GUIDELINES FOR STATE EDUCATION AGENCY CONTACTS [Year] NATIONAL YOUTH TOBACCO SURVEY

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND STATE'S FILE FOLDER CONTAINING THE NAMES OF THE TOBACCO 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 U.S. Centers for Disease Control and Prevention notifying you that [# schools] in [*State*] will soon be invited to participate in the [*Year*] National Youth Tobacco 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 went [*to You; Or, To Name of Person to Be Contacted*] on [*Date*]. The letter was signed by Dr. Linda Neff 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. My basic reason for calling now is to make sure that you received the letter, to answer any questions that you may have, and to see what will be involved in getting your state's endorsement to proceed with sending a letter of invitation to the districts.
- 5. (PROVIDE BACKGROUND INFORMATION ON THE PROJECT.) The NYTS will be conducted among students in grades 6 through 12 during the spring of [*Year*]. It will document tobacco-related beliefs, attitudes, and behaviors, and the student's exposure to influences that promote or discourage tobacco use. The NYTS is essential for providing a national benchmark against which states can measure the magnitude of the problem of tobacco use and design effective prevention and control programs.
- 6 (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) One or two classes (about 25 to 50 students) in each of grades 6 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 5 minutes for the survey to be introduced and the instructions given and 30 minutes for the students to record their responses to [#] multiple-choice questions.

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 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 (0920-0621).

- 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 in [*Month*] and end in [*Month*], [*Year*]. My guess is that we will try to be in your school district(s) [*Probably Timing*].
- 9. Are there any special clearance procedures with which our research request must comply? (IF YES:) Please send me any necessary forms so that we can return them as quickly as possible.
- 10. Your support of the survey is important to obtaining the cooperation of the schools. Do you have any problems in obtaining your state's endorsement of the survey? Approval? (IF SO: RESOLVE APPROVAL ISSUES THEN VERIFY SCHOOL DATA.)
- 11. To facilitate our contacts with the schools, we would ask that you help us with certain information. First, could you verify that each of the selected schools is still open, and contains the grade ranges we have listed? Is the principal's name correct? Is the school phone number correct? Now for each of the schools, can you tell me the school district? What is the main address for the school district? Who is the superintendent? What is the telephone number? Can you identify other school district contacts who might facilitate the survey? How about local health department contacts?
- 12. <u>(IF STATE DENIES PERMISSION TO CONTACT</u>: RECORD ALL REASONS AND CIRCUMSTANCES CONCERNING DENIAL.) Thank you very much for the time you've spent talking to me today. (END CONVERSATION ON POSITIVE NOTE, ALLOWING THE OPPORTUNITY FOR FUTURE CONTACT ON THIS ISSUE.)
- 13. Thank you very much for your time and cooperation with us on this very important survey. Please feel free to call either [*Name*] at ICF if you have any questions. CDC has contracted with ICF to conduct this survey. The number is (800) 675-9727. You may also contact Mr. Kimp Walton, at CDC. His number is (770) 488-6094.