

# 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 |
|------------------------|--------------------|--------------------|--------|
|                        |                    |                    |        |
|                        |                    |                    |        |
| <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 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**