

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):

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

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):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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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).

EEI Information Collection Request Liaison:

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