

use of automated collection techniques or other forms of information technology.

Proposed Project: 1998 National Household Survey on Drug Abuse—Revision—The National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, noninstitutionalized population of the

United States, age 12 and over. The data are used to determine the prevalence of use of cigarettes, alcohol, and illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program

activities, and better allocate resources. For 1998, the core NHSDA questionnaire will remain unchanged, however several special topic modules are expected to change. The total annual burden estimate is 43,855 hours as shown below:

	No. of respondents	No. of responses per respondent	Average burden per response (hours)	Total burden (hours)
Household Screener .....	84,966	1	0.05	4,248
NHSDA Questionnaire .....	33,565	1	1.18	39,607

Send comments to Beatrice Rouse, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 25, 1997.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities Under OMB Review**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301)443-8005.

The Annual Census of Patient Characteristics in State and County

Mental Hospital Inpatient Services—Revision—The Census is a complete enumeration of all State and county mental hospitals and collects aggregate information by age, gender, and diagnosis for each State on the number of additions during the year and resident patients who are physically present for 24 hours per day in the inpatient service at the end of the reporting year. First conducted in 1840, the Census has provided information throughout the years that is not available from any other sources. The Census is the primary means within the Center for Mental Health Services for assessing deinstitutionalization practices of State and county mental hospitals. The annual burden estimate is as follows:

	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
State Statisticians and Superintendents of State Mental Hospitals .....	58	1	2	116

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10236, Washington, DC 20503.

Dated: June 12, 1997.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

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Protection and Advocacy for Individuals with Mental Illness (PAIMI) Annual Program Performance Report—

Revision—The PAIMI Act (Pub. L. 99-319) authorized funds to support activities on behalf of individuals with mental illness. Recipients of this formula grant program are required by law to annually report their activities and accomplishments to include the number of individuals served, types of facilities involved, types of activities undertaken and accomplishments resulting from such activities. This summary must also include a separate report prepared by the PAIMI Advisory Council descriptive of its activities and assessment of the operations of the protection and advocacy system. The annual burden estimate is as follows: