

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

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**TITLE OF INFORMATION COLLECTION:** 2020 NLM PRS Tutorials Feedback Survey

**PURPOSE:**

The goal of this National Library of Medicine (NLM) survey is to collect qualitative feedback from users of the ClinicalTrials.gov Protocol Registration and Results System (PRS) on their experience using the PRS Guided Tutorials. The survey consists of a short list of questions about how they rate the usability, utility, and satisfaction of the tutorials. The information from this survey will be used to improve the information and user experience of the PRS Guided Tutorials.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be individuals who voluntarily choose to participate in the survey. The survey will be accessible through a link on the ClinicalTrials.gov PRS Guided Tutorials webpage.

**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: Anna Fine, PharmD

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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?  Yes  No  
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	3550	1	4/60	237
<b>Totals</b>		3550		<b>237</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	237	\$25.72	\$6095.64
<b>Totals</b>	237		\$6095.64

\*The General Public wage rate was obtained from [https://www.bls.gov/oes/2019/may/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2019/may/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$1060.85

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Customer Outreach Service Specialist	GS 13-2	\$106,085	1%		\$1060.85
<b>Contractor Cost</b>					N/A
<b>Travel</b>					N/A
<b>Other Cost</b>					N/A
<b>Total</b>					<b>\$1060.85</b>

\*\*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  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 survey will be publicly accessible through a link on the ClinicalTrials.gov PRS Guided Tutorials webpage.

### **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
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  No