

Attachment 3: Health Message Testing System Expedited Review Form

Health Message Testing System Expedited Review Form

1. Title of Study: (Please append survey items or focus group guide)

2. Respondent characteristics:

Number of subjects: _____

Number of males: _____

Number of females: _____

Age range: _____

Racial/ethnic composition: _____

Special group status: (e.g., risk group, health care providers, etc.)

Type of group/s: _____

Geographic location/s: _____

3. Purpose of study: (Please check one below)

Trend tracking: _____

Concept testing: _____

Message testing: _____

Channel preference testing: _____

Exposure confirmation: _____

Other: (describe) _____

4. Study method: (Please check one below)

Central location intercept interview: _____

Telephone interview: _____ (CATI used: yes or no) _____

Individual in-dept interview (cognitive interview): _____

Focus group: _____

Online interview: _____

Other: (describe) _____

5. Purpose of the overall communication effort into which this health message/s will fit:

(Please provide 2-3 sentences below.)

6. IRB approval or exemption ruling: (Please check one below)

Yes: _____

No: _____

7. Category of time sensitivity: (Please check one below)

Health emergency: _____

Time-limited congressional/administrative mandate: _____

Press coverage correction: _____

Time-limited audience access: _____

Ineffective existing materials due to historical event/social trends: _____

Trend tracking: _____

8. Describe nature of time sensitivity:

(Please provide 2-3 sentences below.)

9. Number of burden hours requested: _____

*** Items Below to be Completed by National Center for Health Marketing,
Division of Health Communication and Marketing***

1. Number of burden hours remaining in current year's allocation: _____

2. NCHM Division of Health Communication and Marketing confirmation of
time-sensitivity:

Yes: _____

No: _____

Project Officer Signature