

Attachment E. Burden Memo

**CDC DOCUMENTATION FOR THE GENERIC CLEARANCE
OF EMERGENCY EPIDEMIC INVESTIGATION DATA COLLECTIONS (0920-XXXX)**

GenIC No.: _____

EPI AID No. (if applicable): _____

Requesting entity (e.g.,
jurisdiction) _____

Title of Investigation: _____

Purpose of Investigation: (Use
as much space as necessary) _____

Duration of Data Collection _____

 Date Began: _____

 Date Ended: _____

Lead Investigator _____

 Name: _____

 CIO/Division/Branch: _____

 E-mail Address: _____

 Telephone No.: _____

 Mail Stop: _____

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

- General Public
- Healthcare staff
- Laboratory staff
- Patients
- Restaurant staff
- Other: [describe]

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):

- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A): _____

Total No. Sampled/Eligible to Respond (B): _____

Response Rate (A/B): _____

(Additional Data Collection Instrument sections may be added if necessary.)

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table (insert rows for additional respondent types if needed)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden (in minutes; A x B x C) |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|--------------------------------------|
| | | | | | |
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Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: XXXX@cdc.gov; MS E-92).