Form Approved

OMB No. 0920-0572

Exp. Date: 2/28/2015

# 

# ATSDR Task Order 15-4 Storyboard Testing

# Attachment 9

# Burden Hours

Burden Hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Respondent** | **No. of Respondents** | **Average Burden per Response (in hours)** | **Burden Hours** |
| Children (screener) | 48 | 10/60 | 8 |
| Children (moderator guide) | 16 | 1.5 | 24 |
| Parents (screener) | 24 | 10/60 | 4 |
| Parents (moderator guide) | 8 | 1.5 | 12 |
| **Total** |  |  | **48 hours** |