

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0990-0379)**

TITLE OF INFORMATION COLLECTION:

HHS.gov Online Visitor Survey for Mobile and Accessibility

PURPOSE:

The purpose of this information collection tool is to learn about user habits and preferences for mobile browsing and to design more accessible and useable Web pages based on the feedback we collect.

DESCRIPTION OF RESPONDENTS:

Disabled mobile visitors of HHS.gov will be asked these questions.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Achaia Walton

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Mobile & Accessibility Survey	5,000	15/60	1,250 hrs
TOTAL			1,250 hrs

FEDERAL COST: The estimated annual cost to the Federal government is none.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The Selection of Your Targeted Respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [] Yes [X] No

*If the answer is yes, please provide a description of both below (or attach the sampling plan)?
If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?*

Page-level surveys are available to visitors on every content page, and providing feedback to these surveys is optional and voluntary.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - [X] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person
 - [] Mail
 - [] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

NOTE: Please see attachment (mobile-508-questions-v1.docx) for instruments, instructions and scripts.