

**SUBMISSION OF INFORMATION COLLECTION**  
**UNDER GENERIC CLEARANCES**

**DATE OF REQUEST:** \_\_\_1/15/08\_\_\_\_\_

**SUB AGENCY (I/C):** NIH NIDDK National Institute of Diabetes and Digestive and Kidney Diseases

**TITLE:** \_ National Kidney Disease Education Program's Family Reunion Health Guide and Related Resources Web site User Satisfaction Evaluation Survey

**GENERIC CLEARANCE UNDER OMB#** \_0925-0486\_ **EXP. DATE:** 07/31/2010

**ABSTRACT:**

This Web survey is designed to measure customer satisfaction with NIDDK's National Kidney Disease Education Program (NKDEP) Family Reunion Web site; URL <http://www.nkdep.nih.gov/familyreunion>. NKDEP seeks to learn about the experience of individuals using the Family Reunion Health Guide, the centerpiece of the Family Reunion Initiative (FRI). NKDEP seeks to ensure that the piece meets the information and resource needs of users and that the tool is easy to use. More specifically, NKDEP would like to learn how users feel the piece may be improved upon, if at all, and what users consider the best strategies for informing potential users about the Guide and related materials. The information collected will be used internally to improve upon the Guide, if needed, and inform dissemination practices to ensure NKDEP is using efficient and high-impact tactics for informing potential users about the tool. The web based survey contains two tracks: a user track and a partner/promoter track. All survey respondents will start on the user track. They will continue on the user track if they have used the Guide to share information with their families. If respondents have disseminated the Guide to the public but have not used the Guide with their family, they will continue on the partner promoter track. The online survey will be stopped when a total of 100 users' and 15 promoters' surveys are completed. The information collected will be used by the NKDEP to improve upon the usefulness and user-friendliness of the Guide on the Family Reunion Web site.

**TOTAL ANNUAL BURDEN APPROVED:** 8684.00

**BURDEN USED TO DATE:** 1921.5

**BURDEN THIS REQUEST:** 9.6

**IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?**

\_\_\_\_\_ YES \_\_\_x\_\_\_ NO \_\_\_\_\_ N/A

**OBLIGATION TO RESPOND:**

\_\_\_x\_\_\_ VOLUNTARY

\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_ MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

\_\_\_x\_\_\_ WEB SITE

\_\_\_\_\_ TELEPHONE INTERVIEW

\_\_\_\_\_ MAIL RESPONSE

\_\_\_\_\_ IN PERSON INTERVIEW

\_\_\_\_\_ OTHER: \_\_\_\_\_

**CONTACT INFORMATION:**

NAME: \_\_\_ Eileen Newman \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_ 301-435-8116 \_\_\_\_\_

EMAIL ADDRESS: \_\_eileen.newman@nih.gov\_\_\_\_\_