Attachment E. Burden Memo

|  |  |
| --- | --- |
| GenIC No.: |  |
| EPI AID No. (if applicable): |  |
| Requesting entity (e.g., jurisdiction): |  |
| Title of Investigation: |  |
| Purpose of Investigation: (Use as much space as necessary) |  |
| Duration of Data Collection: |  |
| Date Began: |  |
| Date Ended: |  |
| Lead Investigator |  |
| Name: |  |
| CIO/Division/Branch: |  |

**Complete the following for each instrument used during the investigation.**

**Data Collection Instrument 1**

|  |  |
| --- | --- |
| *Name of Data Collection Instrument:* |  |

*Type of Respondent*

|  |  |
| --- | --- |
| General public  Healthcare staff  Laboratory staff  Patients  Restaurant staff | |
| Other (describe): |  |

*Data Collection Methods (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiologic Study (indicate which type(s) below) | | |  |
| Descriptive Study (describe): | |  | |
| Cross-sectional Study (describe): | |  | |
| Cohort Study (describe): | |  | |
| Case-Control Study (describe): | |  | |
| Other (describe): | |  | |
| Environmental Assessment (describe): |  | | |
| Laboratory Testing (describe): |  | | |
| Other (describe): |  | | |

*Data Collection Mode (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Survey Mode (indicate which mode(s) below): | | |  |
| Face-to-face Interview (describe): | |  | |
| Telephone Interview (describe): | |  | |
| Self-administered Paper-and-Pencil Questionnaire (describe): | |  | |
| Self-administered Internet Questionnaire (describe): | |  | |
| Other (describe): | |  | |
| Medical Record Abstraction (describe): |  | | |
| Biological Specimen Sample |  | | |
| Environmental Sample |  | | |
| Other (describe): |  | | |

*Response Rate (if applicable)*

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

**Data Collection Instrument 2**

|  |  |
| --- | --- |
| *Name of Data Collection Instrument:* |  |

*Type of Respondent*

|  |  |
| --- | --- |
| General public  Healthcare staff  Laboratory staff  Patients  Restaurant staff | |
| Other (describe): |  |

*Data Collection Methods (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiologic Study (indicate which type(s) below) | | |  |
| Descriptive Study (describe): | |  | |
| Cross-sectional Study (describe): | |  | |
| Cohort Study (describe): | |  | |
| Case-Control Study (describe): | |  | |
| Other (describe): | |  | |
| Environmental Assessment (describe): |  | | |
| Laboratory Testing (describe): |  | | |
| Other (describe): |  | | |

*Data Collection Mode (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Survey Mode (indicate which mode(s) below): | | |  |
| Face-to-face Interview (describe): | |  | |
| Telephone Interview (describe): | |  | |
| Self-administered Paper-and-Pencil Questionnaire (describe): | |  | |
| Self-administered Internet Questionnaire (describe): | |  | |
| Other (describe): | |  | |
| Medical Record Abstraction (describe): |  | | |
| Biological Specimen Sample |  | | |
| Environmental Sample |  | | |
| Other (describe): |  | | |

*Response Rate (if applicable)*

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

**Data Collection Instrument 3**

|  |  |
| --- | --- |
| *Name of Data Collection Instrument:* |  |

*Type of Respondent*

|  |  |
| --- | --- |
| General public  Healthcare staff  Laboratory staff  Patients  Restaurant staff | |
| Other (describe): |  |

*Data Collection Methods (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiologic Study (indicate which type(s) below) | | |  |
| Descriptive Study (describe): | |  | |
| Cross-sectional Study (describe): | |  | |
| Cohort Study (describe): | |  | |
| Case-Control Study (describe): | |  | |
| Other (describe): | |  | |
| Environmental Assessment (describe): |  | | |
| Laboratory Testing (describe): |  | | |
| Other (describe): |  | | |

*Data Collection Mode (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Survey Mode (indicate which mode(s) below): | | |  |
| Face-to-face Interview (describe): | |  | |
| Telephone Interview (describe): | |  | |
| Self-administered Paper-and-Pencil Questionnaire (describe): | |  | |
| Self-administered Internet Questionnaire (describe): | |  | |
| Other (describe): | |  | |
| Medical Record Abstraction (describe): |  | | |
| Biological Specimen Sample |  | | |
| Environmental Sample |  | | |
| Other (describe): |  | | |

*Response Rate (if applicable)*

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

**(Additional Data Collection Instrument sections may be added if necessary.)**

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

*Burden Table (insert rows for additional respondent types if needed)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden  in Hours  (A x B x C)/60\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the EEI Information Collection Request Liaison, Danice Eaton ([dhe0@cdc.gov](mailto:dhe0@cdc.gov)).

**EEI Information Collection Request Liaison**:

Danice Eaton, PhD, MPH

EIS Program Staff Epidemiologist

Epidemiology Workforce Branch

Division of Scientific Education and Professional Development

Centers for Disease Control and Prevention

2400 Century Center, MS E-92

Office: 404.498.6389  
Deaton@cdc.gov