## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate:05/31/2020)

**TITLE OF INFORMATION COLLECTION:** ASA24 Customer Satisfaction Survey

**PURPOSE:** The Automated Self-Administered 24-hour Dietary Assessment Tool (ASA24) is a freely available, web-based software tool developed by NCI that enables the collection of dietary data that can be used by researchers for epidemiologic, intervention, behavioral or clinical research. It can also be used for diet assessment and counseling and educators may find it useful as a teaching tool.

Every few years, NCI releases a new version of ASA24 and there is information about the use of ASA24 that needs to be updated on multiple websites and in downloadable documents each time an update is released. We would like to conduct a survey of those who have registered to use ASA24 to gain a better understanding of their experiences with certain features and information to help determine whether we should consider any modifications to improve the overall experience of those using ASA24.

**DESCRIPTION OF RESPONDENTS**: Researchers, clinicians, or educators who have registered a study in the ASA24 system.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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:\_Christine M. Kaefer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

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

**Gifts or Payments:**

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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per****Response****(in hours)** | **Total Burden****Hours** |
| Individuals | 1,485 | 1 | 10/60 | 248 |
|  |  |  |  |  |
| **Totals** | **1,485** | 1485 |  | **248** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Epidemiologist | 248 | $36.65/hour\* | $9,089.20 |
|  |  |  |  |
| **Totals** | **248** |  | $9,089.20 |

\*Source: <https://www.bls.gov/oes/current/oes191041.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is $1,260.06\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Technical Writer/Editor | 13/10 | $126,062 | 1% |  | $1,260.06 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  | 0 |
|  |  |  |  |  |  |
| Travel |  |  |  |  | 0 |
| Other Cost |  |  |  |  | 0 |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $1,260.06 |

**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? [X ] Yes [ ] 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 invitation to participate in the survey will be sent to all individuals who have registered a study using the ASA24 system.

**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

1. Will interviewers or facilitators be used? [ ] Yes [ x ] No