## **Health Message Testing System Expedited Review Form**

1. Title of Study: (Please append so	ner and questionnaire)	
2. Study Population: (Discuss study	opulation and explain how they will be	e selected/recruited.)
Respondent characteristics:		
Number of subject:	Number of males:	
Age range:	Number of females:	:
Racial/ethnic composition:		
Special group status: (e.g., ris	roup, health care providers)	
Type of group		
Geographic location		
3. Incentives: (State what incentive	ll be offered and justify proposed inco	entives to be used in study
	J V 1 1	
4. Study method: (Please check one	¬´ —	
Central location intercept interview Online Interview:	Focus group: Individual in-depth interview	(cognitive interview):
	ed: yes or no):	, ,
Other (describe):		_

. Number of burden hours requested:  BURDEN HOURS  No. of Respondent	5. Purpose of the overall communication effort into which this health message(s) will fit: (Please provide 2-3 sentences below.)					
Health emergency:  Press coverage correction:  Time-limited audience access:  Time-limited congressional/adm Ineffective existing materials du						
Health emergency:  Press coverage correction:  Time-limited audience access:  Time-limited congressional/adm Ineffective existing materials du						
Health emergency:  Press coverage correction:  Time-limited audience access:  Time-limited congressional/adm Ineffective existing materials du						
Health emergency:  Press coverage correction:  Time-limited audience access:  Time-limited congressional/adm Ineffective existing materials du						
Health emergency:  Press coverage correction:  Time-limited audience access:  Time-limited congressional/adm Ineffective existing materials du						
Press coverage correction: Time-limited congressional/adm Trend Tracking Ineffective existing materials du  Describe nature of time sensitivity: (Please provide 2-3 sentences b  BURDEN HOURS  Category of Respondent No. 6  Respondent Respondent  If yes, please list the item number(s) for questions used from the ques (e.g., 1a, 3c, 130d)  **** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:						
Ineffective existing materials du  Describe nature of time sensitivity: (Please provide 2-3 sentences b  Number of burden hours requested:  BURDEN HOURS  Category of Respondent  No. a Respondent  No. a Respondent  If yes, please list the item number(s) for questions used from the ques (e.g., 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:			¬			
. Number of burden hours requested:  BURDEN HOURS  Category of Respondent  No. 6 Respondent  No. 6 Respondent  If yes, please list the item number(s) for questions used from the question, 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:			]			
Number of burden hours requested:  BURDEN HOURS  Category of Respondent  No. of Respondent  Totals  Are you using questions from the approved question bank?  If yes, please list the item number(s) for questions used from the quest (e.g., 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director for 1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:	Ineffective existing materials due to historical event/social trends:					
Category of Respondent  No. 6 Respondent  Totals  Are you using questions from the approved question bank?  If yes, please list the item number(s) for questions used from the questions, 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:	es below.)					
Category of Respondent  No. 6 Respondent  Totals  Are you using questions from the approved question bank?  If yes, please list the item number(s) for questions used from the questions, 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:						
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Respondent  Totals  Are you using questions from the approved question bank?  If yes, please list the item number(s) for questions used from the ques (e.g., 1a, 3c, 130d)  *** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:	Т		,			
*** Items below to be completed by Office of Associate Director fo  1. Number of burden hours remaining in current year's allocation:  2. OADC confirmation of time-sensitivity:		Participation	Burden			
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Number of burden hours remaining in current year's allocation:      OADC confirmation of time-sensitivity:	r for Commur	nication (OAD(	C)***			
2. OADC confirmation of time-sensitivity:			-,			
Yes:						
I I						
No:	Project Off	ficer				