

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
(OMB#: 0925-0642 Expiration Date: 3/31/2023)**

TITLE OF INFORMATION COLLECTION:

2020 Dietary Primer Assessment and Feedback (NCI)

PURPOSE:

The purpose of this information collection is to gather input and feedback from researchers, clinicians, and educators who use nutritional intake assessments in conducting their research, treating their patients and teaching their students. The information collected will be used to improve the content and organization of the information in the Dietary Assessment Primer (Primer), and to inform the transition of the Primer from a website to an electronic book format.

DESCRIPTION OF RESPONDENTS:

The respondents of the information collection include: Investigators, Clinical Dietitians, Educators, and other users, such as nutrition students.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input 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 program or may have experience with the program in the future.

Name: Jill Reedy

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?

Gifts or Payments:

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

Amount: _____

Explanation for incentive: (include number of visits, etc.)

ESTIMATED BURDEN HOURS and COST

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	100	1	15/60	25
Totals		100		25

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	25	\$40.62	\$1,015.50
Totals			\$1,015.50

* Averaged mean hourly wage rate for respondents based on BLS National Occupational Employment and Wage Estimates for Dietitians and Nutritionists occupational code, 29-1031 and wage rate \$29.97, Epidemiologists occupational code, 19-1041 and wage rate \$37.64 and Health Teachers Post-Secondary code, 25-1070 and annual salary at \$112,850, which is approximately \$54.25 hourly https://www.bls.gov/oes/current/oes_nat.htm#29-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$1360.44.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Branch Chief	15/6	\$166,487	.5%		\$832.44
Fellow		\$52,800	1%		\$528.00
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$1360.44

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

***The Fellow Salary is cited from <https://www.cancer.gov/grants-training/training/at-nci/crta/crta.pdf>, Page 22.

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? 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 potential group of respondents will be drawn from listservs for the The National Collaborative on Childhood Obesity Research (NCCOR), the Healthy Eating Index (HEI), and the the Automated Self-Administered 24-Hour (ASA24) Dietary Assessment Tool, which are lists maintained by the National Cancer Institute to inform investigators about nutrition-based research advancements for these tools and collaborations. The sampling will be a convenience sample. Survey participants will self-select from solicitation emails informing investigators on the listservs regarding the nature and intent of the survey to garner feedback on the Primer. A link will be provided in the email linking participants to the online survey (the draft of the email is attached).

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
- Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Survey Form
 - Chart Abstraction
 - Other, Explain
2. Will interviewers, facilitators, or research coordinators be used? Yes No