

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

2021 Adolescent Behaviors and Experiences Survey

Attachment L6

School-level Recruitment Script for the ABES

SCHOOL-LEVEL RECRUITMENT SCRIPT FOR THE
ADOLESCENT BEHAVIORS AND EXPERIENCES SURVEY

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 Adolescent Behaviors and Experiences 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. Kathleen Ethier 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 3A OR 3B.)

- 3A. You should have also received a {LETTER, MEMO, PHONE CALL} or have talked with {DISTRICT OR DIOCESAN OFFICIAL} regarding this survey.
- 3B. 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. Have you had a chance to review the packet of materials about the project?
5. 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 discuss your school's involvement in the survey.
6. 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 and is based on the national Youth Risk Behavior Survey, or YRBS. Additional questions have been added to assess students' experiences during, and related to, the COVID-19 pandemic. 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; behaviors that result in unintentional and intentional injury; and experiences during COVID-19.
7. (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) The ABES will be administered as a web-based survey between January and May 2021. Only a small number of classes in each school are asked to participate. Depending on class configuration, typically one or two classes equating to about 25 to 50 students in each selected grade are chosen randomly. Students in selected classes will complete the survey outside of school using any internet-connected device. The survey takes 20-35 minutes to complete.

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 send home the parental permission forms and track parental decisions. Additionally, teachers will be asked to distribute the survey URL and student login IDs and provide information regarding class enrollment.

8. The survey will occur between {MONTH} and {MONTH} {YEAR} (Other schools within your area also will participate.).
9. 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?
10. (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.)
11. 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 LEVELS}? Is {THE PRINCIPAL'S/YOUR} name correct? Are the school's phone number and address correct?
 - A. CLASS SELECTION: At each grade 9-12 in the school, we want to select {ONE OR TWO} class(es) equating to {25 or 50} students 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 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 SELECTED TEACHERS AND SECTIONS AT CONCLUSION OF CLASS SELECTIONS. OBTAIN THE MOST CURRENT CLASS ENROLLMENT FOR EACH.
12. 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? _____

13. **HOLIDAYS/INSERVICE/BAD DAYS:** 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) _____

14. **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: _____

15. **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?

Contact Person: _____
Telephone: _____
Best Time to Reach: _____

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

In addition, parental permission forms and other materials will be sent to you two to three weeks before the anticipated start of data collection. These materials will include information for the teachers with instructions on what to do prior to the survey administration date. We would appreciate it if {YOU/THE CONTACT PERSON} would make sure that the appropriate materials are distributed to the teachers.

17. 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?
18. 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 this survey. You may also contact Dr. Nancy Brener, at CDC. Her number is (404) 718-8133.