

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1009)

TITLE OF INFORMATION COLLECTION: WISQARS Mobile App Online Survey

PURPOSE:

The Web-based Injury Statistics Query and Reporting System (WISQARS) Mobile App provides users access to injury data anytime, anywhere. It allows them to easily make graphs, charts and maps of injury data on-the-go.

[WISQARS](#) is an interactive, online database that provides fatal and nonfatal injury data from a variety of sources. People can use WISQARS data to learn more about the public health and economic burden of injury in the United States. Users can search, sort, and view the injury data and create reports, charts, maps, and slides. This information is often used in program planning, implementation, and evaluation at the state level. The app is available free-of-charge.

The Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (NCIPC) will administer an online survey via a feedback button that is embedded within the app. Participation in the online survey is voluntary. The survey will collect important feedback from users allowing CDC to improve the product. It will also help CDC assess if the agency is providing the right information to the right audience. The online survey asks consumers how useful the app is, how well it provides actionable information, and solicits suggestions for improvement from the user.

DESCRIPTION OF RESPONDENTS:

Participation in the on-line survey is voluntary. Users will be given the option of providing feedback to CDC via a feedback button that is embedded within the app. The primary WISQARS audience includes university researchers, injury prevention practitioners, and college students. Secondary audiences include injury prevention partners, policy makers, media, and the general public.

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: Jahlani Akil, MHSA, MPH

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [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 (hour)	Burden
App users given online survey	1000	10/60	167
Totals	1000	10/60	167

FEDERAL COST: The estimated annual cost to the Federal government is _\$8,700_____

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

CDC does not track those who downloads the mobile app. A feedback button linking to the online survey will be embedded in the app itself. Participation is voluntary. All users can decide to provide feedback or not.

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?

A link to the online survey will be placed on the WISQARS app homepage. It will also be embedded in the app itself. The survey will be highlighted in a call out box that says “Help Us Improve the WISQARS App”. Users can then decide to voluntarily complete the online survey.

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

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

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g., Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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