

**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 NCBI ClinicalTrials.gov Website Usability Survey

**PURPOSE:**

The purpose this National Library of Medicine (NLM) customer usability testing is to obtain qualitative feedback to better understand people’s needs and preferences for how the information is displayed on the National Center for Biotechnology Information (NCBI) ClinicalTrials.gov website. The survey will collect users’ experience and expectations around where to find information on the clinical trials website and how the information is organized. The results of this survey will allow us to better understand how users expect to see information related to clinical trials.

**DESCRIPTION OF RESPONDENTS:**

The respondents will be public users of the ClinicalTrial.gov website resources who are seeking information on clinical trials that have been conducted and how to participate in clinical trials.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                     | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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

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

**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
Individual or Households	50	1	1	50
<b>Totals</b>		<b>50</b>		<b>50</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	50	\$25.72	\$1,286.00
<b>Totals</b>			<b>\$1,286.00</b>

\* BLS May 2019 National Occupational Employment and Wage Estimates, United States  
[https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$8,398.00

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Staff Scientist	T42	\$142,000	1%		\$1,420.00
<b>Contractor Cost</b>					
Moderator/Facilitator		\$86,000	4.8%		\$4,128.00
Note-taker		\$50,000	5.7 %		\$2,850.00
<b>Total</b>					<b>\$8,398.00</b>

\* Cited from [https://ohr.od.nih.gov/intrahr/Documents/title42/NIH\\_TITLE\\_42\\_PAY\\_MODEL\\_RANGES.pdf](https://ohr.od.nih.gov/intrahr/Documents/title42/NIH_TITLE_42_PAY_MODEL_RANGES.pdf)

**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?

Respondents will be users of the ClinicalTrials.gov website who click on the provided survey link and dial in via their home internet network to participate in the online usability testing and virtual call.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media, (Virtual meeting)  
 Telephone  
 In-person  
 Mail  
 Other
2. Will interviewers or facilitators be used?  Yes  No