ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
State Health Departments	27	1,000	2.5	67,500
Public Agencies	27	1,000	30/60	13,500
Total				81,000

Kimberly S. Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–12–0222]

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 (404) 639–7570 or send an email 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

NCHS Questionnaire Design Research Laboratory (QDRL) 2012–2014, OMB No. 0920–0222 expiration 3/31/2013)—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 undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data to support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

The Questionnaire Design Research Laboratory (QDRL) conducts questionnaire development, pre-testing, and evaluation activities for CDC surveys (such as the NCHS National Health Interview Survey, OMB No. 0920–0214) and other federally sponsored surveys. NCHS is requesting 3 years of OMB Clearance for this generic submission.

The QDRL conducts cognitive interviews, focus groups, usability tests, field tests/pilot interviews, and experimental research in laboratory and field settings, both for applied questionnaire development and evaluation as well as more basic research on response errors in surveys.

QDRL Staff use various techniques to evaluate interviewer administered, self-administered, telephone, Computer Assisted Personal Interviewing (CAPI), Computer Assisted Self-Interviewing (CASI), Audio Computer-Assisted Self-Interviewing (ACASI), and web-based questionnaires.

The most common questionnaire evaluation method is the cognitive interview. The interview structure consists of respondents first answering a draft survey question and then providing textual information to reveal the processes involved in answering the test question. Specifically, cognitive interview respondents are asked to describe how and why they answered the question as they did. Through the interviewing process, various types of question-response problems that would not normally be identified in a traditional survey interview, such as interpretive errors and recall accuracy, are uncovered. By conducting a comparative analysis of cognitive interviews, it is also possible to determine whether particular interpretive patterns occur within particular sub-groups of the population. Interviews are generally conducted in small rounds of 20–30 interviews; ideally, the questionnaire is re-worked between rounds, and revisions are tested iteratively until interviews yield relatively few new insights.

In addition to its traditional QDRL activities, NCHS is requesting approval for a large field test that will be conducted in 2012. This is a 5,000-case test which involves testing the use of ACASI in the full National Health Interview Survey (NHIS). The ACASI content included in the 5,000-case test is consistent with the content studied in two smaller approved tests. The module includes questions on sexual identity, alcohol consumption, HIV testing, mental health, height and weight, sleep, and financial worries. The objective of asking a question on sexual identity in the NHIS is to fill the gaps that exist in the state of knowledge about the general health behaviors, health status, and health care utilization of Lesbian, Gay, Bisexual, and Transgender (LGBT) persons.

The 5,000-case test will include one or more built-in experiments to assess the impact of ACASI, and components of ACASI, on prevalence estimates and data quality. First and foremost, test cases will be randomly assigned to receive the above described questions in either CAPI or ACASI. In particular, prevalence estimates for the sexual identity questions will be compared by mode of administration. Since a documented advantage of ACASI is the enhanced level of privacy it affords, we anticipate higher prevalence estimates of sexual minorities (Lesbian, Gay, Bisexual or Transgender persons) from this mode of administration. Estimates for sensitive items on mental health, alcohol consumption, HIV testing, height and weight, financial worries, and others will also be compared.

Cognitive interviewing is inexpensive and provides useful data on questionnaire performance while minimizing respondent burden. Cognitive interviewing offers a detailed depiction of meanings and processes used by respondents to answer questions—processes that ultimately produce the survey data. As such, the method offers an insight that can transform understanding of question validity and response error. Documented findings from these studies represent tangible evidence of how the question performs. Such documentation also serves CDC data users, allowing

them to be critical users in their approach and application of the data.

Similar methodology has been adopted by other federal agencies, as well as by academic and commercial survey organizations. There are no costs to respondents other than their time. The total estimated annual burden hours are 9450.

ESTIMATED ANNUALIZED BURDEN HOURS

Projects	Number of respondents	Responses per respondent	Average burden per response (in hours)
QDRL Interviews	9000	1	1
Focus groups	300	1	1.5

Kimberly S. Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–12–0828]

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) 639–7570 or send an email 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

National Adult Tobacco Survey (NATS)—Reinstatement with Changes—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) and the Center for Tobacco Products (CTP), Food and Drug Administration (FDA).

Background and Brief Description

Tobacco use remains the leading preventable cause of disease and death in the United States, resulting in approximately 440,000 deaths annually. Smokers die an average of 14 years earlier than nonsmokers. Moreover, cigarette smoking costs more than $193 billion; $97 billion in lost productivity plus $96 billion in health care expenditures.

With passage of the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) in 2009, the FDA is legally mandated to regulate tobacco products for the protection of public health. Such authority involves considering whether the marketing of tobacco products might encourage people who don't use tobacco products to begin using them, to encourage people who might otherwise quit to continue using tobacco, or to encourage former users to relapse.

In order to ensure that FDA is in compliance with the Tobacco Control Act's mandate to protect the public health, annual data collection is needed at least initially to monitor the benefits and potential adverse consequences of FDA's regulatory actions, as the regulatory framework is being established. As novel tobacco products are introduced onto the market, the FDA must regularly monitor patterns of all tobacco product usage—not just cigarettes—to identify changes in susceptibility and rates of tobacco use initiation, perceptions regarding tobacco use, and rates of tobacco use cessation.

Rather than develop a completely new system to monitor measures critical to FDA, and thereby increasing burden to the population, FDA has partnered with CDC to leverage the existing NATS system. While NATS has been re-designed to meet the critical data needs of the FDA, many of the measures are relevant to CDC's National Tobacco Control Program (NTCP), and CDC also will use the NATS data to evaluate the NTCP. Many of the NATS questions reflect CDC's key outcome indicators for evaluating tobacco control programs.

CDC proposes to conduct three annual cycles of the NATS to collect data necessary to evaluate the effectiveness of FDA's initial regulatory actions. The NATS will be a stratified, random-digit dialed telephone survey of non-institutionalized adults 18 years of age and older. To yield results that are representative nationally, information will be collected from 56,250 landline respondents and 18,750 cell phone respondents who do not have a landline to include the growing population of households that exclusively use cell phones and would be missed in a survey relying only on land-lines. To obtain the target number of completed telephone interviews, approximately 166,000 respondents will be contacted for initial eligibility screening and consent.

The burden per response for the proposed NATS remains the same by design as the 2009/2010 NATS. However, the number of respondents is smaller because the current NATS seeks to develop national estimates, whereas the 2009/2010 NATS sought to develop state-level estimates. Therefore, the total respondent burden for the new NATS cycle is substantially lower than the prior NATS. The 2009/2010 NATS involved a total respondent burden of 38,303 hours. The revised 2012/2013 NATS involves a total respondent burden of 29,850 hours, which amounts to 8,453 fewer hours, or 22.1% fewer hours, than the 2009/2010 NATS.

Results will have significant implications for the development and periodic adjustment of policies and programs aimed at preventing and reducing tobacco use in the United States.

Participation in the NATS is voluntary. There are no costs to respondents except their time. The total estimated annualized burden hours are 29,850.