answers. Both ASHA and AAA are members of the EHDI–PALS workgroup and will continue to disseminate a request through association e-newsletters and e-announcements to all audiologists who provide services to children younger than five years of age to complete the EHDI–PALS survey. It is estimated that potentially an additional 400 new audiologists will read through the purpose statement located on page one of the survey to decide whether or not to complete the survey. This will take one minute per person. It is estimated that 200 audiologists will complete the survey which will average nine minutes per respondent. The nine minutes calculation is based on a previous timed pre-test with six volunteer audiologists. There are no costs to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in minutes)	Total burden hours
Audiologists who have completed survey	Survey	800	1	2/60	27
New Audiologists	Survey Introduction	400	1	1/60	7
New Audiologists	Survey	200	1	9/60	30
Total					64

Leroy Richardson,

Chief, Information Collection Review Office, 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-14–0406]

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 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

State and Local Area Integrated Telephone Survey (SLAITS) (The National Survey of the Diagnosis and Treatment of Attention Deficit/Hyperactivity Disorder and Tourette Syndrome) (NS–DATA), (OMB No. 0920–0406, Expiration 04/30/2014)—Discretionary—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 the extent and nature of illness and disability of the population of the United States. This discretionary submission is to notify the public of a request to initiate another project within the SLAITS mechanism.

SLAITS is an integrated and coordinated survey system that has been conducted since 1997, in accordance with the 1995 initiative to increase the integration of surveys within DHHS. It is designed to collect needed health and well-being data at the national, state, and local levels. Using the large sampling frame of the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), and when necessary independent samples, mail, and Internet modes to support data collection activities, SLAITS has quickly collected and produced household and person-level data to monitor health-related areas. Questionnaire content is drawn from existing surveys within DHHS and other Federal agencies, or developed specifically to meet project sponsor needs.

This project consists of a national survey designed to collect information about families with children who have previously been diagnosed with either Attention Deficit/Hyperactivity Disorder (ADHD) and/or Tourette Syndrome (TS). The primary goal of the study is to describe the various pathways to diagnosis and treatments for children diagnosed with either condition. The survey contains questions on diagnosis history, the presence of co-occurring disorders, medication and treatment usage, as well as academic performance and symptom measures.

Approximately 3,700 parents or guardians of children previously diagnosed with ADHD and/or TS located throughout the United States will be interviewed. The annual burden hours requested is 1,850 hours or 0.5 hours per respondent. The annualized cost to respondents is estimated at $38,850 or $10.50 per respondent.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Parent or Guardian	The National Survey of the Diagnosis and Treatment of Attention Deficit/Hyperactivity Disorder and Tourette Syndrome.	3,700	1	30/60

LeRoy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Center for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–13UW]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Enhanced Utilization of Personal Dust Monitor Feedback—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–596, Sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1970) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This research relates to occupational safety and health problems in the coal mining industry. Coal Workers' Pneumoconiosis (CWP) or ''Black Lung Disease,'' caused by miners' exposure to respirable coal mine dust, is the leading cause of death due to occupational illness among U.S. coal miners. Although the prevalence of CWP was steadily decreasing, more recent data from NIOSH's chest x-ray surveillance data suggests that the prevalence of this disease is on the rise once again.

A Personal Dust Monitor (PDM) has become commercially available that provides miners with near real-time feedback on their exposure to respirable dust. If miners and mine managers know how to properly use the information provided by PDMs, they may be able to make adjustments to the work place and work procedures to try to reduce exposure to respirable dust. It is, therefore, important to study how, and under what circumstances, feedback from PDMs can be used to reduce respirable dust exposure and ultimately the incidence of Black Lung disease.

The objectives of the project are (1) to test an intervention designed to help miners use PDM feedback more effectively to reduce their exposure to respirable dust and (2) to document specific examples of ways that miners can use PDM feedback to alter their behaviors to decrease their exposure to respirable dust while working underground.

NIOSH proposes an intervention to lower miners' respirable dust exposure levels by involving them in the interpretation of PDM feedback and the discussion of ways to change their behaviors to decrease exposure to respirable dust. Upon completion of a pilot test, four underground coal mines will be involved in this research study. Miners who wear PDMs will be assigned to two groups, an experimental group and a control group. An effort will be made to recruit two mines that are currently using PDMs and two mines that have not used PDMs in the past. Large mines will be contacted for participation to make sure that there will be enough individuals wearing PDMs to create both an experimental group and a control group and to allow participants in the experimental group to form sub-groups during the weekly meetings based on their job classification. The PDM feedback discussions will be held weekly during the course of the six-week intervention period. Each session is expected to last for 45 minutes (15 minutes to fill out the worksheet and 30 minutes for the discussion). To control for unintended ''discussion'' between the control and experimental groups, selection of mine sites will favor mines where separate portals are used or where sister mines within the same company are located near one another.

For miners in the experimental group, data will be collected multiple times during the six-week intervention period. For miners in the control group, data will only be collected at the beginning and end of the intervention period. The assessment tools include: Surveys, worksheets, and structured interviews.

The experimental groups will receive the intervention which will include (1) an introduction to the project, (2) a pre-test concerning miners' attitude, knowledge, and behaviors toward PDM use, (3) a six-week intervention where PDM feedback is discussed in weekly meetings and worksheets are collected from mine personnel about their behaviors the previous week, and (4) a post-test concerning miners' attitude, knowledge, and behaviors toward PDM use and interviews of participants to identify changes in behaviors that were implemented to reduce respirable dust exposure. The control group will wear their PDM units when they are working underground but will not participate in weekly meetings. They will only complete the pre- and post-test and be interviewed upon completion of the intervention period.

The operators at each mine will provide daily respirable coal mine dust exposures levels (as measured by their PDMs) for all of the participating miners. They will provide their PDM output at the end of each participating miners' shift each day during the intervention for a total of 42 days. In addition, they will provide output for each participant for the three days prior to the intervention to establish a baseline measure. Therefore, NIOSH researchers will receive a total of 45 dust output readings for each participant. There is already a software program in place that electronically records these exposure levels and exports them to a spreadsheet that each mine site can open on a computer that has the appropriate software. It is estimated it will take no more than 5 minutes for the mine operator to remove any identifying information from the excel file and just send NIOSH the PDM number and dust output associated with that PDM in a new excel file.

It is estimated that across the 1 pilot mine and 4 intervention mines, up to 209 respondents will be surveyed; up to 109 will complete weekly worksheets; up to 49 respondents will be interviewed; and we will receive PDM output from up to 209 respondents. An exact number of respondents are unavailable at this time because the mine sites have not been selected.

After all of the information has been gathered, a variety of statistical and qualitative analyses will be conducted on the data to obtain conclusions with respect to miners' utilization of PDM feedback. The results from these analyses will be presented in a report describing what methods encourage miners to make behavior changes in response to their PDM output and what behavior changes work best at reducing miners' exposure to respirable dust. If the intervention is successful in reducing respirable coal mine dust exposure, details of the intervention