

# 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 B: 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.

Name: Randie Siegel [Randie.Siegel@ahrq.hhs.gov](mailto:Randie.Siegel@ahrq.hhs.gov)

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\_B\_04132020\_RLM for instructions and scripts.

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request.

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

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

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:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

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 box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

Customer Comment Card/Complaint Form

Usability Testing (e.g., Website or Software

Focus Group

Customer Satisfaction Survey

Small Discussion Group

Other: Online card sort to review the AHRQ IA

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

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: Randie Siegel [Randie.Siegel@ahrq.hhs.gov](mailto:Randie.Siegel@ahrq.hhs.gov)

**Personally Identifiable Information:** Provide answers to the questions.

- 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

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [X] No

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

- Private Sector

**No. of Respondents:** Provide an estimate of the Number of respondents.

- 100

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

- 15/60

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

- 25 hours

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

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?***

We will be using the AHRQ GovDelivery, or equivalent, mailing list to invite participation in the card sort. We will not be sampling; the participants will volunteer/self-select to participate. They will not be compensated for their participation.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

3. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain
4. 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\_B\_04132020\_RLM for instructions and scripts.