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

**TITLE OF INFORMATION COLLECTION:** Injury Website Online Survey – Second request

**PURPOSE:**

The purpose of this project is to obtain information on usability and satisfaction from website users on selected National Center for Injury Prevention and Control (NCIPC) web pages through remote usability surveys.

The information collected will be used to better understand current consumers and intended audiences, and improve the functionality of the NCIPC web pages to strengthen users’ online experiences. The surveys will also help ensure that the NCIPC website meets user needs, builds NCIPC’s brand identity, and contributes to the following digital communication goals:

* Increase the visibility of our public health value
* Attract resources to our public health solutions

**DESCRIPTION OF RESPONDENTS**:

Respondents include individuals that use the selected NCIPC web pages. Based on web metrics, we know that CDC’s Injury Center website users are primarily program partners, funding partners, policy makers, media, the general public, and staff within CDC.

**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:\_\_\_\_\_\_\_\_\_\_\_\_Karen Angel MS, 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 [ ] 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** |
| Online survey with web page users | 5500 | 10 minutes | 917 hours |
|  |  |  |  |
| **Totals** | **5500** | **10 minutes** | **917 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$300.00\_\_\_\_\_

**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? [ ] 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?

A link to the online survey will be placed on selected National Center for Injury Prevention and Control (NCIPC) web pages. It will be highlighted in a call out box that says “Help Us Improve the Injury Center Website”. 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

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