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

Twelve-Month Follow-up of Chronic Fatigue Syndrome (CFS) and Chronic Unwellness in Georgia—New —Centers for Disease Control and Prevention (CDC)—National Center for Infectious Diseases (NCID).

Background and Brief Description

The Chronic Fatigue Syndrome Program within the CDC has been mandated by Congress to: (1) Estimate the magnitude of CFS in the United States with special consideration of under-served populations (children and racial/ethnic minorities); (2) describe the clinical features of CFS; and (3) identify risk factors and diagnostic markers. CDC is currently planning a twelve-month follow-up study in Georgia to estimate the prevalence and incidence of CFS and other fatiguing illnesses. The study will also determine whether or not there are differences in occurrence of fatiguing illness across metropolitan, urban, and rural populations as well as in racial and ethnic populations.

In 2004, OMB approved the information collection, Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, under OMB Number 0920–0638, which provides baseline information on prolonged fatiguing illness in selected metropolitan, urban, and rural regions in Georgia. Data from the proposed Follow-up Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, will be added to the baseline data obtained under OMB Number 0920–0638, which cover the period September 2004–June 2005. This additional longitudinal study will allow CDC to estimate incidence of CFS, chronic unwellness, and other fatigue-related illnesses among various racial and ethnic populations and characterize the clinical course of these conditions. CDC will compare prevalence and incidence estimates from this proposed study of the Georgia population to estimates obtained from the longitudinal Sedgwick County Studies of CFS to ascertain whether or not findings from the Sedgwick County Studies can be generalized to other populations.

The proposed study continues the initial Georgia survey using similar methodology and data collection instruments. This follow-up study will begin with a detailed telephone interview to obtain additional data on participant health status during the last twelve-month period. Eligible subjects will be asked to participate in clinical evaluations. There is no cost to respondents other than their time. The total annualized burden hours are 2228.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number responses per respondent	Average burden/response (in hours)	Total burden hours
Telephone interview	4,455	1	30/60	2228

Dated: April 29, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–9066 Filed 5–5–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05BW]

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 404–371–5983 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Survey of Primary Care Physicians Regarding Prostate Cancer Screening—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Prostate cancer is the most common cancer in men and is the second leading cause of cancer deaths, behind lung cancer, in the United States. The American Cancer Society estimates that there will be about 232,090 new cases of prostate cancer and about 30,350 deaths in 2005. Although prostate cancer deaths have declined over the past several years, it ranks fifth among deaths from all causes.

The Digital Rectal Examination (DRE) and Prostate Specific Antigen (PSA) test are used to screen for prostate cancer. Screening is controversial and many are not in agreement as to whether the potential benefits of screening outweigh the risks, that is, if PSA based screening, early detection, and treatment increases longevity. Although major medical organizations are divided on whether men should be routinely screened for this disease, it appears that all of the major organizations recommend discussion with patients about the benefits and risks of screening.

The purpose of this project is to develop and administer a national survey to a sample of American primary care physicians to examine whether or not they: (1) Screen for prostate cancer using PSA and/or DRE, (2) recommend testing and under what conditions, (3) discuss the tests and the risks and benefits of screening with patients, and

(4) use screening practices that vary by factors such as age, ethnicity, and family history of the patient. This study will also examine the demographic, social, and behavioral characteristics of physicians as they relate to screening of similar issues and participate in shared decision-making between the physician and the patient.

There will be no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)	Total burden (in hours)
Primary Care Physician	1,500	1	40/60	1,000
Total	1,500			1,000

Dated: April 29, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–9067 Filed 5–5–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05CC]

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 404–371–5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Pilot and Field Testing to Assist with the Planning of NCHS Data Collections—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for Health Statistics collects data through a number of on-going person-based and facility-based surveys. Among the major on-going surveys are the National Health Interview Survey (0920–0214) and the National Health and Nutrition Examination Survey (0920–0237). Due mainly to budgetary restraints, critical surveys such as the National Survey of Family Growth (0920–0314) and the National Survey of Hospice and Home Health Care (0920–0298) are not in the field continuously.

This new activity will allow pilot and field testing of planned surveys, most of which have received past OMB approval, resulting in enhanced knowledge and refined accuracy prior to requesting full OMB clearance. Some of the activities envisioned include: (1) The ability to measure the changes in technology in facility record keeping; (2) to test the feasibility of using improved information technology in data collection; and (3) to test new methodologies for obtaining sensitive information from individuals.

There is no cost to respondents other than their time to participate.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Facility interview	300	2	1.0	600
Household/in-person interview	200	1	30/60	100
Total burden				700