

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:**

HHS.gov Website Feedback Survey

**PURPOSE:**

The purpose of this survey is to determine the user’s reaction to and feedback on the U.S. Department of Health & Human Services’ (HHS) website HHS.gov.

We will do this by using an online survey tool called Survey Monkey. Participants will complete the survey online using their own computer.

**DESCRIPTION OF RESPONDENTS:**

Survey participation will be optional and voluntary. We will be distributing the URL for the survey via the HHS Gov delivery account, as well as posting it on the HHS social media channels and including the link on the HHS.gov home page. We would like members of the general public, US residents over the age of 18, to volunteer to participate in this survey.

**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:** Darryl K. Cunningham

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
HHS Gov Delivery email list	6,000	10/60	1000 hrs
Social Media Channels and HHS.gov home page	1000	10/60	167 hrs
<b>TOTAL</b>			<b>1,167 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is none.

**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?***

This survey will be available to all subscribers of the HHS.gov Gov Delivery email update. The Gov delivery list serves emails to more than 187,000 users. Recipients will be able to access the survey via a link in an email. **However, based on previous surveys, our number of respondents has only been 2000 to 3000 users, so we've reduced the burden hours based on this historical data.** The URL will also be distributed through HHS social media channels and via a link on HHS.gov.

We will not be sampling. Providing feedback through this survey is optional and voluntary. Our goal is a 20% response rate.

**Administration of the Instrument**

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

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

**NOTE:** Please see attachment (HHS\_dot\_gov Website Feedback Survey For OMB 022015 RLM.docx) for instructions and scripts.