

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
State and local health department (SLHD).	Birth Defects Prevalence Form .....	30	1	40	1,200
	Drinking Water Monitoring Form .....	37	1	50	1,850
	Emergency Department Visits Form .....	37	1	40	1,480
	Hospitalizations Form .....	37	1	40	1,480
	Radon Testing Form (combined form).	25	1	50	1,250
	Biomonitoring Form .....	8	1	40	320
	Metadata Records .....	37	2	20	1,480
	Environmental Public Health Tracking Work Plan—REDCap.	33	1	21	693
	Program Accomplishments and Public Health Actions Report—REDCap.	33	2	20	1,320
	Performance Measures Report—REDCap.	33	1	20	660
	PHA Impact Follow-up—REDCap ...	33	2	15/60	16
	Communications Plan Template .....	33	1	2	66
	Web Stats Template .....	33	1	1	33
	Radon Testing Labs .....	Radon Testing Form (combined form).	10	1	50
<b>Total</b> .....					<b>12,348</b>

**Jeffrey M. Zirger,**  
*Lead, Information Collection Review Office,  
 Office of Public Health Ethics and  
 Regulations, Office of Science, Centers for  
 Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[60Day-26-0314; Docket No. CDC-2026-0661]

**Proposed Data Collection Submitted  
 for Public Comment and  
 Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled The National Survey of Family Growth (NSFG). This survey is designed to provide nationally

representative, scientifically credible data on factors related to birth and pregnancy rates, family formation and dissolution patterns, and reproductive health.

**DATES:** CDC must receive written comments on or before June 22, 2026.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2026-0661 by either of the following methods:

- *Federal eRulemaking Portal:* [www.regulations.gov](http://www.regulations.gov). Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [www.regulations.gov](http://www.regulations.gov).

*Please note:* Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://www.regulations.gov)) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329; Telephone: 404-639-7570; Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate 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. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the

use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

**Proposed Project**

The National Survey of Family Growth (NSFG) (OMB Control No. 0920-0314, Exp. 9/30/2026)—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 the National Center of Health Statistics (NCHS), shall collect statistics on “family formation, growth, and dissolution,” as well as “determinants of health” and “utilization of health care” in the United States. This clearance request is for continued National Survey of Family Growth (NSFG) data collection over the next three years (2026–2029).

The NSFG was conducted six times between 1973 and 2002, and in 2006 moved from a periodically conducted

design to a continuous data collection design using in-person interviewing with a self-administered component at the end. This continuous design was used for 2006–2010 and 2011–2019, with breaks as needed to award new contracts for sample design, data collection, and public-use file production. Beginning in 2022, the NSFG moved to a multimode design including both web and in-person data collection. Within the 8-year span (2022–2029), approximately 13,000 households will be screened, with about 5,000 participants surveyed annually. Participation in the NSFG is completely voluntary and confidential. The household screening survey is expected to take five minutes on average. Main surveys with one selected respondent from each household are expected to average 50 minutes for males and 75 minutes for females.

The NSFG program produces descriptive statistics which document factors associated with birth and pregnancy rates, including contraception, infertility, marriage, cohabitation, and sexual activity, in the U.S. household population 15–49 years (15–44 prior to 2015), as well as behaviors that affect the risk of HIV and other sexually transmitted diseases (STD). The survey also disseminates

statistics on the medical care associated with contraception, infertility, pregnancy, and related health conditions.

NSFG data users include CDC/NCHS and other programs within CDC and elsewhere in DHHS. The NSFG is also used by state and local governments (primarily for benchmarking to national data); private research and action organizations focused on men’s and women’s health, child well-being, and marriage and the family; academic researchers in the social and public health sciences; journalists, and many others.

This submission requests approval for a Revision to NSFG data collection for the next three years. The revision request includes the continued use of survey questionnaires as have been used since January 2026, per the most recent OMB non-substantive change request approved in September 2025, as well as permission to conduct a small set of methodological studies designed to improve the efficiency and validity of NSFG data collection for the purposes described above.

CDC requests OMB approval for an estimated 6,471 annual hours. There is no cost to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Form	Number of responses	Responses per respondent	Average burden/response (in hours)	Total burden hours
Household member .....	Household Screener Survey ....	13,000	1	5/60	1,083
Household Female 15–49 years of age .....	Female Main Survey .....	2,750	1	75/60	3,438
Household Male 15–49 years of age .....	Male Main Survey .....	2,250	1	50/60	1,875
Household Member .....	Screener Verification .....	411	1	2/60	14
Household Individual 15–49 years of age .....	Main Verification .....	736	1	5/60	61
Total .....	.....	.....	.....	.....	6,471

**Jeffrey M. Zirger,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60Day-26-1083; Docket No. CDC-2026-0628]**

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on an existing information collection project titled Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign. The primary objectives of the *Tips From Former Smokers® (Tips®) campaign*, are to encourage smokers to quit smoking and to encourage nonsmokers to communicate with smokers about the dangers of smoking.