

Attachment E

**Burden Memo for the Generic Clearance
Rapid Response Suicide Investigation Data Collection**

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 GenIC. In case of no changes specify no changes to initial GenIC.

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

- Public health authorities
- Medical examiners
- Coroners
- Hospital providers
- Community health care providers
- School personnel
- Individuals who engage in nonfatal suicidal behavior
- Family members of individuals who engage in nonfatal suicidal behavior
- Friends of individuals who engage in nonfatal suicidal behavior
- Emergency Medical Services personnel

- Representatives of community organizations that provide information or support to the identified geographic location or vulnerable population
- Other: [describe]

Data Collection Methods (check all that apply)

- Epidemiologic investigation (indicate which type(s) below)
 - Descriptive (describe):
 - Cross-sectional (describe):
 - Cohort (describe):
 - Case-control (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):
 - Web-based questionnaire (describe):
 - Self-administered questionnaire (describe):
 - Focus group (describe):
 - Other (describe):
- Archival 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 Rapid Response Suicide Investigation Data Collection Information Collection Request Coordinator (e-mail: idy6@cdc.gov).