Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
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. [X] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

Note: Use OMB format when asking race/ethnicity as well as gender questions.

TITLE OF INFORMATION COLLECTION: WISQARS Data Visualization Mapping Usability Testing Customer Feedback

PURPOSE:
The Web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive Internet-based injury data system. Users can search, sort, and view the injury data and create reports, charts, maps, and slides. CDC's National Center for Injury Prevention and Control (NCIPC) conducted a portfolio review of WISQARS in 2015 showing the web site receives on average 2,150 visits per day. The WISQARS web site is used extensively by a variety of audiences. The information and data needs vary among these groups but WISQARS can serve them all by enhancing visual data interpretations.

The purpose of this request is to gather timely feedback from target audience groups to determine if the information architecture of the website allows users to easily find information. The target audience includes up to a total of 36 interviews with internet users who have experience with health topics. Feedback gathered, including satisfaction with delivery and content, will be used to improve the organization of the violence prevention webpages and determine any gaps in information. The information collected will help identify areas of improvement without such data collection this information would be unknown. Participation in the usability testing will be voluntary. Users will provide feedback to CDC during in person usability testing sessions.

Information gathered will be used only internally for general service improvement and is not intended for release outside of the agency. Information gathered will not be used for the purpose of substantially informing influential policy decisions. Without this type of feedback, the Agency will not have timely information to adjust its services to meet customer needs.

DESCRIPTION OF RESPONDENTS:
WISQARS is used by a variety of audiences, including public health professionals, scientists/researchers, students, health care providers, and teachers/educators. Participation is voluntary.

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[X] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion 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.

Name:_____Karen Angel_____

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

Personally Identifiable Information:

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

Privacy Act does not apply for this information collection request. Personally identifiable information (PII) is not collected. No questions will be asked that are of a personal or sensitive nature. Participants to the survey are already registered with an online panel provider. Information of participating panelists was previously collected by the online panel provider, and will not be included on the dataset submitted to CDC. At no time does CDC have access or will receive potentially identifiable information. At no time is this information linked or linkable to usability testing information. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of participants will be protected and maintained.

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Gifts or Payments:

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

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification.

BURDEN HOURS

The target respondents will be internet users who have experience with health topics.

Respondents to the survey are preregistered active participants of the online panel provider. This usability testing effort will draw from existing 20,000 + databases in the Southeast owned by a commercial vendor. The respondents will provide feedback during in person usability testing at the vendor's location. The vendor will be responsible for identifying and inviting respondents to participate in the usability testing effort (Att. 1). The respondents who accept the invitation will be asked to complete tasks that will determine their overall navigational experience.

Prior to completing the tasks, respondents will be asked to respond to 2 questions related to their background and familiarity with health websites and WISQARS. Each respondent will then be given a total of 31 questions/tasks related to the assets being tested. The user will be asked to find information about:

WISQARS Data Visualization – Mapping

After completing the 31 questions/tasks, the respondent will be asked to respond to 8 survey questions related to their experience as well as general satisfaction (Att. 2).

Category of Respondents	**Form Name**	**No. of Respondents**	**Participation Time (hours)**	**Burden (hours)**
Online panel user	Participant Screener (Att. 1)	36	10/60	6
	Usability Testing Discussion Guide (Att. 2)	36	1	36
Total		**36**		**42**

FEDERAL COST: The estimated annual cost to the Federal government is $5,999

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

   Respondents to the survey are preregistered active participants of the online panel provider, the commercial vendor will be responsible for inviting participants, of the target audience identified through its' existing database or partner network resources, to participate in the usability testing effort (Att. 1). The most appropriate potential users will be invited to participate in usability testing prior to launching usability testing efforts.

   These usability testing sessions should be composed of internet users who have experience with health topics. Each testing session should be composed of 1-on-1 individual sessions suitable for usability testing.

If Yes: Please provide a description of both below (or attach the sampling plan)
If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

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

2. Will interviewers or facilitators be used? [X] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.