

**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: (If an incentive will be used, state what incentive will be offered and justify proposed incentives 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-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.)

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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 list the item number(s) for questions used from the question bank.

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

