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 subject: [   ]   Number of males: [   ]

Age range: [   ]   Number of females: [   ]

Racial/ethnic composition: [   ]

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

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: ☐   Focus group: ☐

Online Interview: ☐   Individual in-depth interview (cognitive interview): ☐

Telephone interview: ☐   (CATI used: yes or no): [   ]

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 audience access: [ ]

Press coverage correction: [ ]   Time-limited congressional/administrative mandate: [ ]

Trend Tracking [ ]   Ineffective existing materials due to historical event/social trends: [ ]

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
Totals			

9. Are you using questions from the approved question bank? [   ]

If **yes**, please list the item number(s) for questions used from the question bank separated by a comma. (e.g., 1a, 3c, 130d)

[   ]

*** 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