

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

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GYTS Implementing Agency: **AGENCY NAME**

School: **SCHOOL NAME**

School ID: **XXXX**

GYTS School ID: **XXX**

What grades are taught in this school? _____ (Examples: K-12, 9-12)

School participation status: PARTICIPATING REFUSING INELIGIBLE
(Circle one)

If the school is ineligible, please explain **in English:**

*If this school refused to participate or is ineligible, you do not need to complete the rest of this form.

The total number of eligible classes is available on the Class Selection Template. If the Class Selection Template is not available, then obtain a list of eligible classes in this school to use for class selection. Number the classes on the list beginning with 1. The list of eligible classes must be such that each student in the surveyed grades is represented on the list ONE AND ONLY ONE time. Refer to the GYTS Implementation Instructions for more information.

Enter the TOTAL NUMBER of eligible classes: _____

For each random class number below, circle the corresponding selected classes on your list. Keep selecting classes until you reach the END of your eligible classes list. If the first random class number listed below is greater than the number of eligible classes on your list OR if you run out of numbers before you reach the end of your list of eligible classes, contact [Name of the Research Coordinator and contact information with telephone number and email address].

2 6 11 15 20 24 29 33 38 42

Please keep your selected classes list in case there are any questions concerning these classes. If you prefer not to keep the selected classes list, you may send it to [Name of the Research Coordinator] along with these forms. On the next page is a class tracking form. For each class selected, enter the class ID (use the number above that was used to select the class) and the teacher's name. As you receive completed answer sheets and class-level sample information forms for each class, put a check mark in the space provided.

School policy questionnaire and answer sheet completed **Yes**

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No, please explain **in English:** _____

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School ID: **XXXX**

GYTS School ID: **XXX**

Class ID	Teacher's Name	Completed Answer Sheets Received	Completed Class-Level Sample Information Form Received

If you need more lines, make a copy of this page.

Note: This form goes in the school envelope along with the class envelopes for this school, 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 school 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.

----- FOR OFFICE USE -----
School sampling interval: 96.6579444433013
Within-School sampling interval: 3.31792254822319
Random number: 0.5970377922