

**Request for Approval under the "Generic Clearance for the Collection of  
Qualitative Feedback on Agency Service Delivery"  
(OMB Control Number: 0917-0036-12)**

**TITLE OF INFORMATION COLLECTION:** Generic Clearance for the Collection of Qualitative Feedback on Patient Quality and Access of Service: Clinton Indian Health Service Physician/Dentist Customer Service Questionnaire Form

**PURPOSE:** The collection of information, via Survey Monkey or Paper Form, is necessary to enable the Service Unit to obtain patient feedback in an efficient, timely manner, in order to improve customer service, quality and access to care, and maintain Joint Commission Accreditation standards. The information collected from patients is voluntary and will help ensure that patients have an excellent experience with the Clinton Service Unit.

**DESCRIPTION OF RESPONDENTS:** individuals (patients) who receive health care from Clinton Service Unit.

**TYPE OF COLLECTION:** (Check one)

☐ Customer Comment Card/Complaint Form  
☐ Usability Testing (e.g., Website or Software)  
☐ Focus Group

☒ 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 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: Tamera C. Day

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, 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 ☒ No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Patients, and employees of IHS	500	5/60 per hour	41.66 hours per year
<b>Totals</b>	500	5/60 per hour	41.66 hours per year

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$1580 annually. These costs include the following: (1) One staff spends approximately 16 hours at \$35 per hour to create, review, and implement the website patient/employee survey ( $35 \times 16 = \$560$ ); and (2) One staff spends approximately 1 hour at \$35 per hour, quarterly (4 times a year), to maintain the survey ( $35 \times 4 = \$140$ ). The annual fee for using the Survey Monkey is \$300, and printing cost of patient paper survey forms is approximately \$580.

**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 ☒ 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?

Patient survey will be available via Survey Monkey website, and survey pamphlets will also be available at the Clinton, El Reno, and Watonga facilities for patients to fill out voluntarily. After completion of the paper surveys, patients will place their survey in drop box specifically for surveys.

### Administration of the Instrument

1. How will you collect the information? (Check all that apply)  
☒ Web-based or other forms of Social Media  
☐ Telephone  
☐ In-person  
☐ Mail  
☒ Other, Explain - optional paper form of survey with drop box provided
2. Will interviewers or facilitators be used? ☐ Yes ☒ No

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