

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

2025 and 2027 National Youth Risk Behavior Survey

Attachment M3

School-level Recruitment Script for the national YRBS

SCHOOL-LEVEL RECRUITMENT SCRIPT FOR THE
YOUTH RISK BEHAVIOR SURVEY

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND SCHOOL'S FILE FOLDER READY TO DOCUMENT THE OUTCOME OF EACH CALL. ALSO HAVE DISTRICT 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 your school is invited to participate in the {YEAR} national Youth Risk Behavior 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. The letter was dated {INSERT DATE FROM LETTER}. The letter was from Dr. Kathleen Ethier and was on Centers for Disease Control and Prevention letterhead. Do you recall getting the letter? Along with the letter was a copy of the questionnaire and other materials.

(DEPENDING ON PREVIOUS ARRANGEMENT WITH DISTRICT, USE 3A OR 3B.)

- 3A. You should have also received a {LETTER, EMAIL, PHONE CALL} or have talked with {DISTRICT OR DIOCESAN OFFICIAL} regarding this survey.
- 3B. We spoke to {NAME} in the School District (or Diocesan Office) on {DATE}. (He/she) has given (his/her) approval for our contacting you today.
4. (ONLY IF THERE WAS A STATE ENDORSEMENT LETTER:) A letter of support from {NAME} at the State Department of Education was enclosed with the letter of invitation from Dr. Kathleen Ethier at CDC.
5. Have you had a chance to review the packet of materials about the project?
6. 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 discuss your school's involvement in the survey.
7. Do you foresee any problems with participating or do you have any questions?

(PROVIDE BACKGROUND INFORMATION ON PROJECT.) This survey will attempt to measure the prevalence of priority health risk behaviors of students in grades 9 through 12. The resulting data will be used to develop more effective education programs and strategies for schools and communities to change behaviors that pose health risks. These behaviors include nutrition, physical activity, mental health, injuries, violence, and tobacco, alcohol, and other drug use. The survey also will ask about sexual behaviors that lead to unintended pregnancy and sexually transmitted infections (STIs), including HIV.

8. (PROVIDE INFORMATION ON BURDEN AND PROCEDURES.) One or two classes (about 25 to 50 students) in each of grades 9 through 12 will be selected to participate from your school. The estimated total participants from your school will be about {INSERT APPROXIMATE NUMBER} students. The survey will be administered by specially trained field staff during one class period and will take approximately 5 minutes for the survey administrator to distribute survey materials and read directions to the students and approximately 25 minutes for the students to record their responses to {#} multiple-choice questions. The questionnaire was developed by expert panels in six health risk topic areas, with technical assistance by CDC. Representatives from state and local education agencies have reviewed the questionnaire.

Anonymity will be maintained throughout the entire survey process. No results will be reported by student name, class, school, school district, city, or state. 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.

We are asking the 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.

9. The survey will occur between {MONTH} and {MONTH} {YEAR} (Other schools within your area also will participate.). We will have a data collector in your area for approximately one week, but exact timing has yet to be determined.
10. Do you have any questions that I can answer for you? Are there any issues you would like to discuss? If you have no further questions, can we count on your school's participation in the survey?
11. (IF SCHOOL REFUSES PARTICIPATION: RECORD ALL REASONS AND CIRCUMSTANCES CONCERNING REFUSAL.) Thank you very much for the time you've spent talking to me today. (END CONVERSATION ON POSITIVE NOTE ALLOWING FOR FUTURE CONTACT ON THIS ISSUE.)
12. Now, I'd like to obtain some of the information from you that we need to plan your school's participation in the survey. This includes selecting classes, getting names of teachers, and some other things. Could you verify that your school contains the grade range we have listed which is {GRADE LEVELS}? Is {THE PRINCIPAL'S/YOUR} name correct? Are the school's phone number and address correct?
- A. CLASS SELECTION: At each grade 9-12 in the school, we want to select {ONE OR TWO} class(es) at random to be in the study. The classes have to be selected randomly so that we have a scientifically defensible and nationally representative sample.
- B. TYPES OF CLASS USED: Does your school have homerooms? (IF YES:) How long are homeroom period? Could the survey be administered in homeroom? (IF NOT:), at each grade, what academic subjects do all students take? (VERIFY:) If we used the subject for {GRADE}, would every student at this grade level have a chance to be selected? In other words, do all students in this grade take this subject? (FOR UPPER GRADES WHERE THERE A FEW OR NO PREPONDERANCE OF THE GRADES NEEDED.)
- C. CLASS SECTIONS: (USE WORKSHEET.) Now I'd like to select the actual classes. First, can you tell me how many classes (sections) you have at grade (GO FROM GRADE 9 TO GRADE 12).

I need to list each of the class sections at each grade. (IF USING HOMEROOMS, ALPHABETIZE BY LAST NAME OF TEACHER. OTHERWISE, USE NUMERICAL SECTION NUMBER SEQUENCE. AGAIN, GO FROM GRADE 9 TO GRADE 12. MAKE SELECTION AS YOU GO, USING RANDOM NUMBER TABLE.) That means that we'll be using {TEACHER NAME}'s class at {GRADE}.

(REVIEW ALL SELECTED TEACHERS AND SECTIONS AT CONCLUSION OF CLASS SELECTIONS. OBTAIN THE MOST CURRENT CLASS ENROLLMENT FOR EACH.)

D. **SCHEDULING:** Scheduling information will help us plan the timing of the visits to your school and the actual survey activity itself. I'd like to ask a series of questions. The reasons for most questions will be self-evident. When are each of the following:

- Start of school day for most students: _____
- End of school day for most students: _____
- Lunch period(s): _____
- Time at which most teachers leave school: _____
- Time at which most teachers arrive at school: _____
- Time of "Homerom" meetings of classes: _____

13. **PARENTAL PERMISSION FORMS:** One very important task for which we depend on you and your teachers is the distribution of parental permission forms. We've learned that response rates depend a lot on who sends them home and how they go home – either in hard copy, electronically, or both. Who do you want to be responsible for the permission forms? How would you like to distribute them?

- Homerom or Classroom Teacher
- Contact Person
- Principal
- Other: _____

- Hard copy
- Electronically
- Both hard copy and electronically

Permission forms will be available in Spanish for parents who speak and read only Spanish. Will you need any of these?

- No
- Yes--Roughly how many? _____

14. **REACHING TEACHERS:** We will need to meet very briefly with {TEACHERS(S) SELECTED IN Q. 12C}. We'll need to review the status of parental permission forms with each teacher before starting to conduct the survey. To the extent that you can generalize, what are the best times to meet with the teachers? Bear in mind, we don't want to take the teachers out of their classrooms. We are talking in terms of before school, after school, or lunch periods, for the most part. We would be glad to meet with all of the teachers at the same time.

	Class	Teacher	Times
9 th	_____	_____	_____
10 th	_____	_____	_____
11 th	_____	_____	_____
12 th	_____	_____	_____

15. HOLIDAYS/INSERVICE/BAD DAYS: Our field staff member, {INSERT NAME, IF KNOWN}, will be in your area for approximately one week sometime between the dates of {DATE} and {DATE}. To avoid any major scheduling conflicts, we need to know what holidays you will be observing or any other school activities such as in-service, parent-teacher, conferences, standardized testing, class trips, or anything else that would prevent conducting the survey on any given day.

What dates would be bad for you in:

{MONTH}: _____
{MONTH}: _____

We have tentatively scheduled your school for data collection between {INSERT DATES}. Do you envision any problems with this time period?

___ No
___ Yes--(DISCUSS) _____

16. MAXIMIZING PARTICIPATION: Our goal, as you know, is to come as close to 100 percent participation as possible, since we cannot replace selected students who choose not to participate. Participation rates strongly affect the validity of the survey. From our experience in many prior studies, willingness to participate depends to a large degree on the extent to which the school conveys the message that it views participation as valuable and important. What can be done in your school to help promote the study?

___ School Bulletin/Newsletter
___ PTA
___ Teacher Meeting
___ Letter Home from Principal
___ Other: _____

17. CONTACT PERSON: We appreciate the time that you have taken out of your busy schedule to arrange the details of this survey. We are extremely grateful to you and your teachers for their receptiveness and willingness to participate in the survey.

Do you wish to remain the contact person in your school or would you like someone else to be the contact person from now on? It is not necessary that you or your designated representative be present during the survey administration but do request that the teacher remain unobtrusively in the room in the unlikely event he/she may be needed to maintain discipline or provide other assistance.

Contact Person: _____
Telephone: _____
Best Time to Reach: _____

18. In the next few days, a confirmation letter will be sent to you summarizing everything we have just discussed. Please read this carefully, revise any unclear information, and return your confirmation memo using the instructions provided.

In addition, a package with parental permission forms and other materials will be sent to your school two to three weeks before the anticipated start of data collection. This package will include information packets for the teachers with instructions on what to do prior to arrival of the data collector. We would appreciate it if {YOU/THE CONTACT PERSON} would make sure that the packets are distributed to the teachers and that teachers distribute the permission forms to students.

19. Are there any other special circumstances or requirements you think are important for us to know about, concerning your staff, the students, or the school premises?

20. 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 this survey. You may also contact Dr. Nancy Brener at CDC. Her number is (404) 718-8133.