# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp. Date: 05/31/2021)

**TITLE OF INFORMATION COLLECTION:**
2019 NLM ClinicalTrials.gov Website Survey

**PURPOSE:**
The goal of this National Library of Medicine (NLM) survey is to collect qualitative customer service delivery feedback from users of the National Center for Biotechnology Information (NCBI) ClinicalTrials.gov website. The results of this survey will allow NLM to better understand the information that users expect to see related to clinical trials and to improve the educational information about clinical trials on the ClinicalTrials.gov website.

**DESCRIPTION OF RESPONDENTS**:
The respondents will be users of the ClinicalTrials.gov website.

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

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software)
[ ] Focus Group
[ X] 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.
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: Rebecca Williams

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 [ ] 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 or Households | 400 | 1 | 15/60 | 100 |
| | | | | |
| **Totals** | **400** | **400** | | **100** |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|---|---|---|---|
| Individuals or Households | 100 | $24.34 | $2,434.00 |
| **Totals** | **100** | | **$2,434.00** |

* The General Public rate was obtained from http://www.bls.gov/oes/2017/may/oes_nat.htm#00-0000

**FEDERAL COST:** The estimated annual cost to the Federal government is $1,383.29

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|---|---|---|---|---|---|
| **Federal Oversight** | | | | | |
| Staff Scientist | T42 | $138,329 | 1% | | $1,383.29 |
| | | | | | |
| | | | | | |
| **Contractor Cost** | | | | | N/A |
| | | | | | |
| Travel | | | | | N/A |
| Other Cost | | | | | N/A |
| | | | | | |
| **Total** | | | | | **$1,383.29** |

**The Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx

**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?

[ ] Yes [**X**] 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?

The survey will be announced and accessible from the ClinicalTrials.gov website with a static link to the survey to reach the public.

**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
   - [ **X** ] Other, E-mail link to the survey

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