

Global Youth Tobacco Survey
District-or State -Level Sample Information
Form

SEA/LEA Name: Panama Fall GYTS 2000

Name of person completing this form: _____

Phone: _____

ENROLLMENT/Population numbers by grade and gender:

Nombre de la Escuela: PRIMER CICLO DE LA ARENA

Provincia: HERRERA

Distrito:

GRADE-clase	N° de Orden	Masculino	Femenino	Total
VII GRADO				150
A	1	13	12	25
B	2	10	13	23
C	3	11	14	25
CH	4	15	11	26
D	5	16	10	26
E	6	15	10	25
VIII GRADO				101
A	7	11	11	22
B	8	11	10	21
C	9	10	11	21
CH	10	9	10	19
D	11	7	11	18
IX GRADO				0
GRAN TOTAL				251

**PANAMA FALL GYTS 2000
GLOBAL YOUNG TOBACCO SURVEY
SCHOOL – LEVEL FORM**

YTS COORDINATING AGENCY: PANAMA MINISTERIO DE SALUD
SCHOOL: PRIMERI CICLO DE LA ARENA
SCHOOL ID: 114 SAMPLE: PANAMA FALL GYTS
2000

SCHOOL PARTICIPATON STATUS: PARTICIPATING REFUSING INELIGIBLE

WHAT GRADES ARE TAUGHT IN THIS SCHOOL?

WHAT GRADES ARE TO BE SURVEYED IN THIS SCHOOL?

OBTEIN A LIST OF CLASSES FOR THE GRADES TO BE SURVEYED. THE LIST OF CLASSES MUST BE SUCH THAT EACH STUDENT IN THE SURVEYED GRADES MUST BE REPRESENTED ON THE LIST ONE AND ONLY ONE TIME. NUMBER THE CLASSES ON THE LIST BEGINNING WITH THE FIRST ELIGIBLE CLASS LISTED.

WHAT IS THE TOTAL NUMBER OF ELIGIBLE CLASSES?

FOR EACH NUMBER BELOW, SELECT THE CORRESPONDING CLASS ON YOUR LIST. KEEP SELECTING CLASSES UNTIL YOU REACH THE END OF YOUR CLASS LIST. IF THE FIRST NUMBER LISTED BELOW IS GREATER THAN THE NUMBER OF ELIGIBLE CLASSES ON YOUR LIST, OR IF YOU RUN OUT OF NUMBER BEFORE YOU REACH THE END OF YOUR LIST OF CLASSES, CONTACT: DR. REINA ROA – RESEARCH COORDINATOR PHONE: (507) 266-7231

2 6 9 13 16 20 23 26 30 33

CLASS TRACKING: FOR EACH SELECTED CLASS, ENTER THE CLASS ID (USE THE NUMBER ABOVE THAT WAS USED TO SELECT THE CLASS), THE TEACHER'S NAME AND THE CLASS NAME.

CLASS ID	TEACHER/CLASS NAME	CLASS ID	TEACHER/CLASS NAME
2-VII B			
6-VII E			
9 – VIII C			

SAMPLING INTERVAL: 3.4128124044 RANDOM NUMBER: 0.5798049201

**PANAMA FALL GYTS 2000
GLOBAL YOUNG TOBACCO SURVEY
CLASSROOM – LEVEL FORM**

YTS COORDINATING AGENCY: PANAMA MINISTERIO DE SALUD
SCHOOL: PRIMERI CICLO DE LA ARENA
SAMPLE: PANAMA FALL GYTS 2000
SCHOOL ID: 114 CLASS ID: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE CLASS:

HOW MANY STUDENTS ARE ENROLLED IN THIS CLASS: _____

HOW MANY STUDENTS IN THIS CLASS PARTICIPATED IN THE SURVEY:

IF THE CLASS DID NOT PARTICIPATE IN THIS SURVEY, PLEASE EXPLAIN
THE REASON:

