

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)**

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**TITLE OF INFORMATION COLLECTION:** Post-Launch Usability Testing for the Division of HIV/AIDS Prevention Website Redesign – **Online Survey**

**PURPOSE:** To solicit feedback related to usability, delivery effectiveness, visual appeal, overall satisfaction, and problems with existing interfaces, of the CDC HIV website. Responses will be analyzed to plan and inform efforts to improve or maintain the quality of service to the public.

**DESCRIPTION OF RESPONDENTS:** Online participants will comprise health care providers, public health professionals, academics, and the general public. They may be frequent or infrequent users of the CDC HIV website.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                     | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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: Sue Carlson

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, 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  No

No honorarium will be provided for participants of the online survey.

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Academic Public Health Professional General Consumer Scientists/Researcher	100	30/60	50
<b>Totals</b>	<b>100</b>	30/60	<b>50</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$282,500.

**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?

On-line (remote) respondents will self-select by responding affirmatively to an electronic request that appears randomly to the users of the CDC HIV website: ([www.cdc.gov/HIV](http://www.cdc.gov/HIV)). On-line participants will be presented with a survey requesting performance of tasks within the HIV website (See **Attachment 2**).

Online participants will comprise health care providers, public health professionals, academics, and the general public. They may be frequent or infrequent users of the site.

### **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.**