

Close Preview

Restart Survey



Place Bookmark



Form Approved OMB No.

National Youth Tobacco Survey (NYTS) 2017 Questionnaire

This survey is about tobacco. We would like to know about you and things you do that may affect your health. Your answers will be used for programs for young people like yourself.

DO NOT enter your name on this survey. The answers you give will be kept private.

NO one will know what you select. Answer the questions based on what you really do and know.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Try to answer all the questions. If you do not want to answer a question, just leave it blank. There are no wrong answers.

The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Please read every question. Try to answer all the questions. Select the appropriate answer button for each question. When you are finished, follow the instructions of the person giving you the survey.

Public reporting burden for this collection of information is estimated to average 45 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 Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0621).

Thank You Very Much For Your Help.

Survey Completion
0% 100%

