



Attachment 4-4A: Burden Statement for DHQ







Interactive Comprehensive Lifestyle Interview by Computer

Change font size: 

DHQ	OMB#: 0925-0594 EXP.DATE: 12/31/2010
<p>NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN</p> <p>Public reporting burden for this collection of information is estimated to average 45 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (0925-0594).</p> <p><input type="button" value="CONTINUE TO DHQ"/></p>	

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Attachment 4-4B: Screenshot for DHQ

<http://riskfactor.cancer.gov/DHQ/>

Diet History Questionnaire II

Log Out Help

> You are logged in as demo_login_3312

To review or change previous answers, click the links below.

- About you
- Beverages
 - What beverages did you drink?
 - Carrot juice
 - Tomato juice or vegetable juice
 - Orange juice or grapefruit juice
 - Other 100% fruit juice
 - Other 100% fruit juices or 100% fruit juice mixtures
 - Other fruit drinks
 - Milk as a beverage
 - Chocolate milk as a beverage
 - Meal replacement or high-protein beverages
 - Soda or Pop
 - Sports drinks
 - Energy drinks

Please check the box next to each beverage that you drank at least once in the **past 12 months**.

<input type="checkbox"/> Carrot juice	<input type="checkbox"/> Sports drinks (such as Propel, PowerAde, or Gatorade)
<input type="checkbox"/> Tomato juice or other vegetable juice	<input type="checkbox"/> Energy drinks (such as Red Bull or Jolt)
<input type="checkbox"/> Orange juice or grapefruit juice	<input type="checkbox"/> Beer
<input type="checkbox"/> Other 100% fruit juices or 100% fruit juice mixtures	<input type="checkbox"/> Water (including tap, bottled, and carbonated water)
<input type="checkbox"/> Other fruit drinks (such as cranberry cocktail, HI-C, lemonade, or Kool-Aid, diet or regular)	<input type="checkbox"/> Wine or wine coolers
<input type="checkbox"/> Milk as a beverage (Not in coffee, NOT in cereal)? (Please do not include chocolate milk or hot chocolate)	<input type="checkbox"/> Liquor or mixed drinks
<input type="checkbox"/> Chocolate milk (including hot chocolate)	<input type="checkbox"/> Coffee, caffeinated or decaffeinated
<input type="checkbox"/> Meal replacement or high-protein beverages (such as Instant Breakfast, Ensure, Slimfast, Sustacal or others)	<input type="checkbox"/> Iced tea, caffeinated or decaffeinated
<input type="checkbox"/> Soda or pop	<input type="checkbox"/> Hot tea, caffeinated or decaffeinated

Continue

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