NATIONAL YOUTH TOBACCO SURVEY (NYTS) - TEACHER LANDING PAGE

We appreciate your class participating in the National Youth Tobacco Survey (NYTS), sponsored by the Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. CDC is conducting this survey to assess the prevalence of tobacco product use among middle and high school students and to monitor if these behaviors increase, decrease, or remain the same over time.

For pre-survey teacher instructions, please watch this video as soon as you receive your survey materials. This video is approximately 2 minutes.

PRE-SURVEY VIDEO

On the day you administer the survey to your class, please watch this video for important instructions and reminders before students log in. Your students should complete the survey on the pre-planned date recorded on the Summary of School Arrangements form sent to you with your survey materials.

This video is approximately 2 minutes.

DAY OF SURVEY VIDEO

Please click on START below to report your class enrollment information. Accurate class enrollment information is critical in determining how many eligible students actively participated. This form should take less than 3 minutes to complete.

CLASS ENROLLMENT FORM

If you would like to see a copy of the questionnaire, one is available with your school's contact person, who is listed on the Summary of School Arrangements form.

- Please DO NOT log into the survey website in order to view the questionnaire students will be completing.
 - o Information you enter will be counted as a student's response.
- Please DO NOT talk to students about the survey except to encourage their participation. We do not want to bias their responses before taking the survey.

If students have any questions about topics raised on the questionnaire, please refer them to the school contact person, a school nurse, a school guidance counselor, or another appropriate resource.

NATIONAL YOUTH TOBACCO SURVEY CLASS ENROLLMENT FORM

Please enter the enrollment information for the class specified below.

Complete all fields. If the value is zero, enter "0".

If any students enrolled in your class are not able to participate, help us understand why. Provide the number of non-participating students that fall into each of the categories listed below.

[TEACHER NAME]	
[CLASS NAME], [CL	ASS PERIOD]
Survey Administration	on Date:
Number of Students	Officially Enrolled in [CLASS NAME], Period [CLASS PERIOD]:
As you're completi	ng the following fields, please make sure each student is counted only one time.
How many students	did you give survey access information to on the planned survey administration date?
Number of Absent S	tudents:
Number of Students	Officially Enrolled who:
	Cannot Complete Independently:
	(This might be a non-English speaker or someone who typically requires supplemental assistance while at school.)
	► Dropped Class/School:
	Expelled/Suspended:
	Extended Absence:
	(In your counts of the three categories above, note that these will include students who are <i>officially</i> enrolled in your class but for all intents and purposes are non-functioning enrollees. That is, they appear on your roster but are not typically "present.")
Number of Parent R	efusals:
•	an Active permission form ONLY: with No Permission Form Returned:
Optional: Enrollmen	t comments (Please do not include any student names.)
Thank you so much!	For any students who are absent and did not receive information about how to access the survey, please

If your school is using an Active permission forms: Students who return an active permission form marked YES after the planned survey date should be given survey access information and asked to complete it as soon as possible.

provide them with this information when they return to class and encourage them to complete it.