Attachment E. Burden Memo

|  |  |
| --- | --- |
| 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): |  |
| 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): |  |
| [ ]  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): |  |

**(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 Burdenin 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).

**EEI Information Collection Request Liaison**:

Danice Eaton, PhD, MPH

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