

do not recall a diagnosis of arthritis are free of the condition. It is essential to know the validity of the BRFSS case definition because this survey is currently being used to estimate the burden of arthritis on the population.

To assess whether the BRFSS case definition of arthritis is valid, patients aged 45 and older who are enrolled in the Fallon Clinic, (a health maintenance organization in central and eastern Massachusetts), and have an upcoming annual physical examination with a primary care physician will be identified through the computerized appointment system. A letter will be sent to 2,100 patients aged 45 to 64 and

2,900 patients aged 65 and older two weeks prior to their scheduled visit informing them of this study and that a research assistant will be calling to conduct a 10 minute interview in the next few days. The telephone survey will identify patients in each age group (aged 45 to 64 and aged 65 and older), who fall into the four following categories: (1) Chronic joint symptoms without a diagnosis of arthritis from a health care provider; (2) a diagnosis of arthritis by a health care provider without chronic joint symptoms; (3) both chronic joint symptoms and a diagnosis of arthritis by a health care provider; and (4) no chronic joint

symptoms and no diagnosis of arthritis by a health care provider. A standardized history and physical examination will be performed on at least 50 persons in the two age groups who fall in the 4 categories described above. Those patients who complete the examination will receive a \$20.00 gift certificate. Results of this clinical evaluation will be compared to the telephone survey responses and also data derived from ambulatory encounters to assess the validity of the arthritis case definition. The total burden for this data collection is 750 hours.

Respondents	Number of respondents	Responses per respondent	Average burden (in hours)
Patients—phone survey .....	3,000	1	10/60
Patients—physical exam .....	500	1	30/60

Dated: June 11, 2001.

**Chuck Gollmar,**

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

[FR Doc. 01-15356 Filed 6-15-01; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-37-01]

#### 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:* Tests and Requirements for Certification and Approval of Respiratory Protective Devices (42 CFR 84 Regulation) OMB No. 0920-0109—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The regulatory authority for the National Institute for Occupational Safety and Health (NIOSH) certification program for respiratory protective devices is found in the Mine Safety and Health Amendments Act of 1977 (30 U.S.C. 577a, 651 et seq., and 657(g)) and the Occupational Safety and Health Act of 1970 (30 U.S.C. 3, 5, 7, 811, 842(h), 844). These regulations have, as their basis, the performance tests and criteria for approval of respirators used by millions of American construction workers, miners, painters, asbestos removal workers, fabric mill workers, and fire fighters. In addition to

benefitting industrial workers, the improved testing requirements also benefit health care workers implementing the current CDC Guidelines for Preventing the Transmission of Tuberculosis. Regulations of the Environmental Protection Agency (EPA) and the Nuclear Regulatory Commission (NRC) also require the use of NIOSH-approved respirators. NIOSH, in accordance with implementing regulations 42 CFR 84: (1) Issues certificates of approval for respirators which have met improved construction, performance, and protection requirements; (2) establishes procedures and requirements to be met in filing applications for approval; (3) specifies minimum requirements and methods to be employed by NIOSH and by applicants in conducting inspections, examinations, and tests to determine effectiveness of respirators; (4) establishes a schedule of fees to be charged applicants for testing and certification, and (5) establishes approval labeling requirements. The total annual burden for this data collection is 97,783 hours.

Section/data type	Average number of respondents	Responses per respondent	Average burden per response (in hrs)
84.11 / Applications .....	61	7	64
84.33 / Labeling .....	61	7	2
84.35 / Modifications .....	61	7	79
84.41 / Reporting .....	61	7	23
84.43 / Record keeping .....	61	7	57
84.257 / Labeling .....	61	7	2
84.1103 / Labeling .....	61	7	2

Dated: June 11, 2001.

**Chuck Gollmar,**

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

[FR Doc. 01-15357 Filed 6-15-01; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-32-01]

#### 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 Survey of STD Services Provided to U.S. College Students—New—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) plans to conduct a survey of a sample of U.S. colleges asking about health services available to students with focus on sexually transmitted disease (STD) testing and management. The sample shall include a broad range of colleges including 2 and 4 year, public and private, and rural and urban colleges to determine under what conditions, for which STDs, and how colleges educate about STDs, conduct testing and provide partner management.

STDs have a large economic and health impact throughout the United States. Most college students are within the age range with the highest rates for STDs (15-24 year olds). *Chlamydia trachomatis* is the most frequently reported infectious disease in the United States with prevalence rates of

4% to 18% in 16-24 year old women. Infections with *Chlamydia trachomatis* can result in pelvic inflammatory disease and infertility. Many STDs increase the risk of HIV transmission and acquisition. Genital infections with herpes simplex virus, human papillomavirus, and *Trichomonas vaginalis* have been reported at increasing rates over the last 10 years.

This national survey will provide data that will broaden the scientific knowledge related to STD services and management available to students at U.S. colleges. The survey is intended to (a) describe health insurance policies of colleges; (b) describe preventive services such as health education and condom availability at colleges; (c) identify characteristics of student health centers including staffing, type of care, and number of students seen; (d) identify possible obstacles to accessing STD services; (e) describe which STDs are being tested for and what testing criteria are applied; and (f) describe current partner services including partner notification practices and use of partner-delivered therapy. The total response burden is estimated at 455 hours.

Respondents	Number of respondents	Number of response per respondent (in hours)	Average burden per response (in hours)
Health Service Manager .....	455	1	30/60
Chief Administrative Officer .....	455	1	30/60

Dated: June 11, 2001.

**Chuck Gollmar,**

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

[FR Doc. 01-15358 Filed 6-15-01; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

**Title:** State High Performance Bonus System (HPBS) Transmission File Layouts for HPBS Work Measures  
**OMB No.** New Collection.

**Description:** The purpose of this collection is to obtain data upon which to base the computation for measuring State performance in meeting the

legislative goals of TANF as specified in section 403(a)(4) of the Social Security Act and 45 CFR Part 270. Specifically, DHHS will use the data to award the portion of the bonus that rewards States for their success in moving TANF recipients from welfare to work. This information collection will replace Form ACF-200 in FY 2002 (Bonus Year 2002). States will not be required to submit this information unless they elect to compete on a work measure for the TANF High Performance Bonus awards.

**Respondents:** Respondents may include any of the 50 States, Guam, Puerto Rico, and the Virgin Islands.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State High Performance Bonus System (HPBS) Transmission File Layouts for HPBS Work Measures .....	54	2	16	1,728
Estimated Total Annual Burden Hours .....				1,728