

2021 Adolescent Behaviors and Experiences Survey

Attachment L5

District-level Recruitment Script for the ABES

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

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND DISTRICT'S FILE FOLDER READY TO DOCUMENT THE OUTCOME OF EACH CALL. ALSO HAVE COPY OF THE STATE 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 {NAMES(S) OF SCHOOL(S)} will soon be invited to participate in the national 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. A letter about this was sent to {YOU; OR, NAME OF PERSON TO BE CONTACTED} 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. Do you recall getting this letter?
3. Have you had a chance to review the packet of materials about the project?
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 see what will be involved in getting approval from the school district to send a letter of invitation to the schools.
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. Do you have any questions that I can answer for you? Are there any issues you would like to discuss?
7. 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. Do you see any problem in obtaining the district's endorsement of the survey? (IF SO:) We expect that some districts will not choose to endorse the survey. In such cases, CDC is asking that the district allow each school to determine whether to participate.

[RESOLVE APPROVAL ISSUES, THEN VERIFY SCHOOL DATA.]

8. Your support of the survey is important to obtaining the cooperation of the schools. Since we would like to contact the schools as quickly as possible to inform them about the survey, we'd like to request that your office call each selected principal confirming that we have contacted you concerning their selection, have complied with any clearance requirements, and will be contacting them soon. Can you do this? Or if you prefer, with your approval we will contact the school(s) and inform them that "we spoke to {DISTRICT SUPERINTENDENT NAME or OTHER LEA REPRESENTATIVE NAME} on {DATE}. (He/she) has given (his/her) approval for our contacting you today." Or would you prefer to call or write each school principal yourself before we contact them? (IF SO:) 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 OR EMAIL:) Could you send me a copy of the letter/email?
9. IF DISTRICT DENIES PERMISSION TO CONTACT SCHOOL(S): 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.
10. (IN RESPONSE TO INQUIRIES ABOUT TIMING:) We do not know the exact dates of survey administration in your schools. Data collection nationally will start {MONTH} and end {MONTH}. My guess is that we will try to schedule survey administration {PROBABLE TIMING}.
11. To facilitate our contacts with the schools, we would ask that you help with certain information. Can you tell me when during the period from {MONTH} to {MONTH} will be holidays or other events that would prevent data collection on a given day?
12. When does school close for Spring/Easter and Summer vacations? Do seniors get out earlier than the other students?
13. Are there any other special circumstances or requirements we should be aware of for {NAMES(S) OF SCHOOLS}? By this I mean reorganizations, anticipated permanent or temporary school closings, new principals, or something like that? Any changes in the grades offered at these schools in the past year?
14. 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.