CLINICAL RESEARCH PROTOCOL PRINCIPAL INV	ESTIGATOR (Name of NIH Employee, Institute/Branch, Address, Telephone and email):
	MD, Dr. P.H. NEB/DCEG, 6120 executive blvd, Rockville, MD 20852; 301-594-2931; schatzka@mail.nih.gc
PROTOCOL TITLE:	
Feasibility study of a web-based automated self-administered 2	4-hour dietary recall (ASA 24) and a physical activity 24-hour recall
ABBREVIATED TITLE (30 characters or less): ASA24/ACT24 feasibility	study
	TOTAL SUBJECTS TO BE ACCRUED (Attach target table for Phase 3-4): 2,093
MULTI-SITE COLLABORATION: Is this a multi-site collaboration? Yes (complete this section) No Will subjects participate on the protocol at the NIH CC? Yes No Will subjects participate on the protocol at other sites? Yes No Will subjects participate on the protocol at other sites? Yes No If yes, are the sites Domestic Foreign Both Is NIH the coordinating site? Yes. For each participating site, provide: Institution name, address, investigator(s), indicate if subjects will be recruited and if they are, include a contact name on attached sheet/protocol face sheet. No. Coordinating Site is	IONIZING RADIATION USE (X-rays, e.g., CT; radioisotopes, e.g. PET; etc.): check all that apply INone Image: Medically indicated Image: Research indicated* *Complete NIH-88-23a, and attach to this application. Send a copy of entire protocol and NIH-88-23a to Chair, Radiation Safety for concurrent review). INVESTIGATIONAL NEW DRUG/DEVICE: Image: None Image: N
	Does the protocol involve a Tech Transfer Agreement? Yes Xi No
REQUESTED ACCRUAL EXCLUSION (Check all that apply): None Asian Male Black or African American Female White Children <18	Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties? □ Yes (Append a statement of disclosure) ⊠ No
SUBJECT ACCRUAL CHARACTERISTICS:	Has the NIH IRP COI Guide been distributed to NIH Investigators?
Minimum Age Permitted 50 Maximum Age Permitted none Pediatric \overline None Protocol involves healthy volunteers? \overline Yes Are Healthy Volunteers NIH Employees? Yes Does the protocol permit self referral? Yes	Has the NIH IRP COI Guide been distributed to Non-NIH Investigators?
Will the protocol involve adults unable to give informed consent? Yes No	
PROTOCOL TYPE: (Check one):	Is an Extramural Investigator an ADJUNCT PRINCIPAL INVESTIGATOR? 미Yes ⊠No Name of Adjunct PI:
 □ Screening □ Training □ Natural History - Disease Progression/ Physiology □ Natural History - Sample/Data Collection or Analysis (Recruiting Patients) □ Natural History - Sample/Data Collection or Analysis (Not Recruiting Patients) □ Pharmacokinetics/Dynamics □ Clinical Trial: Identify Phase (Check one) □ Phase 0 □ Phase 1 □ Phase 1-2 	MEDICAL ADVISORY INVESTIGATOR (if necessary) Name, Inst/Branch, Telephone, Address, Email and initial line: Arthur Schatzkin, MD, Dr.P.H. DCEG/NEB 301-594-2931, 6120 Executive blvd, Rockville MD 20852 LEAD ASSOCIATE INVESTIGATOR – Name, Inst/Branch, Telephone, Address, Email. Check box if an NIH employee and initial line:
Phase 2 Phase 3 Phase 4	RESEARCH CONTACT: Name, Inst/Branch, Telephone, Address, Email. Check box if
If a Phase 3 Clinical Trial, is analysis for sex, racial/ethnic subgroups required according to the NIH Policy and Guidelines on the Inclusion of Women and Minor	an NIH employee and initial line:
as Subjects in Clinical Research? Yes No N/A	Markyong Park, Sc.D. DOEG/NEB 301-394-0394, 6120 Executive bivo. Rockville MD 20652
KEY WORDS (Words or phrase that describe the protocol.)	ASSOCIATE INVESTIGATOR(S): Name, Institute/Branch, Telephone, Address, Email. Check box if an NIH employee and initial line. Attach list if necessary.
1. web-based dietary assessment	1. X YYikyung Park, Sc.D. DCEG/NEB 301-594-6394, 6120 Executive blvd. Rockville MD 20852
2. web-based physical activity assessment	2. Steven Moore, Ph.D. DCEG/NEB 301-594-2415, 6120 Executive blvd. Rockville MD 20852
3. <u>feasibility</u>	3. X K Amy Subar, Ph. D. DCCPS 301-594-2931 6130 Executive blvd. Rockville MD 20852
4.	4. X Frances Thompson, Ph. D. DCCPS 301-594-2931 6130 Executive blvd. Rockville MD 20852
5.	5. Ki k Nancy Polischman, Ph. D. DCCPS 301-594-2931 6130 Executive blvd. Rockville MD 20852
	e PRECIS <=400 words as first section of protocol)
SNATURE Principal Investigator Print/Type Name	Date 3 - 3 - 08 Send to Accountable Investigator
	Date 3-3-08 Send to Branch Chief, or CC Dept. Head of Accountable Investigator
BL Chiere C gept Head of Sect. Invest. Print Type Name	Itsoul Date 3/3/08 Send to Institute/Center Scientific Review Committee
PROVALS FOUNDATION Schering Comm. Print/Type Name	AMM Date Send to Clinical Director
Clinical Director	Date 3/23/08 Send to Chair, Institutional Review Board
Chair, For Institutional Review Board Print/Type Name	Protocol & Consent Approva/Completed Send to Office of Protocol Services, through IRB Protocol Coordinator
TIENT SAFETY/ SOURCE REVIEW Director, Clinical Center Print/Type Name MPLETION Print/Type Name Date 5/30/	Date Return to Office of Protocol Services, (10/1S231B) PROTOCOL NO. 08-C-N152
Protocol Specialist-	
	Clinical Research Protocol Initial Review Application
	NIH-1195 (9-06)
	4/2010