

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written

comments should be received within 60 days of this notice.

Proposed Project: The Role of Power and Control in Intimate Partner Violence—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), plans to draw a sample of individuals convicted of battering in the Dallas County Domestic Violence Court, and a sample of men living in Dallas County. The study participants, which will include two samples of men, will be asked to complete a survey that will utilize information collection instruments and methods developed and tested by

experts in the fields of psychology and sociology. The study will include psychological assessments of attachment, depression, anger, and sociological assessments of peer support for violence, attitudes toward violence, and attitudes toward sex roles.

The data will be collected to further understand the psychological and sociological correlates of battering (*e.g.*, male battering of female partners), which will, in turn, assist in developing models for intervention programs.

The only cost to the respondents is the time involved to complete the survey.

Respondents	Number of respondents	Number of responses/respondent	Average Burden/response (in hours)	Total burden (in hours)
Men convicted of battering in Dallas County & sampling of men in Dallas County	400	1	60/60	400
Total	400	1	60/60	400

Dated: December 30, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03-143 Filed 1-3-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-16-03]

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) 498-1210. 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 Project: National Disease Surveillance Program—I. Case Reports (0920-0009)—Extension—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). Formal surveillance of 20 separate reportable diseases has been ongoing to meet the public demand and scientific interest for accurate, consistent, epidemiologic data. These ongoing diseases include: bacterial meningitis and bacteremia, dengue, hantavirus, HIV/AIDS, Idiopathic CD4+T-lymphocytopenia, Kawasaki syndrome, Legionellosis, leprosy, lyme disease, malaria,

Mycobacterium avium Complex Disease, plague, Q Fever, Reye Syndrome, tick-borne Rickettsial Disease, toxic shock syndrome, toxocariasis, trichinosis, typhoid fever, and viral hepatitis. Case report forms enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. This information is used to direct epidemiologic investigations, to identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and to develop guidelines for the prevention of treatment. It is also used to recommend target areas in most need of vaccinations for certain diseases and to determine development of drug resistance.

Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. The total estimated annualized burden is 34,097 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/respondent (in hours)
Health Care Workers	55	111.10	5.58