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

2021 and 2023 National Youth Risk Behavior Survey

Attachment G **Data Collection Checklist**

Form Approved OMB No.: 0920-xxxx

Expiration Date: xx/xx/xxxx

Public reporting burden for this collection of information is estimated to average 15 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: OMB-PRA (0920-xxxxx)

DATA COLLECTION CHECKLIST

State: School Name:	Date of Survey Administration:					
Teacher:	Grade(s	e(s): Class:			Period:	
Prior to survey administration, p	lease fill out columns 1-5.					
This form will be collected by the (YRBS). Please use it to track pa					r Survey	
Column 2: Record date pe Column 3: For any studen Column 4: For any studen	udent name (or identifier) of ermission form reminder ser at who returns the permission of the returns the permission	nt. on form marked "N on form marked "Y	o," put a check ma es," put a check m	ark. ark.		
CCI – Cannot Complete Indep DC – Dropped Class		ped School	EA – Extended Al	osence MA	– Moved Away ol Suspension	
use the following	survey administration, the sign codes to indicate the reason not need to indicate another	n a student did not				
A – Absent NFR – No Permissio	on Form Returned PR – I	Parent Refusal S	SR – Student Refu	sal TAC – Tool	c in Another Class	
Column #1 Student Name or Identifier	Column #2 Date Reminder Sent	Column #3 Che ck if Permission Form was Returned "No"	Column #4 Che ck if Permission Form was Returned "Yes"	Column #5 Student Codes	Column #6 Stu dent IS Eligible for Make-Up (A, ISS, SR, or NFR only)	
1.						
2.						
3.						

4.
5.
6.
7.
8.
9.
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11.
12.
13.

15.							
16.			_				
	Column #1 Name or Identifier	Column #2 Date Reminder Sent	Column #3 Che ck if Permission Form was Returned "No"	Per Fo Re	Column #4 Che ck if rmission rm was eturned "Yes"	Columi Student	Column #6 Stu dent IS Eligible for Make-Up (A, ISS, SR, or NFR only)
17.							
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19.							
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41.							
42.							
43.							
44.							
45.							
46.							
For Office Use Only							
Number of	Number of	Number of	Number			er of No	nber of Other

Student Refusals

(SR)

Completed

Surveys

Eligible Students

Parent Refusals

(PR)

Form Returned

(NFR)

Non-Survey

Takers (A, ISS)
