

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parents of boys and girls, ages 11 to 14 AND youth ages 11 to 14.	Focus Group Screening Instrument for Parents and Youth (Attachment M).	576	2	5/60
Youths ages 11 to 14 .....	Focus Group Survey (Attachment N) .....	288	2	5/60
Youths ages 11 to 14 .....	Focus Group Moderator's Guide (Attachment D).	288	2	1.5
Parents of boys and girls, ages 11 to 14 .....	Online Survey E-mail Invitation AND Online Survey Screening Instrument for Parents (Attachments E and F).	400	4	5/60
Youths ages 11 to 14 .....	Online Survey Screening Instrument for Youth (Attachment H).	400	4	3/60
Youths ages 11 to 14 .....	Online Survey (Attachment C) .....	200	4	10/60

Dated: January 29, 2009.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-09-08BS]

**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](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Testing and Development of Materials Promoting Prevention and Control of Traumatic Brain Injury in Schools—New—Division of Injury Response (DIR), National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Each year, an estimated 1.4 million Americans sustain a traumatic brain injury (TBI). A TBI is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

Children ages 0 to 4 years and adolescents ages 15-19 are at the greatest risk of sustaining a TBI, as they often sustain TBIs from a host of mechanisms including falls (down stairs or from heights such as counter tops or beds), direct impacts (e.g., getting hit in the head with a ball), and motor vehicle crashes.

In order to address this important public health problem among young children and adolescents, CDC plans to conduct a national TBI educational initiative aimed at school nurses, school counselors, school psychologists, and school administrators. These interviews will be targeted because they are well positioned to address short- and long-

term issues related to TBI. CDC will develop educational materials and messages for these audiences, as well as tools for partners, to help improve the prevention, recognition, and management of TBI among school-aged children and adolescents. This audience can also work with schools to institute TBI specific back-to-school and return-to-play plans.

As part of this research, school nurses, counselors, psychologists, and administrators will participate in professionally moderated individual in-depth interviews. Information will be collected concerning respondents' knowledge, attitudes, and beliefs about traumatic brain injury and where and how they get health information.

A total of 96 potential respondents will be screened. From this number, 30 school professionals and 15 school administrators will be interviewed.

The goal of these interviews is to understand needs of school professionals in the targeted audience for materials or tools related to TBI. The materials will provide guidance on how to prevent and recognize TBI in students. The content discussed in these interviews will be used to refine materials and develop future materials.

There are no costs to respondents other than their time. The total estimated annual burden hours are 61.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
School nurses, counselors, psychologists, and school administrators.	Screeener Instrument for Nurses, Counselors, Psychologists, and Administrators.	96	1	10/60
School nurses, counselors, and psychologists	Interview Guide: Concept Testing for TBI Education Materials (Interviews with School Health Professionals).	30	1	1
School administrators .....	Moderator's Guide for In-Depth Interviews for Administrators.	15	1	1

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**Maryam I. Daneshvar,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-09-0278]

#### 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 the CDC Reports Clearance Officer at 404-639-5960 or send comments to CDC/ATSDR Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0278)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on "utilization of health care" in the United States. The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. NCHS is seeking OMB approval to extend this survey for an additional three years.

The purpose of NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs) and emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general.

NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920-0234), which provides similar data concerning patient visits to physicians' offices. NAMCS and NHAMCS are the principal sources of data on ambulatory care provided in the United States.

NHAMCS provides a range of baseline data on the characteristics of the users and providers of hospital ambulatory medical care. Data collected include patients' demographic characteristics, reason(s) for visit, providers' diagnoses, diagnostic services, medications, and

disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population. In addition, information on cervical cancer screening practices from hospital OPD clinics will continue to be collected through the Cervical Cancer Screening Supplement (CCSS), which was added in 2006. This supplement will allow the CDC/National Coordinating Center for Health Promotion (NCCHP) to evaluate cervical cancer screening methods and the use of human papillomavirus DNA tests.

In 2009, hospital-based ambulatory surgery centers (ASCs) were added to the NHAMCS sample in order to capture patient visits to hospital-based ASCs. In an effort to expand understanding of patient visits to all ASCs, NCHS proposes to add free-standing ASCs to the NHAMCS data gathering procedures in 2010. This will allow a comprehensive understanding of patient care in ASCs by gathering data on all outpatient surgeries not captured in other NCHS surveys. NHAMCS ASC data that will be collected from free-standing ASCs include patient characteristics, diagnoses, surgical and nonsurgical procedures, provider and type of anesthesia, time in and out of surgery and postoperative care, and discharge disposition. The data collected will also be compared to ASC data from the 2006 National Survey of Ambulatory Surgery (OMB No. 0920-0334).

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

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

#### ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Hospitals:				
Induction Interview .....	470	1	55/60	431
ED induction .....	400	1	1	400
OPD induction .....	250	4	1	1,000
ASC induction .....	200	1	1	200
ED Patient Record Form .....	400	100	7/60	4,667
OPD Patient Record Form .....	250	200	6/60	5,000
ASC Patient Record Form .....	200	100	6/60	2,000