Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0925-0648)

TITLE OF INFORMATION COLLECTION: User Survey for IHM database and website

PURPOSE: To determine functional requirements and user needs for a potential upgrade to the Images from the History of Medicine (IHM) system. The present system, based on a Luna database program, has been in place for several years. User needs and expectations have changed during that time, based on ubiquitous experience with more modern search engines. Concomitantly, the National Library of Medicine has established a new digital repository that will eventually house all of our digital collections, including the digitized images currently comprising IHM. As we shift the images to the new digital repository, we will need to create a user interface to access the images in the new location. This survey will inform decisions about both upgrading the current IHM system and integrating user requirements into the digital repository interface.

DESCRIPTION OF RESPONDENTS: Users of the National Library of Medicine's Images in the History of Medicine website (http://ihm.nlm.nih.gov/luna/servlet/view/all), including academic researchers, historians, teachers, medical professionals, and others.

| TYPE OF COLLECTION: (Check one) | |
|--|--|
| [] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software) [] Focus Group | [X] Customer Satisfaction Survey[] Small Discussion Group[] 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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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: Kenneth M. Koyle | |
|------------------------|--|

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, 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 [X] N/A

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 | No. of Respondents | Participation Time | Burden |
|------------------------|-----------------------|-----------------------|--------|
| Private Sector | 100 | 5/60 | 8 |
| Totals | | | 8 hrs. |

FEDERAL COST: The estimated annual cost to the Federal government is: \$1000

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?

[X] Yes [] 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?

Respondents will be current users of the IHM website, and will be self-identified by responding to the survey link on the website itself.

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 |
| | |

Attachment #1 IHM Survey Monkey Attachment #2 IHM Survey Invite