

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Expiration Date: 03/2018)**

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**TITLE OF INFORMATION COLLECTION:**

NIMH Website Survey

**PURPOSE:**

NIMH will conduct an online customer satisfaction survey to engage our website users twice per year. The survey will provide useful information about how to best serve our website users, enhance our understanding of their needs and facilitate obtaining instant feedback which will allow NIMH to make decisions and improvements to our website quickly and more effectively. Each administration of the survey will collect up to 5,000 responses. The survey will run on the NIMH website and data will be integrated with our Google Analytics reports.

**DESCRIPTION OF RESPONDENTS:**

The respondents are NIMH website users. Website users may include, but are not limited to, advocacy groups, researchers, practitioners, mental health professionals, patients, family members/friends, health care providers and the general public.

**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: Karen Carter-McLeod, Technical Information Specialist, ECB/NIMH

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
Individuals or Households	10,000	1	15/60	2500
<b>Totals</b>	<b>10,000</b>	<b>1</b>	<b>15/60</b>	<b>2500 hours</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households	2500	\$22.71	\$56,775
<b>Totals</b>	<b>2500</b>	<b>\$22.71</b>	<b>\$56,775</b>

\*United States Department of Labor Bureau of Labor Statistics (May 2014) National Occupational Employment and Wages by Major Occupational Group (*All Occupations*) – see [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$8,998.20

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Technical Information Specialist	GS-13/4	\$99,964	5%		\$4,998.20
<b>Contractor Cost</b>					
Project Manager	N/A	\$25,000	16%		\$4,000.00
Travel					
Other Cost					

**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 strategically placed on particular pages of the NIMH site, and website users will be prompted to complete the survey once they visit those pages of the website. The survey will run on the NIMH site and data will be collected and integrated with Google Analytics. The survey tool used will be iPerceptions, and each survey will collect a maximum of 5,000 responses. The survey can be triggered to run on particular pages of the NIMH site, and will be posted twice per year.

### **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

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**