

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