

quality, and the public's use of water treatment devices rose from 27% in 1995 to 41% in 2001 (Water Quality Association, 2001 National Consumer Water Quality Survey). Studies evaluating the efficacy of water treatment devices on removal of pathogens and other contaminants have assessed the efficacy of different treatment technologies.

The purpose of the proposed study is to evaluate how water treatment device efficacy is affected by user behaviors such as maintenance and selection of appropriate technologies. Working with

public health authorities in Florida, Colorado, Maine, Missouri, Nebraska, New Jersey, and Wisconsin, NCEH will recruit 600 households to participate in a study to determine whether people using water treatment devices are protected from exposure to contaminants found in their well water. We plan to recruit households that own private wells and use filtration/treatment devices to treat their tap water for cooking and drinking. Study participants will be selected from geographical areas of each state where

groundwater is known or suspected to contain contaminants of public health concern. We will administer a questionnaire at each household to obtain information on selection of water treatment type, adherence to suggested maintenance, and reasons for use of treatment device. We will also obtain samples of treated water and untreated well water at each household to analyze for contaminants of public health concern. The estimated annualized burden is 300 hours. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Study Solicitation Questionnaire	1200	1	5/60
Household Questionnaire	600	1	20/60

Dated: October 26, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-24317 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-04KH]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235,

Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

ACHES (Arthritis Conditions Health Effects Survey)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

Arthritis and other rheumatic conditions are among the most prevalent diseases and are the most frequent cause of disability in the United States. Health care costs for arthritis were estimated at \$86.2 billion for 1997. In 2001, an estimated 33% of U.S. adults (70 million) reported prior diagnosis of arthritis or chronic joint symptoms. As the U.S. population increasingly "grays," the economic and disability burden from arthritis will only grow.

Fortunately, arthritis can be successfully managed and its impacts lessened. Exercise, weight loss, medications, joint replacement surgeries and educational and sociobehavioral interventions can decrease pain as well

as improve physical function and quality of life. Ultimately, this will reduce health care costs. Unfortunately, relatively little is known nationally about persons with arthritis or chronic joint symptoms to better target these interventions. Current national health surveys and databases have extremely limited coverage about arthritis and the myriad of issues surrounding the conditions.

CDC plans to conduct ACHES (Arthritis Conditions Health Effects Survey) to close the information gaps about arthritis. ACHES is a national random digit dial telephone survey dedicated solely to arthritis for the purpose of gathering information on symptoms, limitations, physical functioning levels, effects of arthritis on work, knowledge and attitudes about arthritis, self management of arthritis, current physical activity, anxiety, depression, and demographics of 4,500 persons age 45 years and older with arthritis. 2,250 respondents will be interviewed each year in this two-year study. The information from it will be used to better direct and target national arthritis control efforts. There are no costs to respondents. The approximate annualized burden is 1,750 hours.

Respondents	Form name	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)
Adult	Screening & Consent	12,500	1	3/60
Adult ≥ 45 years with arthritis	Survey Instrument	2,250	1	30/60

Dated: October 26, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-24318 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0422X]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

Indicators of the Performance of Local and State Education Agencies in HIV

Prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). This proposed project is an annual Web-based questionnaire to assess programmatic activities among local, state and territorial education agencies (LEA, SEA and TEA) funded by CDC, NCCDPHP, Division of Adolescent and School Health (DASH).

Currently, CDC does not fund a standardized annual reporting process within NCCDPHP that assesses HIV prevention activities or coordinated school health program (CSHP) activities among LEAs, SEAs and TEAs. Data gathered from this questionnaire will: (1) Provide standardized information about how HIV prevention and CSHP funds are used by LEAs, SEAs and TEAs; (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information about program activities; and (4) provide greater accountability for use of public funds.

There will be three Web-based questionnaires corresponding to the specific funding sources from the CDC, NCCDPHP, DASH. Two questionnaires pertain to HIV prevention program activities among LEAs, SEAs and TEAs. The third questionnaire pertains to CSHP activities among SEAs.

The two HIV questionnaires will include questions on:

- Distribution of professional development and individualized technical assistance on school policies;
- Distribution of professional development and individualized technical assistance on education curricula and instruction;
- Distribution of professional development and individualized technical assistance assessment of student standards;
- Collaboration with external partners;
- Targeting priority populations;
- Planning and improving projects; and
- Information about additional program activities.

The third questionnaire, CSHP, will also ask the questions above; however, it will focus on physical activity, nutrition, and tobacco-use prevention activities. It will include additional questions on:

- Joint activities of the State Education Agency and State Health Agency (SHA);
- Activities of the CSHP state-wide coalition; and
- Health promotion programs and environmental approaches to Physical Activity, Nutrition and Tobacco (PANT).

There are no costs to respondents except for their time. The approximate annualized burden hours are 718.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
HIV Prevention Questionnaire: Local Education Agency Officials	18	1	7
HIV Prevention Questionnaire: State & Territorial Education Agency Officials	55	1	7
CSHP Questionnaire: State Education Agency Officials	23	1	9

Dated: October 26, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-24319 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0497]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluating CDC Funded Health Department HIV Prevention Programs, OMB No. 0920-0497—Revision—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).