

Respondents	No. of respondents	No. of responses/re-spondent	Average burden response (in hrs.)	Total burden (in hrs.)
Hawaii and Pacific Islanders with Diabetes	80 (10 focus groups of 8 persons each)*	1	1	80
Total	80

*These are estimates. Instruments will be developed and focus groups arranged by contractor.

3. Cycle 6 of the National Survey of Family Growth (NSFG-6) (0920-0314)—Revision—The National Survey of Family Growth has been conducted periodically since 1973 by the National Center for Health Statistics, CDC. The first five cycles of the NSFG were based on interviews with women 15-44 years of age, to measure factors related to birth and pregnancy rates and maternal and infant health. In Cycle 6, both women and men will be interviewed. The interviews with males 15-49 will address (1) factors that affect entry into fatherhood and the intendedness of births; (2) factors that affect the spread of Sexually Transmitted Diseases (STDs) and HIV (Human Immunodeficiency Virus, the virus that causes AIDS); and (3) factors that affect men's ability and willingness to carry out their fatherhood

roles, including the payment of child support.

In late 2000 or early 2001, the NSFG will interview a nationally representative sample of 11,800 women and 7,200 men. Black, Hispanic, and 15-24-year-old men and women will be sampled at a higher rate than others. A pretest/pilot study of 600 females and 600 males is needed to test procedures for collecting sensitive data. All participation will be completely voluntary and confidential.

NSFG data help measure the demographics, health status, and behavior of the population of reproductive age (as well as those responsible for most STDs). The NSFG data from the 1995 survey have already been published in 4 major NCHS reports and the January/February 1998 issue of the journal Family Planning

Perspectives. Besides NCHS, users of NSFG data include the DHHS Office of Population Affairs, the National Institute for Child Health and Human Development, the CDC and NIH HIV/AIDS programs, and the Children's Bureau. Other users include Congress (for Sections 905 and 906 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, among others); the Healthy People 2000 and 2010 initiatives, private researchers in demography, public health, maternal and child health, and state governments. Males are being added to the survey in response to the recent report, *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation, and Fatherhood*, released by the Federal Interagency Forum on Child and Family Statistics. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/re-spondent	Avg. burden/response (hrs.)	Total burden (in hrs.)
Pretest: screener	2000	1	0.08	167
Pretest: males	600	1	1.00	600
Pretest: females	600	1	1.33	800
Cognitive Testing	200	1	1.00	200
Survey: screener	40000	1	0.08	3,320
Survey: males	7200	1	1.00	7,200
Survey: females	11800	1	1.33	15,729
Total	28,016

Dated: September 2, 1998.

Charles W. Gollmar,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee for Energy-Related Epidemiologic Research: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease

Control and Prevention (CDC) announces the following committee meeting.

Name: Advisory Committee for Energy-Related Epidemiologic Research (ACERER).
Time and Date: 8 a.m.-5 p.m., September 24, 1998.

Place: Omni Shoreham Hotel, 2500 Calvert Street, NW, Washington, DC 20008, telephone 202/234-0700, FAX 202/756-5120.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: This committee is charged with providing advice and recommendations to the Secretary, Health and Human Services (HHS); the Assistant Secretary for Health; the Director, CDC; and the Administrator, Agency for Toxic Substances and Disease Registry, on the establishment of a research agenda and the conduct of a research program pertaining to energy-related analytic epidemiologic studies.

Matters To Be Discussed: Agenda items include discussions of public health implications of the report from the Institute of Medicine's Committee on Thyroid Screening Related to I-131 Exposure and the National Academy of Sciences' Committee on Exposure of the American People to I-131 from the Nevada Atomic Bomb Tests, and the ACERER Subcommittee for Community Affairs recommendations.

Agenda items are subject to change as priorities dictate.

An unavoidable administrative delay prevented meeting the 15-day publication requirement.

Contact Person for More Information: Michael J. Sage, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F-35, Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044.

Dated: September 11, 1998.

Carolyn J. Russell,

*Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention (CDC).*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N-0747]

Agency Information Collection Activities: Proposed Collection; Comment Request; Customer/Partner Service Surveys

AGENCY: Food and Drug Administration,
HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on voluntary customer/partner service surveys to implement Executive Order 12862.

DATES: Submit written comments on the collection of information by November 16, 1998.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be

identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT:

JonnaLynn P. Capezzuto, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4659.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506 (c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques, when appropriate, and other forms of information technology.

Customer/Partner Service Surveys

Under section 903 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 393), FDA is authorized to conduct research relating to regulated articles and to conduct educational and public information programs relating to responsibilities of the agency. Executive Order 12862, entitled "Setting Customer Service Standards," directs Federal agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services." FDA is seeking OMB clearance to conduct a series of surveys to implement Executive Order 12862. Participation in the surveys will be voluntary. This request covers customer service surveys or regulated entities, such as food processors; cosmetic, drug, biologic and medical device manufacturers; consumers; and health professionals. The request also covers partner surveys of State and local governments.

FDA will use the information gathered from these surveys to identify strengths and weaknesses in service to customers/partners and to make improvements. The surveys will assess timeliness, appropriateness, accuracy of information, courtesy, and problem resolution in the context of individual programs.

FDA projects 14 customer/partner service surveys per year, with a sample of between 50 and 6,000 customers each. Some of these surveys will be repeats of earlier surveys, for purposes of monitoring customer/partner service and developing long-term data.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

Type of Survey	No. of Respondents	Annual Frequency per Response	Hours per Responses	Total Hours
Mail/telephone surveys	20,000	1	.30	6,000
Total				6,000

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.