

Consumer peer review checklist: intervention protocol

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| Protocol title |  |
| Name of peer reviewer |  |
| Date checklist due |  |

Thank you for agreeing to comment on this protocol for a Cochrane Intervention Protocol. As a person with the [condition or disease] in question in this review, or a carer or relation of someone with that [condition or disease], your perspective is invaluable in helping to make the review relevant to people considering this treatment.

We are especially keen to get a consumer view so we can try to ensure that the current Cochrane Protocol (and future Cochrane Review) is as relevant as possible to people making decisions about their health. Therefore, we ask you to concentrate on the relevance of this Cochrane Protocol to you and other people with similar healthcare needs worldwide rather than the methodology (as this will assessed by our editors and other peer reviewers before publication). We have included some potential questions to consider when providing your feedback; however, please feel free to comment on any aspect of the Cochrane Protocol. Using this checklist is not mandatory and if you would prefer to put your thoughts in an email, this is fine. The protocol will be copy-edited before publication.

**For more information on Cochrane Reviews and information on completing this form, see** [**Peer reviewing as a consumer**](http://consumers.cochrane.org/refereetraining).

Further information on the Cochrane Peer Review policy is available from the [Editorial and Publishing Policy Resource](http://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-management/cochrane-peer-review-policy).

The most important sections for comments are marked with a star [ ].

Please note that the contents of this Cochrane Protocol are **confidential** until it is published. If you wish to talk to other people about the Cochrane Protocol, please check with [Managing Editor] at [email address] first.

If you would like more information on being a consumer contributor, please visit the [Cochrane Consumer Network website](http://consumers.cochrane.org/). There is more detail about the content of Cochrane Reviews in the [*Cochrane Handbook for Systematic Reviews of Interventions*](https://training.cochrane.org/handbook/current)*.*

**By submitting this form, you consent to Cochrane storing your contact details on our system to facilitate the peer review process. We never share personal data with third parties, all data are treated respectfully and securely. If you do not wish to be involved in Cochrane peer review, and would like your contact information to be deleted from our system, please email** support@cochane.org.

**If you have any questions or queries, please contact [Managing Editor] at [email address].**

## Declaration of conflicts of interest

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| **Do you have any potential conflict of interest?** | **[ ]  Yes (details below)** | **[ ]  No** |
| You should declare and describe any present or past affiliations or other involvement in any organisation or entity with an interest in the outcome of the review that might lead to a real or perceived conflict of interest. You should report relationships that were present during the last 36 months, including, but not restricted to, financial remuneration for lectures, consultancy, travel, and whether you are an author of, or contributor to, a study that might be included in this review. You should declare potential conflicts even if you are confident that your judgement is not influenced.**If a conflict of interest is declared, you should discuss this with the Cochrane Review Group before proceeding with peer review.** |
| **Conflict of interest statement:** |

# Title

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| Can you understand the title? If not, can you identify which words or phrases are difficult to understand, or could you suggest any improvements to the wording? Does the title reflect what the Cochrane Protocol is about (you will need to read further before you can answer this)? If not, please explain. |

# Background

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| Does the background explain the topic clearly (i.e. are the healthcare need and intervention clear)? If not, which words or phrases are not clear, or how would you describe them? Does the background address the hopes and concerns of people considering the treatment? Is it clear “why it is important to do the review”? |

# Objectives

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| Are the objectives of the Cochrane Protocol clearly described? If not, which words or phrases are not clear, or can you suggest any improvements? Are the objectives relevant, and do you think they would help patients, carers and the public in making a healthcare decision? If not, please provide your reasons. |

# Criteria for considering reviews for inclusion in this review

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| **Types of studies:** Is it clear what types of studies (e.g. randomised controlled trials, observational studies) are to be used? Are the study designs appropriate? If not, please suggest the addition or deletion of any study designs. |
| **Types of participants:** Do the proposed participants cover all relevant groups of people who might want to use this treatment?If not, who else would it be helpful to include or exclude? |
| **Types of interventions:** Are the study interventions and comparisons/controls clearly described? Are the included interventions appropriate? If not, please explain. |
| **Types of outcome measures:** Are the outcome measures (benefits and harms/side effects) the ones that are important to consumers, patients and the public? Can you highlight any other outcomes that are important to users of this review?  |

# Search methods for identification of studies

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|  Do you have any comments on this section? |

# Data collection and analysis

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| Do you have any comments on this section? |

# Declarations of interest

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| Does the Cochrane Protocol acknowledge possible interests (e.g. personal or financial) that could have influenced the review authors? |

# Language and style of writing

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| a) Is the Cochrane Protocol reasonably easy to understand? Is the technical language used appropriately, and where possible, explained? If not, which sections need to be clearer and can you suggest any improvements? Is any language insensitive to consumers? Please suggest alternative phrases if possible.b) Please list below any words that you think need further definition |

# Additional comments

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| Please add any other comments that you may have: |

# Your acknowledgement

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| --- | --- | --- |
| I agree to be acknowledged in the published protocol | [ ]  Yes | [ ]  No |
| I agree to be acknowledged on the CRG website | [ ]  Yes | [ ]  No |
| Please include your name and any affiliation as you wish it to appear: |  |

# Your details

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Please briefly describe your interest or expertise in the topic under review: |

**Before you send this form back, please check any sections that you might have decided to leave until the end such as the background and title. Please return the full form to the Cochrane Cystic Fibrosis and Genetic Disorders Review Group to either** **traceyr@liverpool.ac.uk** **or** **nikkij@liverpool.ac.uk****.**