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

2021 Adolescent Behaviors and Experiences Survey

Attachment L4

State-level Recruitment Script for the ABES

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

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND STATE'S FILE FOLDER READY TO DOCUMENT THE OUTCOME OF EACH CALL.

- 1. Hello, this is <u>{YOUR NAME}</u>. 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 Adolescent Behaviors and Experiences 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 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.
- 6 (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) The ABES will be administered as a webbased 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.

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 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.

7. Do you have any questions that I can answer for you? Are there any issues you would like to discuss?

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)

- 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. 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?
- 11. 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.