

**Burden Memo for the Generic Clearance  
Drug Overdose Response Investigation (DORI) Data Collection (OMB#: 0920-1054)**

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: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Mail Stop: \_\_\_\_\_

**INTRODUCTION**

**Describe any need and circumstances of changes to the initial submitted DORI. In case of no changes specify no changes to initial DORI.**

**Complete the following for each instrument used during the investigation.**

**Data Collection Instrument 1**

*Name of Data Collection Instrument:*

*Type of Respondent*

- State and local government staff
- State and local health department staff
- Overdose victim
- Overdose victim's family/friends
- General public
- Member groups at heightened risk for injury
- Health care providers/pharmacists/dispensers
- Law enforcement personnel
- EMS first responders)
- Representatives of community organizations

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):

*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):
- 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 minutes; A x B x C)

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the IRB/OMB liaison (e-mail: [idy6@cdc.gov](mailto:idy6@cdc.gov)).