now I would like you to look at the questionnaire. Please take a moment to read the instructions on the front cover of the questionnaire.

(PAUSE)

Use the No. 2 pencil you have been given to fill out this survey. Do not use a pen or some other pencil. Notice that for each question on the survey, there is a corresponding set of ovals. For each question, choose the answer that best fits what you believe, or do, then fill in the corresponding oval. If you must change an answer, erase your old answer completely.

When you are finished, look over your booklet to make sure that you haven't skipped any questions you wanted to answer. We have allowed 35 minutes for completing the survey. If you finish before that time, place your survey booklet in the envelope, seal it, and stay seated until I ask you to turn it in. It is important that you answer the questions based on what you really know, believe, and do. Don't pick a response just because you think that's what someone wants you to say. **I am not allowed to answer any questions. Simply do the best that you can.** Please begin.

**NOTE TO TEACHERS:
(DO NOT READ ALOUD TO STUDENTS)**

While students are taking the survey, place a check mark next to the names of those students on the Make-up List who are participating in the make-up session. If not all students listed on the Make-up list are completing a make-up, please note the reason next to their name on the list. Include this form when returning your make-ups.

Complete the return information in the upper left hand corner of the white, business reply make-up envelope including the number of completed booklets enclosed. Students may keep the pencils. Please do not return unused booklets.

STEP 6 - AT THE END OF CLASS PERIOD, COLLECT QUESTIONNAIRES.

The CDC would like to thank all of you for participating in this survey. The information you have provided will be used to develop better health education programs for students like yourselves all around the nation.

STEP 7- PLACE THE SEALED STUDENT ENVELOPES AND THE UPDATED MAKE-UP LIST IN THE LARGE WHITE BUSINESS REPLY ENVELOPE PROVIDED TO YOU BY THE DATA COLLECTOR. PLEASE SEND BACK ANY EXTRA UNUSED BOOKLETS AND ENVELOPES WITH THE COMPLETED SURVEYS. YOU MAY KEEP EXTRA PENCILS. DROP IN THE U.S. MAIL AS SOON AS POSSIBLE.

**THANK YOU FOR PLAYING A VERY IMPORTANT ROLE IN THE SUCCESS OF
THE NATIONAL YOUTH TOBACCO SURVEY.**