## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

**TITLE OF INFORMATION COLLECTION:** NIAMS Website Feedback Survey

**PURPOSE:**

The purpose of this voluntary web-based survey is to garner routine feedback from individuals who visit the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) website ([niams.nih.gov)](https://www.niams.nih.gov/) to learn whether they are able to find the information they are looking for and gather insights into whether the information they seek meets their needs and is helpful to them. Survey findings will support ongoing website improvement efforts, such as updates to the website navigation or existing content to enhance the findability of information. The survey will appear as a “pop-up window” across the following NIAMS web pages:

* [niams.nih.gov/health-topics](https://www.niams.nih.gov/health-topics)
* [niams.nih.gov/newsletters](https://www.niams.nih.gov/newsletters)
* [niams.nih.gov/about](https://www.niams.nih.gov/about)
* [niams.nih.gov/community-outreach-initiative](http://www.niams.nih.gov/community-outreach-initiative)
* [niams.nih.gov/labs](https://www.niams.nih.gov/labs)
* [niams.nih.gov/grants-funding](https://www.niams.nih.gov/grants-funding)

The survey will take respondents no more than three (3) minutes to complete and is completely voluntary (website visitors may “close out” of the survey pop-up window if they do not wish to complete the survey). No incentive will be provided for completing the survey, nor is any personally identifiable information collected from respondents.

**DESCRIPTION OF RESPONDENTS**:

Survey respondents include visitors to the NIAMS website who voluntarily choose to respond to the survey.

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[X] 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 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: Susan Bettendorf

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 [ ] 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 (annually)** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Individuals or Households | 7,900 | 1 | 3/60 | 395 |
|  |  |  |  |  |
| **Totals** |  | 7900 |  | **395** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals or Households | 395 | $31.03 | $12,257 |
|  |  |  |  |
| **Totals** |  |  | $12,257 |

\*The wage rate is the mean hourly wage of $31.03 in the United States for all employees on private nonfarm payrolls, seasonally adjusted, as reported in BLS November 2021. [https://w](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bls.gov%2Fnews.release%2Fempsit.t19.htm&data=04%7C01%7C%7Cf94d242bd6d04df65ead08d979440796%7C1fe753be404646da858eb0b86657ed9e%7C0%7C0%7C637674155401277683%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=rrMsxK5jubseFYLthGB4Vtv9yIfxyIn5%2BTMMfN8iNFM%3D&reserved=0)ww.bls.gov/news.release/empsit.t19.htm

**FEDERAL COST:** The estimated annual cost to the Federal government is $14,778.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Writer/editor | 13/10 | 139,000 | .2% |  | $278 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  | $14,500 |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $14,778 |

\*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/DCB.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 [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?

Survey respondents include NIAMS website visitors who voluntarily choose to complete the survey. The survey will appear as an optional “pop-up” on both mobile and desktop devices. Repeat website visitors who have previously been invited to respond to the survey will *not* receive additional survey requests. This is regardless of whether they completed the survey previously.

**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

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

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