

Attachment E. Burden Memo

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections  
(0920-1011)**

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:	

**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):

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Response Rate (A/B):

**Data Collection Instrument 2**

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):

**Data Collection Instrument 3**

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):

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<input type="checkbox"/> Case-Control Study (describe):	
<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Environmental Assessment (describe):	
<input type="checkbox"/> Laboratory Testing (describe):	
<input type="checkbox"/> Other (describe):	

*Data Collection Mode (check all that apply)*

<input type="checkbox"/> Survey Mode (indicate which mode(s) below):	
<input type="checkbox"/> Face-to-face Interview (describe):	
<input type="checkbox"/> Telephone Interview (describe):	
<input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe):	
<input type="checkbox"/> Self-administered Internet Questionnaire (describe):	
<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Medical Record Abstraction (describe):	
<input type="checkbox"/> Biological Specimen Sample	
<input type="checkbox"/> Environmental Sample	
<input type="checkbox"/> 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 Hours (A x B x C)/60*

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the EEI Information Collection Request Liaison, Danice Eaton ([dhe0@cdc.gov](mailto:dhe0@cdc.gov)).

**EEI Information Collection Request Liaison:**

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