

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0956)**

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## **TITLE OF INFORMATION COLLECTION:**

CDC Homepage Mobile & Desktop Survey

## **PURPOSE:**

The Digital Media Branch (DMB) is currently working on a responsive design web template for the CDC.gov website to be released within the next few months. The new responsive design template will allow an optimal viewing experience regardless of the visitor’s viewing device (mobile phones, tablets, desktops, etc.). Historically the CDC.gov homepage has not been included in the CDC.gov web templates and will need to go through a separate redesign process so it can accommodate responsive design as the rest of the CDC.gov site.

In addition, while the CDC.gov homepage was refreshed a few years ago, it has not had a full redesign since 2007. Since that time, CDC web audiences have changed and technologies (specifically mobile) have resulted in different web usage patterns and web site needs. As the “face” of CDC.gov, it is important that the CDC.gov homepage keep up with these changing requirements and remain current in its design and information architecture.

In order to redesign the homepage so it meets audience needs and allows CDC.gov users to find public health information quickly and efficiently, a survey needs to be administered to access target users information needs as these needs have changed since the last redesign effort. The survey would be voluntary and potential participants would be recruited when they visit the current CDC.gov homepage. The data collected will inform directly on improvements to the CDC.gov homepage as it is redesigned.

## **DESCRIPTION OF RESPONDENTS:**

This is a voluntary survey, participants generally fall into the following groups:

- Physician, or Physician’s Assistant
- Nurse, or Nurse Practitioner
- Public Health Professional
- Scientists or Researchers
- Students
- Educators
- Individuals or general consumers interested in health issues

**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: Lisa Richman (cyn3)

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
Physician, or Physician’s Assistant, or Nurse, or Nurse Practitioner,	160	7/60	19
Individuals or general consumers interested in health issues	160	7/60	19
Public Health Professionals	120	7/60	14
Scientists or Researchers	60	7/60	7
Students or Educators	100	7/60	12
<b>Totals</b>	<b>600</b>		<b>71</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is  
\$1806.52

**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?

Each voluntary participant will be asked to self identify as either a: Physician, or Physician's Assistant, Nurse, or Nurse Practitioner, Public Health Professional, Scientist or Researcher Student, Educator OR Individual or general consumer interested in health issues.

**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