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 NCBI Clinical Trials.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) Clinical Trials.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

	s survey will allow us to better understand how users expect to see information related to nical trials.
Th	ESCRIPTION OF RESPONDENTS: The respondents will be public users of the ClinicalTrial.gov website resources who are seeking formation on clinical trials that have been conducted and how to participate in clinical trials.
TY	PE OF COLLECTION: (Check one)
[X	Customer Comment Card/Complaint Form [] Customer Satisfaction Survey [] Small Discussion Group Focus Group [] Other:_
CE	ERTIFICATION:
 2. 3. 4. 5. 	The collection is voluntary. The collection is low-burden for respondents and low-cost for the Federal Government. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies. The results are <u>not</u> intended to be disseminated to the public. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions. 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.
Na	ıme: <u>Anna Fine</u>
То	assist review, please provide answers to the following question:
1. 2.	rsonally Identifiable Information: Is personally identifiable information (PII) collected? [] Yes [X] No If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] No If Applicable, has a System or Records Notice been published? [] Yes [] No

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
Totals		50		50

COST TO RESPONDENT

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

^{*} BLS May 2019 National Occupational Employment and Wage Estimates, United States 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

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

^{*} Cited from 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 responder	ondents	resp	geted	t	vour	of	tion	selec	The
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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?

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

How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media, (Virtual meeting)
[X] Telephone
[] In-person
[] Mail
[] Other

2. Will interviewers or facilitators be used? [X] Yes [] No