

## Health Message Testing System Expedited Review Form

1. Title of Study: (Please append screener and questionnaire)
2. Study Population: (Discuss study population and explain how they will be selected/recruited.)

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. Incentives: (State what incentive will be offered and justify proposed incentives to be used in study.)

4. Study method: (Please check one below)

Central location intercept interview:

Telephone interview:  (CATI used: yes or no)

Individual in-depth 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. 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:

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

8. Number of burden hours requested:

### BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
<b>Totals</b>			

9. Are you using questions from the approved question bank? If yes, please list the item number(s) used from the question bank 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:

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Project Officer Signature