

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)**

**TITLE OF INFORMATION COLLECTION:** CDC Flu website - Vaccines

### **PURPOSE:**

The information collected from participants will help ensure that users of the website have an effective and satisfying experience while using the flu vaccine section of the website. This feedback will provide insights into our user’s perceptions, experiences and expectations for the vaccine section of the flu website. These collections will allow for ongoing, collaborative and actionable communications between the Agency and the website users. It will also allow feedback to contribute directly to the improvement of the website. (See attachment A: Protocol)

### **DESCRIPTION OF RESPONDENTS:**

This is a voluntary survey, participants will fall into the following groups:

- Teachers & School Administrators
- Students
- Public Health Professionals
- [Health Professionals/Practitioners](#)
- General Public

### **TYPE OF COLLECTION:** (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                     | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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: Sharon McAleer

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ x] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Teachers & School Administrators, Students, Public Health Professionals, and General Public	400	10	67
<b>Totals</b>	<b>400</b>	<b>10</b>	<b>67</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\$1806.52 \_\_\_

**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 [X]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?

An email will be sent out to the subscribers of the Flu GovD emailing list and asked if they would like to voluntarily participant in the usability study by clicking on the link and completing it on their computer.

**Administration of the Instrument**

- 1. How will you collect the information? (Check all that apply)
  - [x] Web-based or other forms of Social Media
  - [ ] Telephone
  - [ ] In-person
  - [ ] Mail
  - [ ] Other, Explain
- 2. Will interviewers or facilitators be used? [ ] Yes [ x] No