

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

<p>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</p> <p style="text-align: center;">DOC/BOC</p>	<p>2. OMB CONTROL NUMBER</p> <p>a. <u>0607</u> - <u>0990</u>    <input checked="" type="checkbox"/> b. NONE _____</p>																														
<p>3. TYPE OF INFORMATION COLLECTION (X one)</p> <p><input type="checkbox"/> a. NEW COLLECTION</p> <p><input checked="" type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION</p> <p><input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION</p> <p><input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED</p> <p><input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED</p> <p><input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER</p>	<p>4. TYPE OF REVIEW REQUESTED (X one)</p> <p><input checked="" type="checkbox"/> a. REGULAR SUBMISSION</p> <p><input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ____/____/____</p> <p><input type="checkbox"/> c. DELEGATED</p> <p>5. SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>6. REQUESTED EXPIRATION DATE</p> <p><input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE</p> <p><input type="checkbox"/> b. OTHER: ____/____/____</p>																														
<p>7. TITLE</p> <p style="text-align: center;">National Survey of Children's Health</p>																															
<p>8. AGENCY FORM NUMBER(S) (if applicable)</p> <p style="text-align: center;">N/A</p>																															
<p>9. KEYWORDS</p> <p style="text-align: center;">N/A</p>																															
<p>10. ABSTRACT</p> <p>This submission requests approval for a large-scale (N = 156,054 addresses) national Web and Paper-and-Pencil Interview (PAPI) survey. Incentives (\$2 bill) will be included in the initial invite letter for 90% of the sample, while the other 10% of the sample will not receive an incentive as a way to monitor incentive effectiveness. The survey will consist of two experiments to evaluate opportunities to incorporate efficiencies in the data collection process. The first experiment will test the efficacy of an infographic in the initial mail package and conditional upon funding, the second experiment will test the efficacy of incentives in the <u>topical mailings</u>. <u>The design and content of the NSCH 2017 survey is based on preliminary 2016 NSCH results.</u></p>																															
<p>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</p> <p><input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS    <input type="checkbox"/> d. FARMS</p> <p><input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT    <input type="checkbox"/> e. FEDERAL GOVERNMENT</p> <p><input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS    <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT</p>	<p>12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")</p> <p><input checked="" type="checkbox"/> a. VOLUNTARY</p> <p><input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS</p> <p><input type="checkbox"/> c. MANDATORY</p>																														
<p>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. NUMBER OF RESPONDENTS</td> <td style="text-align: right;">81,805</td> </tr> <tr> <td>b. TOTAL ANNUAL RESPONSES</td> <td style="text-align: right;">81,805</td> </tr> <tr> <td>(1) Percentage of these responses collected electronically</td> <td style="text-align: right;">60 %</td> </tr> <tr> <td>c. TOTAL ANNUAL HOURS REQUESTED</td> <td style="text-align: right;">16,573</td> </tr> <tr> <td>d. CURRENT OMB INVENTORY</td> <td style="text-align: right;"> </td> </tr> <tr> <td>e. DIFFERENCE (+, -)</td> <td style="text-align: right;"> </td> </tr> <tr> <td>f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)</td> <td style="text-align: right;"> </td> </tr> <tr> <td>(2) Adjustment (+, -)</td> <td style="text-align: right;"> </td> </tr> </table>	a. NUMBER OF RESPONDENTS	81,805	b. TOTAL ANNUAL RESPONSES	81,805	(1) Percentage of these responses collected electronically	60 %	c. TOTAL ANNUAL HOURS REQUESTED	16,573	d. CURRENT OMB INVENTORY		e. DIFFERENCE (+, -)		f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)		(2) Adjustment (+, -)		<p>14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. TOTAL CAPITAL/STARTUP COSTS</td> <td style="text-align: right;"> </td> </tr> <tr> <td>b. TOTAL ANNUAL COSTS (O&amp;M)</td> <td style="text-align: right;"> </td> </tr> <tr> <td>c. TOTAL ANNUALIZED COST REQUESTED</td> <td style="text-align: right;"> </td> </tr> <tr> <td>d. CURRENT OMB INVENTORY</td> <td style="text-align: right;"> </td> </tr> <tr> <td>e. DIFFERENCE (+, -)</td> <td style="text-align: right;"> </td> </tr> <tr> <td>f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)</td> <td style="text-align: right;"> </td> </tr> <tr> <td>(2) Adjustment (+, -)</td> <td style="text-align: right;"> </td> </tr> </table>	a. TOTAL CAPITAL/STARTUP COSTS		b. TOTAL ANNUAL COSTS (O&M)		c. TOTAL ANNUALIZED COST REQUESTED		d. CURRENT OMB INVENTORY		e. DIFFERENCE (+, -)		f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)		(2) Adjustment (+, -)	
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<p>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</p> <p><input type="checkbox"/> a. APPLICATION FOR BENEFITS    <input checked="" type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT</p> <p><input type="checkbox"/> b. PROGRAM EVALUATION    <input checked="" type="checkbox"/> f. RESEARCH</p> <p><input checked="" type="checkbox"/> c. GENERAL PURPOSE STATISTICS    <input type="checkbox"/> g. REGULATORY OR COMPLIANCE</p> <p><input type="checkbox"/> d. AUDIT</p>	<p>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</p> <p><input type="checkbox"/> a. RECORDKEEPING    <input type="checkbox"/> b. THIRD PARTY DISCLOSURE</p> <p><input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion    <input type="checkbox"/> (2) Weekly    <input type="checkbox"/> (3) Monthly</p> <p>(4) Quarterly    <input type="checkbox"/> (5) Semi-Annually    <input checked="" type="checkbox"/> (6) Annually</p> <p>(7) Biennially    <input type="checkbox"/> (8) Other (Describe)</p>																														
<p>17. STATISTICAL METHODS Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. NAME</td> <td style="text-align: center;">Jason M. Fields</td> </tr> <tr> <td>b. TELEPHONE NUMBER (Include area code)</td> <td style="text-align: center;">301-763-2465</td> </tr> </table>	a. NAME	Jason M. Fields	b. TELEPHONE NUMBER (Include area code)	301-763-2465																										
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OMB CONTROL NUMBER 0607 - 0990	TITLE National Survey of Children's Health
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION *(Internal DOC Use Only)*

Type name John H. Thompson, Director, U.S. Census Bureau	Date
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

Type name Jennifer Jessup, Departmental Paperwork Clearance Officer	Date
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