

Attachment E. Burden Memo

**CDC DOCUMENTATION FOR THE GENERIC CLEARANCE  
OF EMERGENCY EPIDEMIC INVESTIGATION DATA COLLECTIONS (0920-XXXX)**

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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: \_\_\_\_\_

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**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): \_\_\_\_\_

**(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](mailto:XXXX@cdc.gov); MS E-92).