Form Approved OMB No. 0920-xxxx

Expiration Date: xx/xx/xxxx

## 2021 and 2023 National Youth Risk Behavior Survey

## Attachment L1

State-level Recruitment Script for the YRBS

Form Approved OMB No.: 0920-xxxx Expiration Date: xx/xx/xx

## STATE-LEVEL RECRUITMENT SCRIPT FOR THE YOUTH RISK BEHAVIOR SURVEY

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND STATE'S FILE FOLDER CONTAINING THE NAMES OF THE STATE YRBS OR HIV COORDINATOR AND OTHER CONTACT PERSONS READY TO DOCUMENT THE OUTCOME OF EACH CALL.

- 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 {#} of schools in {STATE} will soon be invited to participate in the {YEAR} national Youth Risk Behavior Survey, sponsored by the CDC, which is part of the Department of Health and Human Services. 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. A letter about this was sent to <u>{YOU; OR, NAME OF PERSON TO BE CONTACTED}</u> on {DATE}. The letter was signed by Dr. Kathleen Ethier at CDC. Along with the letter was a copy of the questionnaire and other materials.
- 3. Do you recall getting the letter? Have you had a chance to review these materials?
- 4. The reason for my call now is to make sure that you received the letter, to answer any questions that you may have, and to ask for your support as we send an invitation to the selected districts in your state.
- 5. (PROVIDE BACKGROUND INFORMATION ON THE PROJECT.) The 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 other 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.
- 6 (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) One or two classes (about 25 to 50 students) in each of grades 9 through 12 will be randomly selected to participate from each school. 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 also participated in the expert panels.

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. Anonymity will be maintained throughout the entire survey process. No results will be reported by student name, class, school, school district, city, or state. We are asking 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 reminders when necessary.

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: PRA (0920-xxxx)

- 7. Do you have any questions that I can answer for you? Are there any issues you would like to discuss?
- 8. (IN RESPONSE TO INQUIRIES ABOUT TIMING:) We do not know the exact dates when we will be in your school districts. Data collection nationally will start during {MONTH} and end on {MONTH}. My guess is that we will try to be in your school district(s) {PROBABLE TIMING}.
- 9. Do you have any problems in obtaining the state's endorsement of the survey? Approval? (IF SO:)

(RESOLVE APPROVAL ISSUES THEN VERIFY SCHOOL DATA.)

- 10. Your support of the survey is important to obtaining the cooperation of the schools. I would like to discuss how we may obtain a letter of support that can be distributed to the selected schools in your state. (DISCUSS GENERAL CONTENT OF TYPICAL LETTER. IF LETTER WAS OBTAINED LAST CYCLE, REFER TO IT. OFFER TO SUPPLY A COPY IF REQUESTED.)
- 11. Since we would like to contact the districts as quickly as possible to inform them about the survey, we'd like to request that your office call or send this letter to each selected district, confirming that we have contacted you concerning their inclusion and will be contacting each of them soon. A statement in the letter about the state's support of the survey would greatly assist us in our contacts. Can you do this? Or if you prefer, with your approval we will contact the district(s) and inform them that "we spoke to {STATE SUPERINTENDENT NAME or OTHER SEA REPRESENTATIVE NAME} on {DATE}. He/she has given (his/her) approval for our contacting you today." Or would you prefer to call or write a letter personally to each district before we contact them? (IF SO:) Will you be writing or calling? Could you give me an idea when you expect to make the contacts? I'd like to confirm with you that you've made contact before we proceed. (IF CONTACT WILL BE BY LETTER:) Could you send me a copy of the letter?
- 12. To facilitate our contacts with the schools, we would ask that you help us with certain information. Can you identify school district contacts who might facilitate the survey? How about local health department contacts?
- 13. Thank you very much for your time and cooperation with us on this very important survey. Please feel free to call Alice Roberts at ICF, if you have any questions. The number is (800) 675-9727. ICF has been contracted by CDC to conduct the survey. You may also contact Dr. Nancy Brener, at CDC. Her number is (404) 718-8133.