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 <u>each</u> 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).