## 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:** MeSH Data Format Survey (NLM)

**PURPOSE:**

The purpose of this National Library of Medicine (NLM) survey is to identify which Medical Subject Headings (MeSH) data formats are most useful to end users. This information collection request supports NLM’s efforts to enhance customer experience (CX) per the President’s Management Agenda, the related December 2021 Executive Order regarding customer experience, and OMB Circular A-11, Section 280.

**DESCRIPTION OF RESPONDENTS**:

Respondents will be users of the MeSH, who voluntarily choose to participate in the survey among medical library institutions (primarily librarians, researchers, and students).

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

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

[ ] 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: Nicholas Miliaras, Ph.D.

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 [X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ X] 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 |  200 |  1 |  2/60 | 7 |
|  |  |  |  |  |
| **Totals** |  | **200** |  | **7** |

**COST TO RESPONDENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals or Households | 7 |  $28.01 | $196.07 |
|  |  |  |  |
| **Totals** |  |  | **$196.07** |

\* The General Public wage rate (Median wage for “All Occupations”) was obtained from [May 2021 National Occupational Employment and Wage Estimates (bls.gov)](https://www.bls.gov/oes/current/oes_nat.htm%22%20%5Cl%20%2200-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is: $988.18

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Librarian | GS-12/4 | $98,818.00 | 1 |  | $988.18 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |   |
|  |  |  |  |  |  |
| Travel |  |  |  |  |   |
| Other Cost |  |  |  |  |   |
| **Total** |  |  |  |  | $**988.18** |

\*\*the Salary in table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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? [X ] 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?

* We have a MeSH subscriber e-mail list and will also publish the survey in the NLM Technical Bulletin, which is read by many medical librarians.

**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