

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent (annual estimate)	Average burden hours per response	Estimated total annual burden hours requested
Total	100

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency'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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Jeffrey White, Director, OCCAM, NCI, NIH, 6116 Executive Plaza North, Suite 600, MSC 8339, Bethesda, MD 20852, or call non-toll-free number (301) 435-7980 or E-mail your request, including your address to: jeffreyw@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 12, 2006.

Rachelle Ragland-Greene,
NCI Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; ActiGraph Accelerometer Validation Study

SUMMARY: 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 National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Actigraph Accelerometer Validation Study. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The NCI is collaborating with other NIH Institutes on a proposed longitudinal study of Hispanic subpopulations in the United States referred to as the Hispanic Community Health Study. The Hispanic population is now the largest minority population in the U.S. with a projected three-fold growth by 2050. Hispanic subgroups are influenced by a number of chronic disease risk factors associated with immigration from different cultural settings and environments. These factors include diet, physical activity, community support, working conditions, and access to health care. Hispanic groups have higher rates of obesity and diabetes than non-Hispanic groups, but have lower coronary disease and cancer (all sites) mortality. There are also observed differences in health outcomes between Hispanic subgroups. For example, Puerto Ricans have a four-fold higher asthma prevalence than Mexican-Americans. Hispanic populations are understudied with respect to many diseases and risk factors. Their projected population growth underscores the need for accurate evaluation of their disease burden and risk. A vast amount of research suggests that the level of physical activity influences many of the chronic diseases and conditions of interest, including obesity, diabetes, cardiovascular disease, and cancer. To better understand the relationship between physical activity and chronic disease, and to make specific activity prescriptions, it is necessary to be able to accurately assess levels and types of activity. In particular, better methods are needed to improve the validity and reliability of physical activity

assessment instruments to better assess the frequency, duration, and intensity of physical activity. For that reason, NCI plans to evaluate the use of a new type of accelerometer, a small device worn on a belt at the waist that measures and records movement, capturing movement intensity and duration and associating it with clock-time. This new accelerometer will be used in the Hispanic Community Health Study and will allow examination of levels as well as patterns of activity. Physical activity was measured with accelerometers in the nationally representative 2003-2006 National Health and Nutrition Examination Survey (NHANES) (OMB#: 0920-0237, October 15, 2004, Vol 69, pp. 61253-61254). NHANES provides estimates for Mexican-American, but not other Hispanic subgroups. Between the time of the NHANES and the Hispanic Community Health Study, there has been a change in the technology of the accelerometer used in NHANES. To allow comparison of the physical activity data that will be collected from the four Hispanic subgroups in the Hispanic Community Study to the data collected with the previous technology used in NHANES, a cross-validation study is needed. The proposed study, the ActiGraph Accelerometer Validation Study, will serve this purpose. It is a cross-validation study comparing the two ActiGraph accelerometer models under different circumstances of walking or jogging in differing age groups and for both genders. *Frequency of response:* One-time study. *Affected Public:* Individuals. *Type of Respondents:* Healthy adults between the ages of 18-74 years. The annual reporting burden is as follows: *Estimated Number of Respondents:* 144; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* 1.5; and *Estimated Total Annual Burden Hours Requested:* 186. The annualized cost to respondents is estimated at: \$3,288.

Data collection task	Number of participants	Frequency of response	Average time per response	Annual hour burden	Hourly wage rate	Cost to respond
Screener	144	1	0.25	36	\$17.68	\$636.48
Height and weight	120	1	0.25	30	17.68	530.40
Accelerometer fitting	120	1	0.5	60	17.68	1,060.80
Walking track	120	1	0.5	60	17.68	1,060.80
.....	1.5	186	3,288.48

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility, (2) the accuracy of the agency'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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Richard Troiano, CDR, U.S. Public Health Service, Risk Factor Monitoring and Methods Branch, Applied Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, EPN 4005, 6130 Executive Blvd, MSC 7344, Bethesda, MD 20892-7344, or call non-toll-free number (301) 435-6822, or FAX your request to (301) 435-3710, or E-mail your request, including your address, to: troianor@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 11, 2006.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Collection of Demographic and Smoking/Tobacco Use Information From NCI Cancer Information Service Clients

SUMMARY: 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 National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Collection of Demographic and Smoking/Tobacco Use Information from NCI Cancer Information Service Clients. *Type of Information Collection Request:* Revision of OMB no. 0925-0208 expiration date 11/30/2006. *Need and Use of Information Collection:* The NCI's Cancer Information Service (CIS) provides accurate and up-to-date cancer information to the public through a toll-free telephone number (1-800-4-CANCER) and LiveHelp, an online instant messaging service. In addition, CIS provides smoking cessation assistance through a telephone quitline (accessed through 1-800-44U-QUIT or 1-800-QUITNOW). Characterizing CIS clients is essential to customer service, program planning, and promotion. Currently CIS conducts a brief survey of a sample of telephone and LiveHelp clients at the end of usual service (OMB no. 0925-0208 expiration date 11/30/2006); the survey includes three customer service and five demographic questions (age, sex, race, ethnicity, education). This request is to supplement the current data collection activity by adding (1) four demographic questions related to income, health insurance coverage, and regular source of health care; and (2) a set of 20 smoking/tobacco use questions for individuals seeking smoking cessation

assistance. The demographic questions will allow CIS to better measure the program's reach to underserved populations and program impacts on these populations. The smoking/tobacco use questions are necessary as part of the intake and needs assessment process for smoking cessation clients. The information collected about clients' smoking history, previous quit attempts, and motivations to quit smoking will enable Information Specialists to provide effective individualized counseling. Consistent with the current data collection, the proposed demographic and smoking intake questions will be asked of clients who are cancer patients, family members and friends of patients, and the general public. Also consistent with the current data collection, 25% of telephone and quitline clients will be sampled for the proposed demographic questions. If the call is the result of a special promotion, 50% of callers will be surveyed. Overall, it is estimated that 36% of telephone and quitline clients will be sampled for the demographic questions for an estimated annual total of 40,700 telephone clients and 2,400 quitline clients. Also consistent with the current data collection, the demographic questions will be asked of 50% of LiveHelp clients for an estimated annual total of 2,000 online clients. The higher sampling rate for LiveHelp clients is necessary due to the lower response rate among online clients. The proposed smoking intake questions will be asked of 100% of quitline clients for an annual total of approximately 6,700 clients. The combined total to be surveyed each year is approximately 49,400 CIS clients for a total of 2,478 annual burden hours. *Frequency of Response:* Single time. *Affected Public:* Individuals or households. *Type of Respondents:* Cancer patients, family members and friends of cancer patients, and general public who contact CIS via telephone or online. The annual reporting burden is as follows: