

Attachment H. Burden Memo

CDC DOCUMENTATION FOR THE GENERIC CLEARANCE OF COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER) DATA COLLECTIONS (0920-XXXX)

GenIC No.: _____

CASPER Title: _____

Requesting entity (e.g.,
jurisdiction) _____

Purpose of Investigation: (Use as
much space as necessary) _____

Duration of Data Collection

 Date Began: _____

 Date Ended: _____

Lead Investigator

 Name: _____

 CIO/Division/Branch: _____

 E-mail Address: _____

 Telephone No.: _____

 Mail Stop: _____

Complete the following for each instrument used during the investigation.

CASPER Questionnaire

Title: _____

Data Collection Methods (i.e., was the standard CASPER methodology of probability-based, two stage 30x7 cluster sampling methodology used or was an alternative approved methodology used? Please describe.):

Data Collection Mode (i.e., was questionnaire data collected via paper form or electronic form? Please describe.):

Response Rate (if applicable)

Total No. Responded (A): _____

Total No. Sampled or Eligible to Respond (B): _____

Response Rate (A/B): _____

CASPER Referral Form

Title: _____

Response Rate (if applicable)

Total No. Responded (A): _____

Total No. Sampled or Eligible to Respond (B): _____

Response Rate (A/B): _____

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table

Data Collection Instrument Name	Type of Respondent	No. Respondents (A)	No. Responses per Respondent (B)	Burden per Response in Minutes (C)	Total Burden (in minutes; A x B x C)
CASPER Questionnaire					
CASPER Referral Form					

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: ncehomb@cdc.gov; MS F-61). If data was collected electronically, please also submit screen shots.