

Attachment 3: Health Message Testing System Expedited Review Form

Health Message Testing System Expedited Review Form

1. Title of Study: (Please append screener and questionnaire)

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. 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) _____

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

(Please provide 2-3 sentences below.)

5. 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: _____

6. Describe nature of time sensitivity:
 (Please provide 2-3 sentences below.)

7. Number of burden hours requested: _____

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Totals			

10. Are you using questions from the approved question bank? If yes, please identify the number of the questions used. If using questions that are not in the question bank, please list the item numbers and provide a brief rationale for adding these questions.

Yes: _____
 No: _____

*** Items Below to be completed by Office of Associate Director for Communication (OADC)***

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

2. OADC confirmation of time-sensitivity:
 Yes: _____
 No: _____

Project Officer Signature

