

**Class-Level Sample Information Form**  
**Global Youth Tobacco Survey**  
**[Country, Region, Year]**

Note: Make enough copies of this form so there is one for EACH selected class in each school.

A Class-Level Sample Information Form MUST be completed for each of the classes selected for the survey, whether or not the class participated.

GYTS Implementing Agency: **AGENCY NAME**

School: **SCHOOL NAME**

School ID: **XXXX**

GYTS School ID: **XXX**

Class ID: \_\_\_\_\_

How many students are ENROLLED in this class? \_\_\_\_\_

(Information for the Class ID and Number of Students Enrolled is on the Class Selection Template.)

What is the GRADE in this class? 7 8 9 Other  
(Circle one)

How many students in this class participated in this survey? \_\_\_\_\_

If the CLASS did not participate in this survey, please explain **in English:**

Note: This form goes in the class envelope with the Header Sheet and Answer Sheets for this class, and all forms and envelopes should be sent to the Research Coordinator. The Research Coordinator should make sure this form is complete and in the correct class envelope. Please send school and class envelopes to the Global Tobacco Control Branch in the Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta, GA.