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 in	nstrument used during the investigation.					
Title:						
	the standard CASPER methodology of probability-based, two stage 30x7 cluster s 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 Response Rate (A/B):	Respond (B):					

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	Type of	No.	No. Responses	Burden per	Total Burden
Name	Respondent	Respondents	per Respondent	Response in	(in minutes;
		(A)	(B)	Minutes (C)	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.