

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0925-0678)

TITLE OF INFORMATION COLLECTION:

Survey of past participants of the National Institute of Neurological Disorders and Stroke (NINDS) Anticonvulsant Screening Program (ASP)

PURPOSE:

The proposed information collection is a survey of individuals who have submitted compounds for screening in the National Institute of Neurological Disorders and Stroke (NINDS) Anticonvulsant Screening Program (ASP) over the last five years. The purpose of this survey is to assess user satisfaction with services and consultation received through the ASP, to determine the extent to which users feel the program has benefitted their epilepsy drug development efforts, and to obtain feedback relevant to program improvement.

The ASP screens compounds for anti-seizure activity in a battery of well-established rodent seizure models and was designed to encourage and facilitate the discovery of new treatments for epilepsy. Researchers in the U.S. and abroad submit compounds to the ASP, and screening is performed at a contract facility on a blinded and confidential basis. NINDS reports screening results to participants and provides advice on future development steps for promising compounds. The ASP has been an important component of NINDS investments in epilepsy research and has contributed significantly to the development of currently available epilepsy medications. The proposed survey will help ensure that users have an effective, efficient, and satisfying experience with the ASP. The results will be used to identify strengths and weaknesses of current services and will directly inform program improvements.

DESCRIPTION OF RESPONDENTS:

Individual researchers who have submitted compounds for screening in the ASP over the last five years will be asked to respond to the survey. These individuals include researchers working in academia, industry, and government organizations in the U.S. and abroad.

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: Cara B.A. Long

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
Individuals or Households	142	15 minutes	36 hours
Totals	142	15 minutes	36 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$3000 (staff time only)

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?

We have a list (with contact information) of all participants who have submitted compounds for screening in the program since January 2009. We will send the survey to the complete list.

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
2. Will interviewers or facilitators be used? Yes No