**Attachment B2 – Comments received in response to 60-day notice**

**From:** Burroughs, Kennya L. (CDC/OD/OADS) **On Behalf Of** OMB-Comments (CDC)
**Sent:** Thursday, March 01, 2012 8:39 AM
**To:** Moien, Mary (CDC/OSELS/NCHS)
**Subject:** FW: public comment on federal register

***One non-substantive comment received. CDC’s standard response was sent.***

**From:** usacitizen1 usacitizen1 [mailto:usacitizen1@live.com]
**Sent:** Friday, February 24, 2012 7:47 PM
**To:** kimberly.lane@cdc.gov; OMB-Comments (CDC); oira\_submission@omb.eop.gov; deficitreduction@senate.gov; info@taxpayer.net; media@cagw.org; americanvoices@mail.house.gov; comments@whitehouse.gov; speakerboehner@mail.house.gov; sf.nancy@mail.house.gov; info@theteaparty.org
**Subject:** public comment on federal register

i do not support the taking or collection of this information. i do not believe it is required for health in america. i think the budget for this project should be cut to zero immediately. i think the management of this agency is inept and ineffective, strange and defective.
jean publc

To: usacitizen1@live.com
Subject: comment
From: bk1492@aol.com
Date: Fri, 24 Feb 2012 07:22:58 -0500

[Federal Register Volume 77, Number 37 (Friday, February 24, 2012)]

[Notices]

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From the Federal Register Online via the Government Printing Office [[www.gpo.gov](http://www.gpo.gov/)]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-12-0222]

Proposed Data Collections Submitted for Public Comment and

Recommendations

    In compliance with the requirement of Section 3506(c) (2)(A) of the

Paperwork Reduction Act of 1995 for opportunity for public comment on

proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic summaries of proposed projects.

To request more information on the proposed project or to obtain a copy

of data collection plans and instruments, call the CDC Reports

Clearance Officer on 404-639-7570 or send comments to Kimberly Lane,

CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA

30333 or send an email to omb@cdc.gov.

    Comments are invited on: (a) Whether the proposed collection of

information is 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. Written comments should be received

within 60 days of this notice.

Proposed Project

    Questionnaire Design Research Laboratory (QDRL) 2012-2014, OMB No.

0920-0222 expiration 3/31/2013)-Revision-National Center for Health

Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

    Section 306 of the Public Health Service (PHS) Act (42 U.S.C.

242k), as amended, authorizes that the Secretary of Health and Human

Services (DHHS), acting through NCHS, shall undertake and support (by

grant or contract) research, demonstrations, and evaluations respecting

new or improved methods for obtaining current data to support

statistical and epidemiological activities for the purpose of improving

the effectiveness, efficiency, and quality of health services in the

United States.

    The Questionnaire Design Research Laboratory (QDRL) conducts

questionnaire development, pre-testing, and evaluation activities for

CDC surveys (such as the NCHS National Health Interview Survey, OMB No.

0920-0214) and other federally sponsored surveys. NCHS is requesting 3

years of OMB Clearance for this generic submission.

    The QDRL conducts cognitive interviews, focus groups, usability

tests, field tests/pilot interviews, and experimental research in

laboratory and field settings, both for applied questionnaire

development and evaluation as well as more basic research on response

errors in surveys.

    QDRL Staff use various techniques to evaluate interviewer

administered, self-administered, telephone, Computer Assisted Personal

Interviewing (CAPI), Computer Assisted Self-Interviewing (CASI), Audio

Computer-Assisted Self-Interviewing (ACASI), and web-based

questionnaires.

    The most common questionnaire evaluation method is the cognitive

interview. The interview structure consists of respondents first

answering a draft survey question and then providing textual

information to reveal the processes involved in answering the test

question. Specifically, cognitive interview respondents are asked to

describe how and why they answered the question as they did. Through

the interviewing process, various types of question-response problems

that would not normally be identified in a traditional survey

interview, such as interpretive errors and recall accuracy, are

uncovered. By conducting a comparative analysis of cognitive

interviews, it is also possible to determine whether particular

interpretive patterns occur within particular sub-groups of the

population. Interviews are generally conducted in small rounds of 20-30

interviews; ideally, the questionnaire is re-worked between rounds, and

revisions are tested iteratively until interviews yield relatively few

new insights.

    In addition to its traditional QDRL activities, NCHS is requesting

approval for a large field test that will be conducted in 2012. This is

a 5,000-case test which involves testing the use of ACASI in the full

National Health Interview Survey (NHIS). The ACASI content included in

the 5,000-case test is consistent with the content studied in two

smaller approved tests. The module includes questions on sexual

identity, alcohol consumption, HIV testing, mental health, height and

weight, sleep, and financial worries. The objective of asking a

question on sexual identity in the NHIS is to fill the gaps that exist

in the state of knowledge about the general health behaviors, health

status, and health care utilization of Lesbian, Gay, Bisexual, and

Transgender (LGBT) persons.

    The 5,000-case test will include one or more built-in experiments

to assess the impact of ACASI, and components of ACASI, on prevalence

estimates and data quality. First and foremost, test cases will be

randomly assigned to receive the above described questions in either

CAPI or ACASI. In particular, prevalence estimates for the sexual

identity questions will be compared by mode of administration. Since a

documented advantage of ACASI is the enhanced level of privacy it

affords, we anticipate higher prevalence estimates of sexual minorities

(Lesbian, Gay, Bisexual or Transgender persons) from this mode of

administration. Estimates for sensitive items on mental health, alcohol

consumption, HIV testing, height and weight, financial worries, and

others will also be compared.

    Cognitive interviewing is inexpensive and provides useful data on

questionnaire performance while minimizing respondent burden. Cognitive

interviewing offers a detailed depiction of meanings and processes used

by respondents to answer questions--processes that ultimately produce

the survey data. As such, the method offers an insight that can

transform understanding of question validity and response error.

Documented findings from these studies represent tangible evidence of

how the question performs. Such documentation also serves CDC data

users, allowing them to be critical users in their approach and

application of the data.

    Similar methodology has been adopted by other federal agencies, as

well as by academic and commercial survey organizations. There are no

costs to respondents other than their time.

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                                             Estimated Burden Table

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                                                                       Number of       Average

                     Projects                          Number of     responses per    hours per      Response

                                                      respondents     respondent      response        burden

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QDRL Interviews...................................            9000               1           1              9000

Focus groups......................................             300               1           1.5             450

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    Total.........................................  ..............  ..............  ............            9450

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Kimberly Lane,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2012-4378 Filed 2-23-12; 8:45 am]

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