

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

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**TITLE OF INFORMATION COLLECTION:**

NLM Survey for MedlinePlus Page Satisfaction

**PURPOSE:**

The National Library of Medicine (NLM) wishes to collect qualitative customer feedback on user satisfaction with specific pages on MedlinePlus.gov. MedlinePlus.gov is NLM’s primary resource for consumer health information. Customer information on the MedlinePlus website helps the Library to enhance this important service. The Google survey also allows focused investigations by tying the responses to specific pages and is an efficient way to gather targeted data that can be reviewed in combination with more general site satisfaction data. The MedlinePlus team will use the responses to compare usefulness of specific pages and features and to inform new designs and development. This is the third survey being requested for this NLM primary public resource, increasing the number of respondents to obtain broader feedback.

**DESCRIPTION OF RESPONDENTS:**

Visitors to English health information pages on MedlinePlus.gov who choose to respond to the survey pop-up.

**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  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	3000	1	1/60	50
<b>Totals</b>	3000	3000		50

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	50	\$23.86	\$1193.00
<b>Totals</b>	50		\$1193.00

\*BLS May 2016 National Occupational Employment and Wage Estimates

[https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$268.59

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Technical Info Specialist	13/5	\$107,435	.25		\$268.59
<b>Contractor Cost</b>					
Travel					N/A
Other Cost					N/A
<b>Total</b>					<b>\$268.59</b>

**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?

Survey respondents will be visitors to selected English health information pages on MedlinePlus.gov who choose to respond to the survey pop-up. Site visitors can receive survey invitations on all types of devices: desktop, tablet and mobile. Repeat visitors to a specific page who have already been invited to respond will not receive further invitations, regardless of whether they completed the survey.

**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