

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

Project Officer