

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

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

**PURPOSE:**

The purpose of this National Library of Medicine (NLM) survey is to collect qualitative customer service delivery information from users of The National Center for Biotechnology Information (NCBI) ClinicalTrials.gov website. This assessment is to use a standard practice of collecting data on users’ expectations around where to find information on the site and how the information is organized. The results of this survey will allow us to better understand our users’ needs and improve the website’s content and information architecture to better meet those needs.

**DESCRIPTION OF RESPONDENTS:**

The respondents will be users of the ClinicalTrials.gov website.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                     | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group       |
| <input type="checkbox"/> Focus Group  | <input type="checkbox"/> 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 website or may have experience with the website 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  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	110	1	10/60	18
<b>Totals</b>	<b>110</b>	110		<b>18</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	18	\$24.34	\$438.12
<b>Totals</b>			<b>\$438.12</b>

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

**FEDERAL COST:** The estimated annual cost to the Federal government is: **\$1497.03**

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Customer Outreach Specialist	GS 13/2	\$100,203	1%		\$1002.03
<b>Contractor Cost</b>					N/A
Travel					N/A
Other Cost (survey tool)					\$495.00
<b>Total</b>					<b>\$1497.03</b>

\*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 respondents will be public users of the ClinicalTrials.gov website.

**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? [ ] Yes [X ] No