



Quality Appraisal Checklist for Case Series Studies Feedback Form

Name (optional):

Profession/Specialty:

Position (optional):

Organization (optional):

For each question, please select your opinion and use the area under the question if you have any comments. Please remember to save your changes to this PDF form before sending it in an email.

Relevance and clarity of the checklist and suggestions for improvement:

The statements/questions are rated on a 5-point scale ranging from 5 “Strongly agree” to 1 “Strongly disagree.” To answer, please select only one box.

	Strongly agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
Relevance and clarity					
In general, the items included in the checklist are relevant for reporting and quality appraisal of case series studies:	<input type="checkbox"/>				
In general, the items included in the checklist are clearly stated:	<input type="checkbox"/>				
In general, the guidance/dictionary is a useful addition to the checklist:	<input type="checkbox"/>				

Comments/suggestions for improvement (please indicate the item number you are referring to):

Did you use the checklist in your project(s)?

- Yes, I used it as it is
- Yes, I used a modified version of it
- No
- No, but I plan to use it in the future

If yes, please specify the topic/theme of your project(s):

Are there any relevant items you would like to add to the checklist?

- Yes
- No

If yes, please share any relevant items you would like to add:

Are there any items you would like to remove from the checklist?

- Yes
- No

If yes, please specify any items you would like to remove:

Other comments:

Thank you for completing this form.

Please remember to save your changes to this PDF form and send your completed form to cmoga@ihe.ca.