

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 0690-0035)**

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**TITLE OF INFORMATION COLLECTION:** USPTO website on mobile survey

**PURPOSE OF COLLECTION:**

USPTO wants to collect customer feedback on the experience using the [www.uspto.gov](http://www.uspto.gov) website on mobile devices. The survey will allow us to learn about the mobile version of the website's visual design, navigation, information, search, and performance. The feedback will assist with identifying and implementing enhancements to these elements of the website. The data from this collection will enable us to update user personas and journey maps that identify customers' needs from the USPTO. The data from this collection will also be reported to OMB per requirements of Circular A-11, Section 280.

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

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

**1. How will you collect the information? (Check all that apply)**

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

**2. Who will you collect the information from?**

Surveys will display to a random sampling of website visitors.

**3. How will you ask a respondent to provide this information?**

Surveys display as a pop-up form asking if the visitor would complete an optional survey.

**4. What will the activity look like?**

After visiting two pages, a customer may be invited to participate in a voluntary survey. A pop-up displays at the bottom of the window that gives the customer the option to

receive the survey by text message or email. If the customer agrees, they will receive a link to the survey by their selected method. The link opens the survey in a new browser window. After responding to the questions, a respondent selects the Submit button. Next, the respondent is redirected to a confirmation and thank you page.

**5. Please provide your question list.**

See attached spreadsheet, "USPTO-WebsiteMobile-QuestionList.xlsx" for full question list with branching logic in the "Model Questions" and "Custom Questions" worksheets.

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

See attached spreadsheet, "USPTO-WebsiteMobile-QuestionList.xlsx" for instructions in the "Welcome and Thank You Text" worksheet.

**6. When will the activity happen?**

This survey will remain on our website in alignment with the timing of the overall clearance.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

If Yes, describe:

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals: Customers who complete the survey	105	5 minutes	9
Private Sector: Customers who complete the survey	3376	5 minutes	281
State, local, or tribal governments: Customers who complete the survey	156	5 minutes	13
<b>Totals</b>	<b>3,637</b>		<b>303</b>

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Charles Thomas

**All instruments used to collect information must include:**

**OMB Control No. 0690-0035**

**Expiration Date: 09/30/2023**

**HELP SHEET**  
**(OMB Control Number: 0690-0035)**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.