

2017 NH Youth Risk Behavior Survey (YRBS)

Survey Fact Sheet

- Q. Why is the survey being done?**
A. The Departments of Education and Health and Human Services will use the survey results to help measure the percentage of youth who practice risky health behaviors. The information will be used to create school health programs to help reduce these behaviors.
- Q. Are sensitive questions asked?**
A. Yes. Some questions are sensitive. AIDS, HIV infection, and other sexually transmitted infections (STIs) are major health problems. Sexual intercourse and injected drug use are behaviors that increase the risk of HIV infection. The only way to learn if youth are at risk of becoming infected with HIV or other STIs is to ask questions about these behaviors. Attempted suicide, tobacco use, alcohol and other drug use, and weapon-carrying also may be considered sensitive topics. Questions are written in a direct but sensitive way.
- Q. Will students' names be used or linked to the surveys?**
A. No. The survey has been designed to protect your child's privacy. Students do not put their name on the survey.
- Q. Do students take the survey more than once to see how their behaviors change?**
A. No. Students who take part one year cannot be tracked because their names are not on the survey.
- Q. How was my child picked to be in the survey?**
A. All NH public high schools were invited to participate in the 2017 survey and all but one NH school decided to survey all of its grades 9 – 12 students.
- Q. How long does it take to fill out the survey? Does the survey include a physical test?**
A. One class period is needed to fill out the written survey, which has 99 questions. The survey does not include a physical test or exam.
- Q. Can I see the questions my student will be asked?**
A. Yes, a copy of the survey may be viewed at your child's school and your school district's website.
- Q. Who supports this survey?**
A. These surveys were created by the *US Centers for Disease Control and Prevention* and professionals from 19 federal agencies and over 100 state and local health and education agencies.

Some of the national organizations that enthusiastically support the survey include:

American Academy of Pediatrics
The School Superintendents Association
Association of State and Territorial Health Officials
Council of Chief State School Officers
National Association of State Boards of Education
National Association of Secondary School Principals
National Catholic Educational Association
National PTA

Passive Parental Permission Form

Our school is taking part in the 2017 Youth Risk Behavior Survey (YRBS) sponsored by the New Hampshire Departments of Education and Health and Human Services. The survey will ask about the health behaviors of 9th through 12th grade students. The survey will ask about nutrition, physical activity, injuries, and tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV.

Students will be asked to fill out a survey that takes about 45 minutes to complete.

Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no school or student will ever be mentioned by name in a report of the results. For the survey results to be accurate, it is important that all students, regardless of whether they have engaged in health-risk behaviors, are given an opportunity to participate in the survey, but **the survey is voluntary**. No action will be taken against the school, you, or your child if your child does not take the survey. Students may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty. If you would like to see the survey, a copy is available at your child's school and your school district's website.

Please read the other side of this form for more facts about the survey. Complete the section below and return it to the school within 3 days **only if you do not** want your child to take part in the survey. If you have additional questions about the survey your child's teacher or principal cannot answer, please call the Department of Health and Human Services at 271-4988. Thank you.

Please complete this section of the form only if you do not want your child to participate in the survey.

Student's name: _____ Grade: _____

I have read this form and know what the survey is about.

NO, my child may **not** take part in this survey.

Parent's signature: _____ Date: _____

Phone number: _____