

**Burden Memo for the Generic Clearance
Drug Overdose Response Investigation (DORI) Data Collection (OMB#: 0920-1054)**

GenIC No.: _____
EPI AID No. (if applicable): _____
Requesting entity (e.g.,
jurisdiction) _____
Title of Investigation: _____
Purpose of Investigation: (Use
as much space as necessary) _____
Duration of Data Collection
Date Began: _____
Date Ended: _____
Lead Investigator
Name: _____
CIO/Division/Branch: _____
E-mail Address: _____
Telephone No.: _____
Mail Stop: _____

INTRODUCTION

Describe any need and circumstances of changes to the initial submitted DORI. In case of no changes specify no changes to initial DORI.

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

- State and local government staff
- State and local health department staff
- Overdose victim
- Overdose victim's family/friends
- General public
- Member groups at heightened risk for injury
- Health care providers/pharmacists/dispensers
- Law enforcement personnel
- EMS first responders)
- Representatives of community organizations

Other: [describe]

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A): _____
 Total No. Sampled/Eligible to Respond (B): _____
 Response Rate (A/B): _____

(Additional Data Collection Instrument sections may be added if necessary.)

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table (insert rows for additional respondent types if needed)

Data Collection Instrument Name	Type of Respondent	No. Respondents (A)	No. Responses per Respondent (B)	Burden per Response in Minutes (C)	Total Burden (in minutes; A x B x C)

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the IRB/OMB liaison (e-mail: idy6@cdc.gov).