used in the previously approved data collection period.

A standard interview will be conducted with approximately 96% of patients, and will take 45 minutes. A short interview will be conducted with patients who are too ill to complete the standard interview or when the interview must be translated. The short interview, which will be conducted with approximately 4% of patients, will take approximately 20 minutes.

Medical record abstractions will be completed for on all eligible participants. Minimal data on all sampled patients will be extracted from an existing HIV case surveillance database, the national HIV/AIDS Reporting System [HARS]. These data will be used for quality control (to ensure patients were not sampled for participation in MMP more than once), to assess nonresponse bias, to prospectively monitor respondents' care utilization and treatment, and to make inference to the population of persons living with HIV in the United States.

The interview and minimum data set data collection instruments have been revised based on experience in previous data collection cycles, but these changes will not affect the burden per respondent. The medical record abstraction forms have not changed. CDC's current goal is to interview 80% of 9,400 patients or 7,520, 96% of whom (a total of 7,219 patients) will complete the standard interview and 4% of whom (a total of 301 patients) will complete the short interview. Because the number of sampled patients is greater (by 62 patients) than for the previously approved information collection, the total burden (in hours) will increase by 37 hours, from 8,500 to 8,537.

Participation of respondents is voluntary and there is no cost to the respondents other than their time.

The estimated annualized burden hours are 8,537.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Sampled, Eligible HIV-Infected Patients	Standard interview.	7,219	1	45/60
Sampled, Eligible HIV-Infected Patients Unable to Complete the Standard Interview.	Short interview.	301	1	20/60
Facility office staff pulling medical records	.....	7,520	1	3/60
Facility office staff providing Estimated Patient Loads	.....	936	1	2
Facility office staff providing patient lists	.....	1,030	1	30/60
Facility office staff approaching participants for enrollment	.....	3,120	1	5/60

Dated: March 19, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), 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–12–0314]

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 of 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

The National Survey of Family Growth (NSFG)—(0920–0314, Expiration 05/31/2012)—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 ''family formation, growth, and dissolution,'' as well as ''determinants of health'' and ''utilization of health care'' in the United States. This three-year clearance request includes the data collection in 2012–2015 for the continuous NSFG.

The National Survey of Family Growth(NSFG) was conducted periodically between 1973 and 2002, and continuously since 2006, by the National Center for Health Statistics, CDC. Each year, about 14,000 households are screened, with about 5,000 participants interviewed annually. Participation in the NSFG is completely voluntary and confidential. Interviews average 60 minutes for males and 80 minutes for females. The response rate since 2006 is about 77 percent. This submission requests approval for three years.

The NSFG program produces descriptive statistics which measure factors associated with birth and pregnancy rates, including contraception, infertility, marriage, divorce, and sexual activity, in the US population 15–44; and behaviors that affect the risk of sexually transmitted diseases (STD), including HIV, and the medical care associated with contraception, infertility, and pregnancy and childbirth.

NSFG data users include the DHHS programs that fund it, including CDC/NCHS and nine others (The Eunice Kennedy Shriver National Institute for Child Health and Human Development (NIH/NICHD); the Office of Population Affairs (DHHS/OPA); the Office of the Assistant Secretary for Planning and Evaluation (DHHS/OASPE); the Children's Bureau (DHHS/ACF/CB); the ACF's Office of Planning, Research, and Evaluation (OPRE); the CDC's Division of HIV/AIDS Prevention (CDC/DHAP); the CDC's Division of STD Prevention (CDC/DSTD); the CDC's Division of Cancer Prevention and Control (CDC/DCPC); and the CDC's Division of Birth Defects and Developmental Disabilities. The NSFG is also used by state and local governments; private research and action organizations focused on men's

and women's health, child well-being, and marriage and the family; academic researchers in the social and public health sciences; journalists, and many others.

No questionnaire changes are requested in the first 15 months of this clearance; some limited changes may be requested after that, to be responsive to emerging public policy issues.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 7,192.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS

Respondents/Instrument	Number of responses	Responses per respondent	Average burden per response (in hours)
Screener	14,000	1	3/60
Female Interview	2,750	1	1.5
Male Interview	2,250	1	1
Verification	1,400	1	5/60

Dated: March 19, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), 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

[60-Day–12–12GF]

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 404–639–7570 or send comments to Ron Otten, at 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email 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

Adoption, Health Impact and Cost of Smoke-Free Multi-Unit Housing—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The health risks associated with cigarette smoking and exposure to Secondhand Smoke (SHS) are well established. In 2006, the Surgeon General's report documented that over the past two decades, the scientific, engineering and medical literature have established a wide range of adverse health effects from SHS, including cardiovascular disease, lung, breast and nasal sinus cancer, asthma and other respiratory illnesses, and low birth weight and sudden infant death syndrome in newborn babies. SHS exposure is estimated to result in $5 billion a year in direct medical costs and an additional $5 billion in indirect costs in the U.S. The Surgeon General's report concluded that there is no safe level of exposure to SHS.

Approximately 85 million Americans reside in multi-unit housing (MUH) facilities, which comprise nearly 30% of all housing in the U.S. There are significant challenges to maintaining a smoke-free environment in MUH residential settings. Although residents may choose not to smoke, they may still be exposed to SHS through the routine operation of facility-wide heating, ventilating and air conditioning systems.

The private sector has begun to institute smoke-free policies in MUH on a voluntary basis through changes in leasing agreements and advertising, however, smoking restrictions in MUH have largely been limited to common areas and spaces, not individual dwelling units. There are no studies that have examined the impact of smoke free policies by comparing pre- and post SHS exposure and changes in health outcomes after local governments adopt regulatory policies that protect residents from the effects of exposure to SHS in their housing units.

CDC proposes to conduct a study to address the gap in scientific evidence about the impact of jurisdiction-wide strategies (hereafter known as smoke-free MUH policies) to protect individuals from SHS in MUH settings. Through the collection and analysis of environmental and biometric data, the study will demonstrate how SHS exposure can be measured and will quantify how exposure changes when smoke-free policies are implemented. In addition, the study will examine barriers and facilitators to implementation of smoke-free policies in MUH and the cost-effectiveness of these policies. CDC is authorized to conduct this investigation by the Public Health Service Act. The activities are funded through the Prevention and Public Health Fund of the Patient Protection and Affordable Care Act, which is designed to expand and sustain the necessary infrastructure for preventing disease, detecting it early, and managing conditions before they become severe.

The proposed study consists of two components. The first component involves data collection in Los Angeles County, California, and includes a number of ''intervention'' communities that have adopted, or are scheduled to adopt, smoke-free MUH laws by mid-2012, as well as ''comparison'' communities that have not adopted laws regulating SHS in MUH. Communities being considered for participation in the study as intervention communities include Culver City, Huntington Park,