#

# Consumer peer-referee form for a Cochrane intervention review protocol

Version 3, March 2017

*This form was developed by the Cochrane Consumer Network and the Cochrane Editorial Resources Committee for use by Cochrane Review Groups. Please modify as necessary before use, and change or remove all highlighted text.*

|  |  |
| --- | --- |
| Title: |  |
| Authors: |  |
| Name of referee: |  |
| Date sent to referee: |  |
| Date to be returned to editorial base: |  |

Thank you for agreeing to comment on this [Cochrane Protocol](http://www.cochrane.org/glossary/5#term357) for a [Cochrane Review](http://www.cochrane.org/glossary/5#term387). We are especially keen to get a consumer view so we can make sure the Cochrane Review is as relevant as possible to people making decisions about their health. Therefore, we ask you to concentrate on the relevance of the protocol to you and other people with similar healthcare needs worldwide rather than the methodology (as this will assessed by our editors and referees 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 protocol. Using this form is not mandatory and if you would prefer to put your thoughts in an email, this is fine.

For more information on Cochrane Reviews and information on completing this form, see the guidance offered by the Cochrane Consumer Network: [consumers.cochrane.org/refereetraining](http://consumers.cochrane.org/refereetraining).

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

Please note that the contents of this protocol for a Cochrane Review are **confidential** until it is published. If you wish to talk to other people about the protocol, please check with the Managing Editor of the Cochrane Review Group.

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

**If you have any questions, please contact [name, role and contact details].**

 1. Title

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.

|  |
| --- |
|  |

2. Background 

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”?

|  |
| --- |
|  |

3. Objectives

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”?

|  |
| --- |
|  |

## 4. Criteria for considering studies for this review

**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](http://www.cochrane.org/glossary/5#term180) clearly described? Are the included interventions appropriate? If not, please explain.

|  |
| --- |
|  |

**Types of outcome measures:** Are the [outcome](http://www.cochrane.org/glossary/5#term325) 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?

|  |
| --- |
|  |

Is the PLS written in plain language and easy to understand? Are sentences too long or wordy? Are there any parts that you think should be rewritten?

|  |
| --- |
|  |

Are abbreviations, research terms and technical terms avoided or explained?

|  |
| --- |
|  |

## 5. Search methods for identification of studies

Do you have any comments on this section?

|  |
| --- |
|  |

6. Data collection and analysis

Do you have any comments on this section?

|  |
| --- |
|  |

7. Declarations of interest

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

|  |
| --- |
|  |
|  |

8. Language and style of writing 

Is the 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.

|  |
| --- |
|  |
|  |

Please list below any words that you think need further definition.

|  |
| --- |
|  |
|  |

9. Additional comments

Please add any other comments that you may have.

|  |
| --- |
|  |

11. Conflicts of interest

**Do you have any potential conflict of interest?**

|  |
| --- |
| [ ]  Yes (add details below) [ ]  No conflict of interest |

If you have ticked ‘Yes’, 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 past 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.

|  |
| --- |
|  |

13. Your acknowledgement

|  |  |
| --- | --- |
| I am willing to be identified to the author team as the person who gave these comments. | YES / NO |
| I am happy to be acknowledged in the published protocol. | YES / NO |
| I am happy to be acknowledged on the [Cochrane Group] website. | YES / NO |

|  |  |
| --- | --- |
| Your 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 completed form to [name, role and contact details].**