

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

TITLE OF INFORMATION COLLECTION:

HHS.gov Website Feedback Survey (for MTurk distribution)

PURPOSE:

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

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

DESCRIPTION OF RESPONDENTS:

We would like 400 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: Website Feedback Survey |

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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Education Survey	400	10/60	67 hrs
TOTAL			67 hrs

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?

[x] 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?

We will be offering a link to the survey to volunteer participants through a few outlets:

1. Gov Delivery,
2. In a blog post on HHS.gov and
3. Through Amazon’s Mechanical Turk platform.

We will not be sampling. The participants will self-select whether to participate.

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.

NOTE: Please see attachment (Proposed HHSgov Feedback Survey For MTurk final for OMB 071315) for instructions and scripts.