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

**TITLE OF INFORMATION COLLECTION:** 2020 NLM MedlinePlus Connect User Survey

**PURPOSE:** The goal of this National Library of Medicine (NLM) survey is to collect qualitative feedback from users of MedlinePlus Connect on how the potential addition of CPT codes to Connect would impact their experience using the web application and service. The information from this voluntary survey will be used improve the MedlinePlus Connect product.

**DESCRIPTION OF RESPONDENTS**: Respondents will be users of MedlinePlus Connect. and participate in the Connect listserv.

**TYPE OF COLLECTION:** (Check one)
[ ] Customer Comment Card/Complaint Form      [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software      [ ] Small Discussion Group
[ ] Focus Group                                                      [ ] 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Jen Jentsch</u>

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?   [ ] Yes [ X ] No
3. If Applicable, has a System or Records Notice been published?  [ ] Yes  [ ] No [X] N/A

**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 | 21 | 1 | 4/60 | 1 |
| | | | | |
| **Totals** | | **21** | | **1** |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|---|---|---|---|
| Individuals or Households | 1 | $24.98 | $24.98 |
| | | | |
| **Totals** | | | **$24.98** |

*The General Public wage rate was obtained from https://www.bls.gov/oes/2018/may/oes_nat.htm#00-0000

**FEDERAL COST:** The estimated annual cost to the Federal government is: **$451.78**

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|---|---|---|---|---|---|
| **Federal Oversight** | | | | | |
| Project Manager, MedlinePlus Connect | 13/7 | $123,198 | .25% | | $308.00 |
| | | | | | |
| | | | | | |
| **Contractor Cost** | | $57,510 | .25% | | $143.78 |
| | | | | | |
| Travel | | | | | |
| Other Cost | | | | | |
| **Total** | | | | | **$451.78** |

*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/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 voluntarily answer the survey that will be sent out through the MedlinePlus Connect listserv.

**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