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

**TITLE OF INFORMATION COLLECTION:**

ODPHP Website Visitor Satisfaction Site- and Page-Level Surveys

**PURPOSE:**

The purpose of this information collection is to collect feedback on visitor satisfaction with the healthfinder.gov, health.gov and HealthyPeople.gov websites. We will collect feedback on how easily visitors find the information they need on the website and visitor perceptions of the usefulness, clarity, and appeal of the content and site design. This data will be used to improve visitor satisfaction and experience on ODPHP websites. ODPHP will deploy surveys via Voice of Consumer (VoC), ASPA’s custom survey tool developed for HHS agency use.

**DESCRIPTION OF RESPONDENTS**:

All survey respondents will be healthfinder.gov, health.gov or HealthyPeople.gov visitors.

* healthfinder.gov provides reliable health and disease prevention information for consumers and public health professionals who work with the general public
* health.gov and HealthyPeople.gov offer information and resources related to ODPHP’s initiatives for public health professionals

**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 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:*** Allison Roper

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Site-level survey | 1,200 | 5/60 | 100 hrs |
| Page-level survey | 6,000 | 1/60 | 100 hrs |
| **TOTAL** |  |  | **200 hrs** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $5,000.

**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 [X] 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?***

* Visitors can access a link in the footer to the site-level survey to voluntarily complete the survey at any time. Visitors may also be randomly selected to complete the site-level survey via a pop-up invitation (includes options to opt in or opt out).
* Page-level surveys are available to visitors on select pages and providing feedback to these surveys is optional and voluntary.

**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

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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

* Attachment A: Website Survey Protocol
* Attachment B: Site-Level Survey Question Bank
* Attachment C: Page-Level Survey Question Bank
* Attachment D: Example Screenshots (includes samples of how a site-level and page-level survey look on other HHS agency websites)