

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp. Date: 03/31/2018)

TITLE OF INFORMATION COLLECTION:

PubMed Search User Survey

PURPOSE:

The goal of this survey is to better identify the target audiences and to assess their satisfaction in accessing the PubMed web site (PubMed.gov). PubMed contains more than 24 million citations for biomedical literature from MEDLINE, life science journals, and online books. Many citations include links to full-text content from PubMed Central and publisher web sites. We also wish to solicit users’ feedback regarding features that would facilitate their use of PubMed. The information will be used to improve the design and operation of the site.

DESCRIPTION OF RESPONDENTS:

Two groups:

- Website users (not registered or logged into the website) who click on a link to the survey (presented at the top of search results)
- Registered website users asked via email invitation to complete the survey

TYPE OF COLLECTION: (Check one)

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

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 N/A

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

ESTIMATED BURDEN HOURS and COSTS

| Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response (in hours) | Total Burden Hours |
|---------------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Private Sector (not-for-profit) | 300 | 1 | 5/60 | 25 |
| Totals | | | | 25 |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|---------------------------------|--------------------|------------|-------------------|
| Private Sector (not-for-profit) | 25 | \$36.54 | \$913.50 |
| Totals | 25 | | \$913.50 |

*Cite source per bls.gov if applicable
 BLS Healthcare Practitioners and Technical Occupations
<http://www.bls.gov/oes/current/oes290000.htm>
 National estimates for this occupation:
<http://www.bls.gov/oes/current/oes290000.htm#nat>

FEDERAL COST: The estimated annual cost to the Federal government is: \$3,334

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | GS-14/10 | \$139,523 | 0.8 | | \$1,116.18 |
| | | | | | |
| | | | | | |
| Contractor Cost | | \$158,381 | 1.4 | N/A | \$2,217.33 |
| | | | | | |
| Travel | | | | | N/A |
| Other Cost | | | | | N/A |

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 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?

Two groups of respondents will be selected: email and web:

- Email respondents will be selected at random from registered MyNCBI users with a confirmed email address who have logged on and performed at least one PubMed search in the prior 30 days. These users will be sent an invitation via email to take part in the survey.
- Website respondents will be invited to take the survey via a link appearing at the top of a PubMed search result page.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

Attachments:

NLM PubMed Search User Survey-Screenshots

NLM PubMed Search User Survey Invitation