Average Burden Hours Per Response: .136; and

Estimated Total Annual Burden Hours Requested: 2680. The annualized cost to respondents is estimated at $42,451. There are no capital costs to report. There are no operating or maintenance costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) in this notice, especially regarding the estimated public burden and associated response time, should be directed to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed collection of information, contact: Carol Vogel, National Library of Medicine, Building 38A, Room 2N12, 8600 Rockville Pike, Bethesda, MD 20894, or call non-toll-free number 301–402–9680. You may also e-mail your request to *vogelc@mail.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: April 26, 2006.

Todd Danielson,

Executive Officer, National Library of Medicine, National Institutes of Health.

[FR Doc. E6–6708 Filed 5–3–06; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; CERTAS: A Researcher Configurable Self-Monitoring System

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment proposed data collection projects, the National Cancer Institute (NCI) and the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: CERTAS: A Researcher Configurable Self-Monitoring System.

Type of Information Collection Request: NEW.

Need and Use of Information Collection: This study seeks to further our understanding of the usefulness and potential advantages of electronic self-monitoring of behavior-specifically diet and exercise behaviors associated with reduction of cancer risks. Logs, diaries, checklists and other self-monitoring tools are an ubiquitous part of nearly all cancer control research. The primary objective of this study trial is to compare paper-based self-monitoring to CERTAS self-monitoring devices (wireless sync and local sync) in a range of cancer risk behaviors. The findings will provide valuable information regarding: (1) A comparison of the real time recording compliance of these methods, (2) the pre-post effects of each type of recording (paper versus electronic), and (3) the relative cost per valid recorded entry for the two methods.

Frequency of Response: Daily.

Affected Public: Individuals.

Type of Respondents: Males and females 18 years of age or older who are: (1) Interested in improving their diet and exercise behaviors as they relate to cancer prevention, (2) proficient in utilizing a computer, and (3) generally healthy with no medical conditions which would require a special diet or preclude regular exercise. The present study includes pre-post tests and a four week comparative trial. The pre-post tests involve the completion of self-administered questionnaires on diet and physical activity as well as body measurements (i.e. height, weight, waist, hips). The pre-test visit will also include a review of the study information and informed consent. A usability interview of the self-monitoring method will conclude the post-test. The two office visits for the pre-post tests will take approximately one hour per visit. The four week comparative trial has a total of one-hundred and twelve possible responses (4 responses per 28 days; about 8 minutes per day).

The annual reporting burden is as follows:

Estimated Number of Respondents: 200.

Estimated Number of Responses per Respondent: 3.

Average Burden Hours Per Response: 1.9, and

Estimated Total Annual Burden Hours Requested: 1,148. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Respondent type	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Male	80	3	1.9134	459.264
Female	120	3	1.9134	688.896
Total	200			1,148.16

HOUR BURDEN ESTIMATES BY FORM

Type of form	Number of items	Frequency of response	Average time per form	Aggregate hour burden
GSEL	28	2	.5	1.0
Physical Activity	3	2	.0835	.167
Self-Monitoring	15	1	3.7408	3.740

HOUR BURDEN ESTIMATES BY FORM—Continued

Type of form	Number of items	Frequency of response	Average time per form	Aggregate hour burden
*Additional Pre-test Items	.....	1	.4175	.417
**Additional Post-test Items	.....	1	.4175	.417
Total	.....	.....	.....	5.74

*Includes study briefing, demographics, consent form, body measurements.
**Includes body measurements and usability interview.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electric, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Jami Obermayer, Principal Investigator, PICS, Inc., 12007 Sunrise Valley Drive, Suite 480 Reston, Virginia 20191 at (703) 758–1798 or e-mail your request, including your address to *jobermayer@lifesign.com*.

Commments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: April 27, 2006.

Rachelle Ragland-Greene,

National Institutes of Health, NCI Project Clearance Liaison.

[FR Doc. E6–6710 Filed 5–3–06; 8:45 am]

BILLING CODE 4101–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: Co-Occurring Infrastructure Measures—NEW

SAMHSA's Center for Mental Health Services and Center for Substance Abuse Treatment will implement provider-level performance measures about the screening, assessment, and treatment of co-occurring disorders. Implementation will be limited to the 15 current States with Co-occurring State Incentive Grants (COSIG), and States receiving COSIG grants in 2006 and future years. SAMHSA anticipates awarding two COSIG grants in 2006. COSIG grants enable States to develop or enhance their infrastructure and capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental disorders. Only the immediate Office of the Governor of States may receive COSIG grants, because SAMHSA considers the Office of the Governor to have the greatest potential to provide the multi-agency leadership needed to accomplish COSIG goals. COSIG grantees may use COSIG grants to improve service systems in one or more of five areas: Standardized Screening and Assessment, Licensure and Credentialing, Service Coordination and Network Building, Financial Planning, and Information Sharing. The COSIG program is part of SAMHSA plan to achieve certain goals regarding services for persons with co-occurring substance use and mental disorders:

- Increase percentage of treatment programs that screen for co-occurring disorders;
- Increase percentage of treatment programs that assess for co-occurring disorders;
- Increase percentage of treatment programs that treat co-occurring disorders through collaborative, consultative, and integrated models of care;
- Increase the number of persons with co-occurring disorders served.

The proposed measures will enable SAMHSA to benchmark and track progress toward these goals within COSIG states.

Information will be collected annually about providers' policies regarding screening, assessing and treatment services for persons with co-occurring disorders; the number and percentage of programs that offer screening, assessment, and treatment services for co-occurring disorders; and the number of clients actually screened, assessed, and treated through these programs.

A questionnaire, to be completed by providers, contains 47 items, answered either by checking a box or entering a number in a blank. The questionnaire is available both in printed form and electronically. Obtaining the information to enter on the questionnaire will require respondent