experiment. New guidelines for training for unexpected situations will be developed from the results of the laboratory experiment. The results and guidelines will be published in journal research papers and presented in international conferences and meeting.

The Dynamic Decision Making Laboratory conducted this research with a total of 28 students from Carnegie Mellon University and the University of Pittsburgh between January 2010 and December 2010. Participants were recruited through an online research participant pool from Carnegie Mellon University and the University of Pittsburgh to participate in a simple DMGame, called the ''Work Hazard Game.'' Participants were asked to read and sign a consent form. After signing the form, participants were provided with instructions on how to play the game. They then completed the Work Hazard Game. Overall, participation lasted about 30 minutes. The game recorded participants' actions and the data was transferred to statistical software (*i.e.,* SPSS) for analysis. There were no costs to respondents other than their time. The total estimated annual burden hours are 14.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents for DM Game	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Student	28	1	30/60

Dated: August 15, 2011.

Daniel Holcomb,

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–11–11JZ]

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 Daniel Holcomb, CDC 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

Underreporting of Occupational Injuries and Illnesses by Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2008, the Congressional Committee on Education and Labor released the report, ''Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses,'' indicating ''that work-related injuries and illnesses in the United States are chronically and even grossly underreported.'' This report focused on employer-based reporting of occupational injuries and illnesses and the associated underreporting. Based in part on the report's results, Congress allocated funds for NIOSH to conduct a follow-up study using the NIOSH's occupational supplement to the National Electronic Injury Surveillance System (NEISS–Work) to estimate underreporting among individuals who seek care at an ED for an occupational illness, injury, or exposure. NEISS–Work, collected by the Consumer Product Safety Commission (CPSC), captures people who were treated in the emergency department (ED) for work-related injuries or illnesses.

Objectives for this project are to (1) assess the reporting behavior of workers that are injured, ill, or exposed to a harmful substance at work; (2) characterize the chronic aspects of work-related injuries or illnesses; and (3) estimate the prevalence of work-related chronic injuries and illnesses among United States workers treated in emergency departments (EDs). Particular attention will be paid to self-employed workers, workers with work-related illnesses, and workers with chronic health problems.

Data collection for the telephone interview survey will be done via a questionnaire containing questions about the respondent's injury, illness, or exposure that sent them to the ED; the characteristics of the job they were working when they were injured, became ill, or were exposed; their experiences reporting their injury, illness, or exposure to the ED and their employer (if applicable); the presence of an underlying chronic condition that is associated with their ED visit; and the nature of any other work-related chronic conditions they have experienced. The questionnaire was designed to take 30 minutes to complete. It contains a brief introduction that includes the elements of informed consent and asks for verbal consent to be given. The study has received a waiver of written informed consent by the NIOSH Human Subjects Review Board. The questionnaire includes a brief series of questions to screen out individuals who were not seen in the ED for a work-related injury, illness, or exposure; who are younger than age 20 or older than age 64; who do not speak English or Spanish; or who were working as volunteers or day laborers when the injury, illness, or exposure occurred or was made worse. The informed consent procedure and screening questions take approximately five minutes to complete.

It is estimated that between 1,500 and 3,000 interviews will be completed. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
U.S. workers	3,000	1	.5	1,500
Total				1,500

Dated: August 15, 2011.

Daniel Holcomb,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11HJ]

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

Comparing the Effectiveness of Traditional Evidence-Based Tobacco Cessation Interventions to Newer and Innovative Interventions Used by Comprehensive Cancer Control Programs—New—National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) provides funding and technical assistance for tobacco control through Tobacco Control Programs (TCPs), which offer evidence-based cessation interventions to increase successful quit attempts. CDC also supports Comprehensive Cancer Control (CCC) programs, which address cancer-related interventions from primary prevention to treatment and survivorship. TCPs and CCC programs are based in states, the District of Columbia, Tribal organizations, and U.S. territories.

Evidence-based tobacco cessation interventions include counseling offered through telephone quitlines (QLs) as well as Web-based counseling services. Mass media (*e.g.,* television, radio, print) has been shown to be the most important and consistent driver of call volume to QLs in some localities, but is resource intensive. To date there are no comprehensive studies that have examined TCP promotional strategies, the populations affected by these strategies, and their effect on QL and Web-based cessation program usage.

To address this gap in knowledge, CDC proposes to conduct a new study of state-based TCPs and their client populations. The study will consist of two components: (1) Quitline promotional activities, and (2) cessation intervention. The promotional activities component involves secondary analysis of information already collected by TCPs and CCC programs. The cessation intervention component involves new information collection.

Quitline Promotional Activities. The overall goal of this study component is to characterize state-based TCP promotional activities in terms of type and level of advertising; impact in relation to QL call volume; and client characteristics. Up to 50 state-based TCPs will be asked to participate. Existing sources of information will be used to minimize burden to respondents. Participating states will provide CDC with media purchasing information related to cessation promotional activities and permission to extract de-identified QL call volume data from the National Quitline Data Warehouse (NQDW, OMB No. 0920–0856, exp. 7/31/2012). Information will be transmitted to CDC on a quarterly basis. The estimated burden for each electronic transmission is 10 minutes.

Cessation Intervention. The overall goal of this study component is to describe relationships among mode of cessation service delivery (telephone vs. Web); client demographics; and quit success in the last 30 days. Participating TCPs in up to four states will use existing sources of information to produce study files containing client intake data, *i.e.,* information obtained from clients when they request tobacco cessation services through a telephone Quitline or a Web-based service. TCPs will transmit intake information to CDC four times per year. The estimated burden of each transmission is 15 minutes.

CDC also plans to conduct a follow-up data collection with a total of 8,000 individuals aged ≥ 18 years who have voluntarily agreed to participate in the study (4,000 clients who use QL services and 4,000 clients who use Web-based services). The 15-minute follow-up survey will be administered online or by telephone. Clients who choose not to participate in the study will receive regular access to QL or Web-based cessation services.

The results of this study will provide TCPs, policy makers, CDC, and others with information about the impact of promotional activities and the comparative effectiveness of traditional versus new and innovative cessation services. This study is funded through the American Reinvestment and Recovery Act (ARRA).

Information will be collected over a 24-month period. OMB approval is requested for two and one-half years to permit flexibility in scheduling start and stop dates. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,037.