

PAPERWORK REDUCTION ACT SUBMISSION


Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. AGENCY/SUBAGENCY ORIGINATING REQUEST DOD Office of the Assistant Secretary of Defense (Health Affairs) Clinical & Program Policy-Skyline 5, Suite 601 5111 Leesburg Pike, Falls Church, VA 2204		2. OMB CONTROL NUMBER a. 0720 - 0029 <input type="checkbox"/> b. NONE <input type="checkbox"/>	
3. TYPE OF INFORMATION COLLECTION (X one) <i>(For b. - f., note item A2 of Supporting Statement instructions)</i> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> X c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input checked="" type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER <input type="checkbox"/>		4. TYPE OF REVIEW REQUESTED (X one) X a. REGULAR SUBMISSION <input checked="" type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED <input type="checkbox"/> 5. SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
7. TITLE Prospective Studies of US Military Forces: The Millennium Cohort Study			
8. AGENCY FORM NUMBER(S) (if applicable) None			
9. KEYWORDS Health, Health Statistics			
10. ABSTRACT This is a prospective population-based study of the potential relationship between overseas deployment and health status change among US military personnel during and after separation from service. The investigation grew out of US troop experience with "Gulf War Illness" after the first war with Iraq in 1990-1991 and has as one of its objectives the advancement of our understanding of and treatment of such post-war syndromes. The study was recommended by the Institute of Medicine in 1998, authorized in the FY1999 Strom Thurmond National Defense Authorization Act and funded in the FY2001 Defense Appropriations Act.			
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") P a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> d. FARMS <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT <input type="checkbox"/>		12. OBLIGATION TO RESPOND (X one) X a. VOLUNTARY <input checked="" type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY <input type="checkbox"/>	
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN a. NUMBER OF RESPONDENTS 34,104 b. TOTAL ANNUAL RESPONSES 34,104 (1) Percentage of these responses collected electronically 65.00 % c. TOTAL ANNUAL HOURS REQUESTED 25,578 d. CURRENT OMB INVENTORY 14,400 e. DIFFERENCE (+, -) +11178 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) 0 (2) Adjustment (+, -) +11178		14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. TOTAL CAPITAL/STARTUP COSTS \$0.00 b. TOTAL ANNUAL COSTS (O&M) 0.00 c. TOTAL ANNUALIZED COST REQUESTED 0.00 d. CURRENT OMB INVENTORY 0.00 e. DIFFERENCE (+, -) 0.00 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) 0.00 (2) Adjustment (+, -) 0.00	
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. APPLICATION FOR BENEFITS <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> d. AUDIT <input type="checkbox"/> X e. PROGRAM PLANNING OR MANAGEMENT <input checked="" type="checkbox"/> P f. RESEARCH <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/>		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input type="checkbox"/> X c. REPORTING: <input checked="" type="checkbox"/> (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly <input type="checkbox"/> (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (Describe)	
17. STATISTICAL METHODS Does this information collection employ statistical methods? X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) a. NAME (Last, First, Middle initial) Ruscio, Bruce Lt Col USAF. BSC b. TELEPHONE NUMBER (include area code) (703) 681-1703	

OMB CONTROL NUMBER 0720 - 0029	TITLE Prospective Studies of US Military Forces: The Millennium Cohort Study
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION (Internal DoD Use Only)

(1) Signature  Margaret Ryan	(2) Date 6-8-2006
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

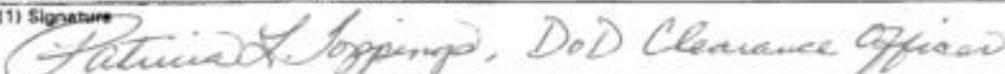
NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

(1) Signature  Patricia L. Lopping, DoD Clearance Officer	(2) Date 22 Aug 2006
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