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 DOCLINE Customer Service Survey

PURPOSE:
This survey will be to collect anonymous NLM customer service delivery feedback and determine satisfaction for users of the DOCLINE interlibrary loan request routing and referral system, and how they prefer to utilize resource sharing or interlibrary loan tools to provide access to biomedical literature for their patrons. The customer services feedback collected from the survey will be used to improve this web-based system used by medical and health science libraries

DESCRIPTION OF RESPONDENTS:
The voluntary survey participants will be library and information center staff members who use and are familiar with the DOCLINE Interlibrary Loan System.

TYPE OF COLLECTION: (Check one)
[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software)   [ ] Small Discussion Group
[ ] Focus Group   [ ] 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Elisabeth Unger</u>

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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	2,200	1	12/60	440
Totals	**2,200**	**2,200**		**440**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	440	$23.23	$10,221.20
Totals	**440**		$10,221.20

*BLS National Occupational Employment and Wage Estimates
Occupational Employment and Wages, May 2015
http://www.bls.gov/oes/current/oes_nat.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is: $239.16

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Technical Information Specialist	12/7	95,666	0.25%		$239.16
Contractor Cost					N/A
Travel					N/A
Other Cost					N/A
Total					$239.16

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?

                                                        [X] Yes   [ ] No
2.
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 DOCLINE users who choose to respond to a web-based survey. The link to the survey will be emailed to all DOCLINE users with an invitation for voluntary participation.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
        [X] Web-based or other forms of Social Media
        [ ] Telephone
        [ ] In-person
        [ ] Mail
        [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

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