

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:

NLM MedlinePlus RML User Survey

PURPOSE:

This survey will be to collect qualitative NLM customer service delivery feedback and determine satisfaction for users of the MedlinePlus website. The MedlinePlus team plans to redesign our health topic web pages to make them more usable. We would like to obtain stakeholder input from the staff at Regional Medical Libraries (RMLs). The customer services feedback collected from the MedlinePlus RML survey will be used to improve this publically accessed website.

DESCRIPTION OF RESPONDENTS:

The voluntary survey participants will be staff members at the Regional Medical Libraries (RMLs) who are familiar with MedlinePlus health topic pages.

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: Melanie Huston

To assist review, please provide answers to the following question:

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

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] 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
Individuals or Households	120	1	15/60	30
Totals	120	120		30

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	30	\$23.23	\$696.90
Totals	30		\$696.90

*BLS May 2015 National Occupational Employment and Wage Estimates

http://www.bls.gov/oes/current/oes_nat.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is: \$261.08

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Technical Information Specialist	13/5	\$104,433	.25%		\$261.08
Contractor Cost					N/A
Travel					N/A
Other Cost					N/A
Total					\$261.08

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?

The survey participants will be those RML staff members who choose to respond to a web-based survey. The link to the survey will be emailed to all RML staff with an invitation for voluntary participation.

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

Please make sure that all instruments, instructions, and scripts are submitted with the request.

NLM MedlinePlus RML User Survey instrument