

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):

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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):

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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](mailto:dhe0@cdc.gov)).

**EEI Information Collection Request Liaison:**

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