**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)**

**TITLE OF INFORMATION COLLECTION: Patient Survey for Rehabilitation and Audiology Services**

**PURPOSE: To obtain patients’ perspectives on the care they received in the physical, occupational, speech or audiology departments.**

**DESCRIPTION OF RESPONDENTS: Random sampling of patients for each service that received care in the last 6 months.**

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

**[ ] Customer Comment Card/Complaint Form [X ] Customer Satisfaction Survey**

**[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group**

**[ ] Focus 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: Angela Washenitz, PT, DPT Supervisor of Rehabilitation and Audiology Services**

**To assist review, please provide answers to the following question:**

**Personally Identifiable Information:**

1. **Is personally identifiable information (PII) collected? [ X ] Yes [ ] No**

**Will be accessing patient charts only to obtain phone number and to see when the received rehabilitation/audiology services.**

1. **If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] No**
2. **If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ x ] 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** |
| **Rehabilitation or Audiology Patients** | **20 per month** | **15 min each** | **60** |
|  |  |  |  |
| **Totals** | **240** | **15** | **60** |

**FEDERAL COST: The estimated annual cost to the Federal government is \_0.00\_\_\_\_\_\_\_\_**

**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?**

**I am able to pull up a list of patients for a given time frame for each clinic in the above services. I plan on utilizing a system of calling every 3rd or every 5th patient on the list to ensure randomization**

**Administration of the Instrument**

1. **How will you collect the information? (Check all that apply)**

**[ ] Web-based or other forms of Social Media**

**[ X ] Telephone**

**[ ] In-person**

**[ ] Mail**

**[ ] Other, Explain**

1. **Will interviewers or facilitators be used? [ ] Yes [X ] No**

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