

Dated: September 21, 2009.

Sarah Glavin,

Project Clearance Liaison, NICHD, National Institutes of Health.

[FR Doc. E9-23125 Filed 9-23-09; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-0920-0747]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c)

ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Longitudinal follow-up of Youth with Attention-Deficit/Hyperactivity Disorder identified in Community Settings: Examining Health Status, Correlates, and Effects associated with treatment for Attention-Deficit/Hyperactivity Disorder [OMB #0920-0747 exp. 7/31/1010]—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will collect data from proxy respondents and youths with and without ADHD. This program addresses the Healthy People 2010 focus area of Mental Health and Mental Disorders, and describes the prevalence, incidence, long-term outcomes, treatment(s), select co-morbid conditions, secondary conditions, and health risk behavior of youth with ADHD relative to youth without ADHD.

The National Center on Birth Defects and Developmental Disabilities at CDC promotes the health of children with developmental disorders. As part of these efforts, two contracts were awarded in FY 2007-2010 to follow up a sample of children originally enrolled in community-based epidemiological

research on ADHD among elementary-aged youth, known as the Project to Learn about ADHD in Youth (PLAY Study Collaborative), which informed community-based prevalence, rates of comorbidity, and rates of health risk behaviors among elementary-age youth with and without ADHD as determined by a rigorous case definition developed by the principal investigators and in collaboration with CDC scientists.

The purpose of the longitudinal follow-up program is to study the long-term outcomes and health status for children with Attention-Deficit/Hyperactivity Disorder (ADHD) identified and treated in community settings through a systematic follow-up of the subjects who participated in the PLAY Study Collaborative. There is a considerable interest in the long-term outcomes of youth with ADHD as well as the effects of treatment, lack of treatment, and quality of care in average US communities, emphasizing the public health importance of longitudinal research in this area.

Given the lack of detailed information about longitudinal development in children with and without ADHD, there is need to continue assessing the children into older adolescence. This program extends data collection for two additional waves.

Minor changes to the assessment instruments are planned in order to include age appropriate assessment of treatment and health risk behaviors in older adolescents, such as understanding motor vehicle operation and dating behavior.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Survey instruments (by type of respondent)	Number of respondents	Number of responses/ respondent	Avg. burden/ response in hours	Total burden (in hours)
Parent:				
ADHD Communication and Knowledge	190	1	10/60	32
ADHD Treatment, Cost, and Client Satisfaction Questionnaire	190	1	10/60	32
ADHD Treatment Questionnaire	190	3	7/60	67
Brief Impairment Scale	190	1	4/60	13
Critical School Events (Middle School)	37	2	4/60	5
Critical School Events (High School)	153	2	4/60	20
Demographic Survey	190	1	5/60	16
Health Risk Behavior Survey (Middle School) 11-13 years	37	1	18/60	14
Health Risk Behavior Survey High School, 14+ years	153	1	22/60	71
Parent-Child Relationship Inventory	190	1	15/60	48
Parents' Mental Health Questionnaire	178	1	5/60	15
Quarterly update form	190	3	1/60	10
Social Isolation/Support	178	1	2/60	6
Strengths and Difficulties Questionnaire (SDQ)	190	2	3/60	19
Vanderbilt Parent Rating Scale	190	2	10/60	63
Child:				
Brief Sensation Seeking Scale	190	1	1/60	3
Conflict in Adolescent Dating Relationships	153	1	10/60	26
Health Risk Behavior Survey (Middle School) 11-13 years	37	1	30/60	19
Health Risk Behavior Survey (High School) 14+ years	153	1	45/60	115

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Survey instruments (by type of respondent)	Number of respondents	Number of responses/ respondent	Avg. burden/ response in hours	Total burden (in hours)
MARSH—Self Description Questionnaire v I, 7–12 years	15	1	15/60	4
MARSH—Self Description Questionnaire v II, 13–15 years	90	1	20/60	30
MARSH—Self Description Questionnaire v III 16+ years	85	1	20/60	28
Pediatric Quality of Life Child (8–12)	15	1	5/60	1
Pediatric Quality of Life Teen (13+)	175	1	5/60	15
Youth Demographic Survey, 16+ years	85	1	1/60	1
Teacher:				
Teacher Survey	949	1	10/60	158
Total	1317	831

Dated: September 17, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–23027 Filed 9–23–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–09AC]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Occupational Injuries and Illnesses Among Emergency Medical Services (EMS) Workers: A NEISS–Work Telephone Interview Survey—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Studies have reported that EMS workers have higher rates of non-fatal

injuries and illnesses as compared to the general worker population. As EMS professionals are tasked with protecting the health of the public and treating urgent medical needs, it follows that understanding and preventing injuries and illnesses among EMS workers will have a benefit reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub.L. 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and illnesses incurred by EMS workers. The project will use two related data sources. The first source is data abstracted from medical records of EMS workers treated in a nationally stratified sample of emergency departments. These data are routinely collected by the occupational supplement to the National Electronic Injury Surveillance System (NEISS–Work). The second data source, for which NIOSH is seeking OMB approval, is responses to telephone interview surveys of the injured and ill EMS workers identified within NEISS–Work.

The proposed telephone interview surveys will supplement NEISS–Work data with an extensive description of EMS worker injuries and illnesses, including worker characteristics, injury types, injury circumstances, injury outcomes, and use of personal protective equipment. Previous reports describing occupational injuries and illnesses to EMS workers provide limited details on specific regions or sub-segments of the population. As compared to these earlier studies, the

scope of the telephone interview data will be broader as it includes sampled cases nationwide and has no limitations in regards to type of employment (*i.e.*, volunteer versus career). Results from the telephone interviews will be weighted and reported as national estimates.

The sample size for the telephone interview survey is estimated to be approximately 175 EMS workers annually for the proposed four year duration of the study. This estimate is based on the number of EMS workers identified in previous years of NEISS–Work data and a 50% response rate that is comparable to the rate of previously conducted National Electronic Injury Surveillance System telephone interview studies. Each telephone interview will take approximately 20 minutes to complete, resulting in an annualized burden estimate of 58 hours.

This project is a collaborative effort between the Division of Safety Research in the NIOSH and the Office of Emergency Medical Services in the National Highway Traffic Safety Administration. Both agencies have a strong interest in improving surveillance of EMS worker injuries and illnesses to provide the information necessary for effectively targeting and implementing prevention efforts and, consequently, reducing occupational injuries and illnesses among EMS workers.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 58.

Estimated Annualized Burden Hours

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EMS workers	175	1	20/60