

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback” (NCI)
(OMB Control Number: 0925-0642-12, Expiration Date 9/30/2014)**

TITLE OF INFORMATION COLLECTION: Online User Survey for Smokefree.gov

PURPOSE:

A public health priority for the National Cancer Institute’s (NCI) Tobacco Control Research Branch (TCRB) is to work toward a world free of tobacco use and related cancer and suffering. TCRB implements a website, www.smokefree.gov, www.women.smokefree.gov, and www.teen.smokefree.gov. One goal of these websites is to reach out to underrepresented populations, however, little is known about those who use the newly developed websites. Additionally, various DHHS bodies will launch media campaigns this year to target diverse demographic groups, but TCRB does not currently have a tool in place to measure the extent of which the campaigns are reaching these diverse groups. To that end, TCRB seeks to create and implement a demographic and smoking behavior questionnaire on these three websites to know more about what kinds of people use the websites and in what type of smoking behavior they engage. Ultimately, this would allow TCRB to customize web navigation and/or content more specifically to users’ needs and ultimately facilitate more efficient interaction with the public.

DESCRIPTION OF RESPONDENTS:

The participant pool would be composed of individuals who are already using NCI resources by virtue of using www.smokefree.gov, www.women.smokefree.gov, and www.teen.smokefree.gov. To test usability of the new survey, TCRB staff would ask for feedback from website users.

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: Erik Augustson

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

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	Number of Respondents	Participation Time	Total Burden Hours
Individuals	3000	5/60	250
Totals	3000		250

Total Burden Hours used for IC's to date: 470
Total Burden Hours Approved for IC's under 0925-0642: 8750
Total Burden Hours currently requested: 250

FEDERAL COST: The estimated annual cost to the Federal government is \$1000.00

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

Survey is a pop-up survey that will appear within one minute of users coming to any of the three webpages listed above. Users can elect to complete or not.

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

List of instruments, instructions, and scripts submitted with this request:

Attachments 1A and 1B: NCI Smokefree.gov User Survey Screenshots