## Attachment H. Burden Memo

## CDC DOCUMENTATION FOR THE GENERIC CLEARANCE OF COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER) DATA COLLECTIONS (0920-XXXX)

| GenIC No.:                                                                                                         |                                                                                                                                             |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| CASPER Title:                                                                                                      |                                                                                                                                             |  |  |  |  |
| Requesting entity (e.g., jurisdiction)                                                                             |                                                                                                                                             |  |  |  |  |
| Purpose of Investigation: (Use as much space as necessary)                                                         |                                                                                                                                             |  |  |  |  |
| Duration of Data Collection                                                                                        |                                                                                                                                             |  |  |  |  |
| Date Began:                                                                                                        |                                                                                                                                             |  |  |  |  |
| Date Ended:                                                                                                        |                                                                                                                                             |  |  |  |  |
| Lead Investigator                                                                                                  |                                                                                                                                             |  |  |  |  |
| Name:                                                                                                              |                                                                                                                                             |  |  |  |  |
| CIO/Division/Branch:                                                                                               |                                                                                                                                             |  |  |  |  |
| E-mail Address:                                                                                                    |                                                                                                                                             |  |  |  |  |
| Telephone No.:                                                                                                     |                                                                                                                                             |  |  |  |  |
| Mail Stop:                                                                                                         |                                                                                                                                             |  |  |  |  |
| Complete the following for each in                                                                                 | nstrument used during the investigation.                                                                                                    |  |  |  |  |
| Title:                                                                                                             |                                                                                                                                             |  |  |  |  |
|                                                                                                                    | the standard CASPER methodology of probability-based, two stage 30x7 cluster s an alternative approved methodology used? Please describe.): |  |  |  |  |
| Data Collection Mode (i.e., was questionnaire data collected via paper form or electronic form? Please describe.): |                                                                                                                                             |  |  |  |  |
| Response Rate (if applicable)                                                                                      |                                                                                                                                             |  |  |  |  |
| Total No. Responded (A):                                                                                           |                                                                                                                                             |  |  |  |  |
| Total No. Sampled or Eligible to Respond (B):  Response Rate (A/B):                                                |                                                                                                                                             |  |  |  |  |

| Title:                                        |  |
|-----------------------------------------------|--|
| Response Rate (if applicable)                 |  |
| Total No. Responded (A):                      |  |
| Total No. Sampled or Eligible to Respond (B): |  |
| Response Rate (A/B):                          |  |

## Complete the following burden table. Each data collection instrument should be included as a separate row.

## Burden Table

| Data Collection Instrument | Type of    | No.         | No. Responses  | Burden per  | Total Burden |
|----------------------------|------------|-------------|----------------|-------------|--------------|
| Name                       | Respondent | Respondents | per Respondent | Response in | (in minutes; |
|                            |            | (A)         | (B)            | Minutes (C) | A x B x C)   |
| CASPER Questionnaire       |            |             |                |             |              |
| CASPER Referral Form       |            |             |                |             |              |
|                            |            |             |                |             |              |

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: <a href="mailto:ncehomb@cdc.gov">ncehomb@cdc.gov</a>; MS F-61). If data was collected electronically, please also submit screen shots.