

and thereby indirectly acquire voting shares of New Frontier Bank (a de novo bank), St. Charles, Missouri.

2. New Frontier Bancshares, Inc., St. Charles, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of New Frontier Bank (a de novo bank), St. Charles, Missouri.

D. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. CommunityOne Bancshares, Inc., Plymouth, Minnesota; to become a bank holding company by acquiring 100 percent of the voting shares of Community Bank of Plymouth (a de novo bank), Plymouth, Minnesota.

E. Federal Reserve Bank of San Francisco (Maria Villanueva, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. BOU Bancorp, Inc., Ogden, Utah; to become a bank holding company by acquiring 100 percent of the voting shares of Bank of Utah, Ogden, Utah.

Board of Governors of the Federal Reserve System, August 18, 2000.

**Jennifer J. Johnson,**

*Secretary of the Board.*

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**BILLING CODE 6210-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-61-00]

**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 Projects**

National Telephone Survey of Chronic Fatigue Syndrome and Clinical Evaluation Study—New—National Center for Infectious Disease (NCID). In 1997, OMB approved the information collection “Chronic Fatigue Syndrome Surveillance and Related Studies, Prevalence and Incidence of Fatiguing Illness in Sedgwick County, Kansas”

under OMB Number 0920-0401. Data from this cross-sectional, random-digit-dial survey of prolonged fatiguing illness in Sedgwick County (Wichita), Kansas concluded that prolonged fatigue affects over 6 percent of the population, the prevalence of chronic fatigue syndrome (CFS) was 0.24 percent, and that CFS prevalence was highest in white females (0.36 percent).

The proposed study replicates the Sedgwick County study using identical methodology and data collection instruments. The study begins with a random-digit-dial telephone survey to identify fatigued and non-fatigued individuals followed by a detailed telephone interview to obtain additional data on participants’ health status. Study objectives are to refine estimates of the magnitude of fatiguing illness and CFS in the United States, with special consideration of under-served populations (children and racial/ethnic minorities), and to determine if the occurrence of fatiguing illness exhibits metropolitan, urban, and rural differences. Prevalence estimates from this proposed cross-sectional study of the U.S. population will be compared to those obtained for Sedgwick County to determine if the Sedgwick County findings can be generalized to the U.S. The estimated total burden hours is 11,835.

**Pilot Study and Telephone Component**

Form name	No. of respondents	No. of responses/ respondent	Average burden/response (in hrs.)
Screening questionnaire:			
Pilot .....	563	1	5/60
Telephone .....	66,000	1	5/60
Extended questionnaire			
Pilot .....	100	1	25/60
Telephone .....	12,610	1	25/60

**Clinic Component**

Form name	No. of respondents	No. of responses/ respondent	Average burden/response (in hrs.)
Medical history questionnaire:			
Adult .....	600	1	25/60
Medical history questionnaire:			
Adolescent .....	15	1	30/60
Medical history questionnaire:			
Parent of adolescent .....	15	1	30/60
Sleep disorders questionnaire:			
Adults .....	600	1	7/60
Fatigue questionnaire:			
Adults and adolescents .....	615	1	15/60
Fatigue questionnaire:			
Parent of adolescent .....	15	1	15/60
SF-36 questionnaire:			
Adult, adolescent, parent of adolescents .....	630	1	11/60
Diagnostic interview schedule:			
Adult .....	600	1	45/60

Form name	No. of respondents	No. of responses/ respondent	Average burden/response (in hrs.)
Diagnostic interview schedule: Parent version .....	15	1	45/60
Diagnostic interview schedule: Child version .....	15	1	45/60

Dated: August 18, 2000.

**Nancy Cheal,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-62-00]

**Agency Forms Undergoing Paperwork Reduction Act Review**

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**Proposed Project**

National Survey of Family Growth, Cycle 6 Pretest (0920-0314)—Reinstatement—The National Center for Health Statistics (NCHS)—The National Survey of Family Growth (NSFG) has been conducted periodically by the National Center for Health Statistics (NCHS) since 1973—in 1973, 1976, 1982, 1988, and 1995. The purpose of the NSFG is to provide national statistics on family formation, growth, and dissolution (Section 306 of the Public Health Service Act). This includes data on factors affecting birth, pregnancy rates, and family formation—such as sexual activity, marriage, divorce, cohabitation, contraception, infertility, miscarriage, and wanted and unwanted births. The social, economic (e.g., education, income, and work), and health factors (such as low birth weight and receipt of health care) associated with them are also collected. The target universe of the NSFG has always been women in the civilian non-institutional population of reproductive age (15-44). The population in this pretest includes an independent sample of men (15-49), in order to collect data related to male fertility, marriage and divorce, and parenting, as well as data to measure the risk of HIV (the virus that causes AIDS) and other sexually transmitted diseases.

NSFG data are used by NCHS, the National Institute for Child Health and

Human Development (NICHD), the Office of Population Affairs, the CDC HIV Prevention Program, the Office of the Assistant Secretary for Planning and Evaluation (OASPE/DHHS), and the Children's Bureau. Specific uses include the Healthy People 2000 and 2010 objectives, reporting to Congress required by the 1996 Personal Responsibility and Work Opportunity Act (Section 905 and 906), the DHHS Fatherhood Initiative, and the National Campaign to Prevent Teen Pregnancy, among others. Data are published by NCHS, in professional journals, used by private academic and nonprofit researchers, and cited by journalists and others.

The NSFG Cycle 6 pretest will include interviews with about 600 males and 600 females and will test a variety of procedures to improve the quality and usefulness of the data. The interviews are conducted in person by trained female interviewers in respondents homes. Interviews average 60 minutes for males and 80 minutes for females. Remuneration is proposed, and will be the subject of an experiment in the pretest. The pretest is in preparation for a main study that will include interviews with 7,200 males and 11,800 females in 2001 or 2002. The annualized burden is estimated to be 1,684.

Pretest	Number of respondents	Number of responses per respondent	Average hours per respondent
Screening .....	2000	1	5/60
Interviewing:			
Males .....	600	1	1
Females .....	600	1	80/60
Verification .....	200	1	5/60
Cognitive .....	100	1	1