

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 4 Caregivers User Survey

PURPOSE:

The purpose of this survey is to collect qualitative customer service delivery feedback to identify health information needs of family caregivers and the most effective format for sharing health information with caregivers. National Library of Medicine (NLM) currently has a social media outreach program called NLM4Caregivers that we wish to enhance and improve customer satisfaction by updating our understanding of their needs.

DESCRIPTION OF RESPONDENTS:

Respondents will be family caregivers, individuals who work with an organization or company that provides services to family caregivers, and close friends or family members of family caregivers who access the survey through links in the NLM 4 Caregivers social media platforms (Twitter, Pinterest, Facebook), through promotion on NLM_SIS and NLM_OSP Twitter accounts, and through a GovDelivery bulletin sent to the Outreach to Specific Populations (OSP) email list.

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: Joelle Mornini

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 N/A

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
Private Sector	500	1	5/60	42
Totals	500	500		42

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector	42	\$11.00	\$462
(Home Health Aids)			
Totals	42	\$11.00	\$462

*BLS National Occupational Employment and Wage Estimates
Occupational Employment and Wages, May 2015
31-1011 Home Health Aides
<http://www.bls.gov/oes/current/oes311011.htm>

FEDERAL COST: The estimated annual cost to the Federal government is: \$312.72

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Technical Information Specialist	GS 13/04	\$101,361	0.2%		\$202.72
Contractor Cost		\$55,000	0.2%	N/A	\$110.00
Travel					N/A
Other Cost					N/A
Total					\$312.72

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 will be publicized through existing NLM social media accounts associated with family caregivers (NLM 4 Caregivers Pinterest, Facebook and Twitter). The survey may also be publicized on other NLM Twitter handles (like NLM_OSP and NLM_SIS) and publicized through a GovDelivery email list targeted towards health outreach professionals. Therefore, the list of potential survey takers includes all followers of NLM 4 Caregivers social media accounts, as well as followers of NLM_OSP Twitter, NLM_SIS Twitter, and the GovDelivery email list targeted towards health outreach professionals. The survey will be anonymous and self-selecting (since anyone is free to take the survey, but all promotion will identify the survey as for family caregivers or people who know/work with family caregivers).

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.