

**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)

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2. Study Population: (Discuss study population and explain how they will be selected/recruited.)

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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 incentive to be used in study.)

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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.)

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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.)

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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 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: \_\_\_\_\_

<p>*** Items Below to be completed by Office of Associate Director for Communication (OADC)***</p> <p>1. Number of burden hours remaining in current year’s allocation: _____</p> <p>2. OADC confirmation of time-sensitivity:          Yes: _____          No: _____</p>
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Project Officer Signature