

PREVENTING CHRONIC DISEASE

REVIEWER CHECKLIST FOR EVALUATION PAPERS

(Instructions for Reviewers: Please include this checklist with your Manuscript Evaluation.)

- | | |
|--|--|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Is the evaluated program clearly described? |
| 2. | 2. Does program information describe: |
| a. <input type="checkbox"/> Yes <input type="checkbox"/> No | a. The health problem(s) the program was designed to overcome. |
| b. <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Extent of the problem for various segments of the population. |
| c. <input type="checkbox"/> Yes <input type="checkbox"/> No | c. The determinants of the health problem. |
| d. <input type="checkbox"/> Yes <input type="checkbox"/> No | d. The program's target population. |
| e. <input type="checkbox"/> Yes <input type="checkbox"/> No | e. The program's goal and objectives. |
| f. <input type="checkbox"/> Yes <input type="checkbox"/> No | f. The program's activities and resources. |
| g. <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Length of time the program has been in operation. |
| h. <input type="checkbox"/> Yes <input type="checkbox"/> No | h. The environment (e.g., political situation, funding issues, community support) in which the program operates. |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is the purpose of the evaluation clearly described? |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Are uses for evaluation results clearly stated? |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Is type of evaluation (e.g., process, outcome) clearly stated? |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Does the evaluation design suit the evaluation question? |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Are procedures for gathering data clearly described? |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Are data-collection instruments and protocols clearly described? |
| 9. <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Were outcomes to be evaluated clearly defined and measurable? |
| 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Were baseline data collected? |
| 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Were data from the evaluated program compared with data from other programs? |
| 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. If so, were comparisons valid? |
| 13. | 13. Were outcomes measured short-, intermediate-, or long-term? (Please circle any that apply.) |
| 14. <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Were methods for collecting evaluation data pilot-tested? |
| 15. <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Are numbers of program participants reported? |
| 16. <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Does the study show numbers and percentages of program participants who achieved desired outcomes? |
| 17. <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Were methods used to analyze data appropriate? |

- | | |
|--|--|
| 18. <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Were the data stratified by demographic variables (race, sex, age, income, geographic area)? |
| 19. <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. If so, were variables appropriate and adequate? |
| 20. <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Are evaluation conclusions justified? |
| 21. <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Were alternative conclusions considered? |
| 22. <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Were evaluation results compared with previously published study results? |
| 23. <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Were actual results compared with intended results? |
| 24. <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Were program results for one year compared with results of another year? |
| 25. <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Were results compared with national objectives (e.g., those in <i>Healthy People 2010</i>)? |
| 26. <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Are potential biases documented? |
| 27. <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Were limitations of the evaluation examined? |
| 28. <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Are lessons learned as a result of the evaluation discussed? |
| 29. <input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Can evaluation results possibly be misinterpreted? |
| 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Has the program made any changes as a result of the evaluation? |
| 31. <input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Is the evaluation question fully answered? |