

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:

Dawn B. Griffin
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