

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

GenIC No.:	0920-1101
EPI AID No. (if applicable):	2015-023
Requesting entity (e.g., jurisdiction):	Mississippi State Department of Health
Title of Investigation:	Adverse Health Effects Associated with Synthetic Cannabinoid Use
Purpose of Investigation: (Use as much space as necessary)	Since April 2, 2015, Mississippi Department of Health noticed an increase in the number of adverse health events associated with synthetic cannabinoid use. The Mississippi Department of Health requested the assistance of the National Center for Environmental Health to better characterize the outbreak, identify risk factors for severe illness and death, and prevent further illness. CDC staff assisted Department of Health staff; activities included case finding, medical record abstractions, patient interviews, and data analysis.
Duration of Data Collection:	4/28/15-5/7/15
Date Began:	4/28/15
Date Ended:	5/7/15
Lead Investigator	
Name:	Amelia Kasper
CIO/Division/Branch:	NCEH/DEHHE/HSB

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Patient Interview Form

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): Questionnaire-based inquiry of why patients used synthetic cannabinoids, what health effects they experienced, and what might be effective messaging from the Mississippi State Department of Health regarding use of synthetic cannabinoids.
 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): Mississippi State Department of Health staff used the tool to conduct in person interviews with suspect case-patients in the emergency department of University of Mississippi Medical Center.
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):

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- 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):

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Total No. Sampled/Eligible to Respond (B):	119
Response Rate (A/B):	100

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*
Patient interview form	Patients	4	1	30	2
Chart Abstraction form	Federal Employees	6	n/a	n/a	n/a

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
 EIS Program Staff Epidemiologist
 Epidemiology Workforce Branch
 Division of Scientific Education and Professional Development
 Centers for Disease Control and Prevention
 2400 Century Center, MS E-92
 Office: 404.498.6389
 Deaton@cdc.gov