

## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0935-0179)

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### TITLE OF INFORMATION COLLECTION:

Card Sort A: Online Data Collection for AHRQ.gov [<https://www.AHRQ.gov>]

### PURPOSE:

The purpose of this information collection tool is to determine an ideal information architecture (IA) structure for content categories on <https://www.AHRQ.gov/>.

We will accomplish this by using an online tool called Optimal Sort to perform a card sort. Card sort is a technique for evaluating the categorization of information on a website. Participants will complete the card sort activity online using their own computer. They will be asked to group, what they perceive to be, like information together to form the information architecture of the site.

### DESCRIPTION OF RESPONDENTS:

We would like 100, US residents over the age of 18, to volunteer to participate in this survey. We will distribute the survey URL via the AHRQ.gov email listservs.

### TYPE OF COLLECTION: (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Online card sort to review the AHRQ IA</u> |

### 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.

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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 ☒ No

**Category of Respondent:** *(the options here are Public Sector or Private Sector, or both)*

*Public Sector*

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
<i>Public Sector</i>	100	15/60	25 hrs
<b>Totals</b>			25 hrs

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$197.39

Grade	Number of Hours	Value
GS 15-Step 10	1 hrs (\$68.13)	\$68.13
GS 15-Step 8	2 hrs (\$64.63)	\$129.26
Total	3 hrs	\$197.39

**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?

#### **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.**

**NOTE:** Please see attachment 2020\_03\_AHRQCardSort\_Outline\_A\_04132020\_RLM (002) for instructions and scripts.