

## PARENTAL PERMISSION FORM

Our school is taking part in the {Year} National Youth Tobacco Survey (NYTS). This research project is sponsored by the Centers for Disease Control and Prevention (CDC). Students in grades 6 through 12 will be asked to fill out a survey about their tobacco-related beliefs, attitudes and behaviors, intent to use, and exposure to influences that promote or discourage tobacco use.

Students will be asked to fill out a survey that takes about 35 minutes to complete.

Doing this paper and pencil survey will cause little or no risk to your child. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no school or student will ever be mentioned by name in a report of the results. Your child will get no benefit right away from taking part in the survey. But the results of this survey will help your child and other children in the future. We would like all selected students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child, if your child does not take part. Students can skip any questions that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty. If you would like to see the survey, a copy is available in the school office.

State and local school officials and a review board at CDC have approved the survey. You or your child may have questions about your child's rights as a participant in this research project. If so, please call the CDC Human Research Protections Office at 1-800-584-8814. Please leave a brief message with your name and phone number. Say that you are calling about CDC protocol #\_\_\_. We will return your call as soon as possible.

Please read the section below and check one box. Then, sign the form and **return it to the school within 3 days**. Please see the other side of this form for more facts about the survey. If your child's teacher or principal cannot answer your questions about the survey, please call Kate Flint, Project Director, toll-free at 1-800-675-9727. Thank you.

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Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and know what the survey is about.

Please check one box:

**YES**, my child may take part in this survey.

**NO**, my child may **not** take part in this survey.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SURVEY FACT SHEET**

**Q. Why is the {Year} NYTS being done?**

A. The purpose of the National Youth Tobacco Survey (NYTS) is to gather nationally representative data for students in grades 6 through 12 for the following tobacco-related topics: prevalence of use (cigarettes, smokeless tobacco, cigars, pipe, bidis, and kreteks), knowledge and attitudes, media and advertising, minors' access and enforcement, school curriculum, environmental tobacco smoke (ETS) exposure, and cessation.

**Q. Are sensitive questions asked?**

A. No. All questions on the survey relate to student's attitudes, behaviors, and knowledge about tobacco use, intent to use, exposure to tobacco use, and exposure to tobacco marketing/advertising.

**Q. Will student names be used or linked to the surveys?**

A. No. The survey has been designed to protect your child's privacy. Teachers are not involved directly. Specially trained field staff will administer the survey in each selected school. Students do not put their name on the survey. When students finish the survey, they place the survey in an envelope and seal it shut. The envelopes are then placed in a large box or envelope.

**Q. Do students take the survey more than once to see how their behaviors change?**

A. No. Each year a new sample of states, schools, and students is selected. Students who take part one year cannot be tracked because their names are not on the survey.

**Q. How was my child selected to be in the survey?**

A. About {#} students from approximately {#} schools across the country were selected to take part. One or two classes (about 25 to 50 students) in each grade 6 through 12 were picked randomly to take part in each school.

**Q. How long does it take to fill out the survey? Does the survey include a physical test?**

A. One class period is needed to fill out the survey, which has {#} multiple-choice questions. The survey does not include a physical test or exam.

**Q. Can I see the questions my child will be asked?**

A. Yes, a copy of the survey is at your child's school.

**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 Alliance for Health, Physical Education, Recreation and Dance, American Association for Health Education, American Association of School Administrators, American Cancer Society, American Heart Association, American Lung Association®, American Medical Association, Association for Middle Level Education, Association of State and Territorial Health Officials, Council of Chief State School Officers, Legacy, National Association of School Nurses, National Association of Secondary School Principals, National Association of State Boards of Education, National Catholic Educational Association, National Education Association Health Information Network, National PTA, and the National School Boards Association.