Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs). This proposed data collection is for the second phase of this 2-year project. During the first phase questions were developed and tested, and a pretest of 203 interviews was conducted. During this second phase a pilot survey with a larger number of respondents will be conducted, and a small number of additional questions will be included measuring HIV-related stigma.

Knowledge about the level of HIV risk behaviors in populations is essential for effective HIV prevention programs. Currently, survey-based assessment of these behaviors depends on a range of survey questions that differ across surveys, and that are difficult to compare and to reconcile. Therefore, the Behavioral Surveillance Working Group, coordinated by the National Center for HIV, STD and Tuberculosis Prevention, Centers for Disease Control and Prevention, has developed a draft set of items to be proposed as standard survey questions on the topics of sexual behavior, HIV testing, drug use, and other behaviors related to risk of contracting HIV and/or STDs. As part of this effort, CDC will sponsor a telephone-based pilot of 650 persons aged 18–59, selected randomly from within an urban area, in order to test these questions.

Further, because some of the survey questions are private and potentially sensitive, the project will entail the testing of a survey administration mode: Telephone-based audio computer-assisted self-interview (T–ACASI), in which a computer will be used to administer the most sensitive questions, and in which the surveyed individual enters responses directly onto the telephone keypad. This procedure eliminates the need for communication of sensitive questions from the interviewer to the respondent, as well as the need for respondents to answer the questions verbally. In order to test the effectiveness of this procedure, half of the interviews will be conducted using the T–ACASI procedure for the most sensitive questions, and half using standard, interviewer-based administration of all questions. Data analysis will rely on an assessment of the response rate under each mode, and on the nature of the data obtained to the sensitive questions. The larger sample size of the year 2 pilot survey will enable us to test statistical significance of the effectiveness of the T–ACASI procedure.

Information and data obtained from this evaluation will help direct future surveys, by determining whether it is feasible to attempt to administer these standard risk questions using a telephone survey, and whether a T–ACASI-based procedure represents a technological innovation that will positively contribute to such an effort, through improvements in data quality. The total annual burden is 217 hours.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response (in hours)
Screening	3448	1	1/60
Interview	650	1	20/60

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Acting Associate Director for Policy Planning, and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-DAY–29–01]

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: National Childhood Blood Lead Surveillance System—Renewal—(OMB No. 0920–0337), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). In 1992, the Centers for Disease Control and Prevention began the National Childhood Lead Surveillance Program at the National Center for Environmental Health (NCEH). The goals of the childhood lead surveillance program are to (1) establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally laboratories report results of all lead tests, not just elevated values, to the state health department, but each state determines the reporting level for blood lead tests. In addition to blood lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and potential sources of lead exposure. Surveillance data for the national database are extracted from the state child-specific databases and transferred to CDC.

OMB approval for this package will expire on March 31, 2001. This request is for a three-year renewal with a change in the burden hours. The annual burden hours are estimated to be 600.

Type of respondents	No. respondents	Frequency of responses	Avg. burden/response (in hrs)
State Health Departments:			
(a) annual report	28	1	10.0
(b) quarterly report	40	4	2.0

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Nancy E. Cheal,

Acting Associate Director for Policy Planning, and Evaluation Centers for Disease Control and Prevention (CDC).

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