## Attachment E

## Burden Memo

## Documentation for the generic clearance

of Drug Overdose Response Investigations – DORIs (Xxxx-Xxxx)

|  |  |
| --- | --- |
| 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: |  |
|  E-mail Address: |  |
|  Telephone No.: |  |
|  Mail Stop: |  |

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

**Data Collection Instrument 1**

*Name of Data Collection Instrument:*

*Type of Respondent*

 [ ] State and local government staff

 [ ] State and local health department staff

 [ ] Overdose victim

 [ ] Overdose victim’s family/friends

 [ ] General public

 [ ] Member groups at heightened risk for injury

 [ ] Health care providers/pharmacists/dispensers

 [ ] Law enforcement personnel

 [ ] EMS first responders)

 [ ] Representatives of community organizations

 [ ] 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):

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):

[ ] 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 minutes; A x B x C) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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: XXXX@cdc.gov; MS F-63).