

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** National Amyotrophic Lateral Sclerosis (ALS) Registry Website Satisfaction Survey

**PURPOSE:** The purpose of this data collection request is to gather feedback on user satisfaction of the National ALS Registry website <https://wwwn.cdc.gov/als/>. The National ALS Registry website provides users with information on ALS, the National ALS Registry, the National ALS Biorepository, ALS research, and other resources.

The proposed information collection consists of a survey designed to: 1) collect information about the profile of the user; 2) identify the reason the user visited the Registry’s website; 3) determine how the user learned about the Registry’s website; and 4) evaluate the users’ experience with the Registry’s website.

Results of the proposed information collection will be used to improve user satisfaction with the National ALS Registry website. Respondents will participate in a survey about their satisfaction and experiences with the National ALS Registry website. Participation will be completely voluntary. Results of the survey will only be used to improve website content quality and make it suit the needs of the users, and will not be used to inform policy.

**DESCRIPTION OF RESPONDENTS:** The online survey questionnaire (Attachment A) will be presented to all users who visit the National ALS Registry website (<https://wwwn.cdc.gov/als/>).

**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: \_\_\_\_\_

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
Individuals visiting ALS Registry website	2650	5/60	220 hours
<b>Totals</b>	2650	5/60	220 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$5,850.

This cost reflects \$1,050 for time for the computer contractor to create the survey on the website, maintain the website survey, and download data quarterly. In addition, there are 40 hours per quarter of G-11 time to analyze the data, create reports, and identify possible areas for improvement at approximately \$4800. This gives a total of \$5850.

The annual cost associated with respondent burden hours is approximately \$6018. Those responding to the survey are most likely to be ALS patients and caregivers who are members of the general public. The hourly wage rate of \$22.71 for ALS patients/caregivers is based on the US Department of Labor, Bureau of Labor Statistics May 2014 National Occupational Employment and Wage [http://www.bls.gov/oes/current/oes\\_nat.htm#29-0000](http://www.bls.gov/oes/current/oes_nat.htm#29-0000).

**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?

**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

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