

**Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** ATSDR Customer Satisfaction Survey for DCHI Documents

**PURPOSE:** The purpose of the survey is to collect opinions about the Agency for Toxic Substances and Disease Registry's (ATSDR's) public health assessment (PHA) and public health consultation (HC) documents. PHAs and HCs are written to assess environmental hazards at sites. Essentially, PHAs and HCs are ATSDR Division of Community Health Investigations' (DCHI's) primary "products." In FY 2012, ATSDR produced a total of 170 of these types of documents. It is essential that we survey those who receive these documents so that we can determine if our documents are meeting their needs.

**DESCRIPTION OF RESPONDENTS:** State, local, and tribal health department personnel who request and/or receive PHA or HC documents.

**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: Stephanie Davis 08/29/2013  
Stephanie Davis, NCEH/ATSDR PRA Coordinator

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 [X] No

### BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal government	1000	5/60	83
<b>Totals</b>	<b>1000</b>	<b>5/60</b>	<b>83</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,400  
The cost estimate follows. Managing this survey will take 0.05 FTE (\$6400).

**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?

DCHI maintains a mailing list of individuals to whom the health assessment or health consultation documents will be sent. The mailing lists usually consist of individuals from state and/or local governments where the site is located. Please note that the mailing lists are specific to each document. In other words, each separate document will have its own mailing list.

Based on the above mailing list, DCHI also maintains the official email addresses for its state, local, and tribal health department personnel who request and/or receive PHA or HC documents. These email addresses will be used to invite these customers to participate in this information collection (Attachment A).

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[X] Web-based or other forms of Social Media

DCHI will use SurveyMonkey® to collect the online survey responses. The use of SurveyMonkey® has been reviewed and approved to be compliant with HHS IT security standards. An IT security site plan is in place for this application.

- [ ] Telephone

- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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

The following attachments are included:

Attachment A. Email Invitation for ATSDR Customer Satisfaction Survey for DCHI Documents

Attachment B. ATSDR Customer Satisfaction Survey for DCHI Documents (on-line)

Attachment C. ATSDR Customer Satisfaction Survey for DCHI Documents (text)