Patient Review Questionnaire

**Section 1: Reviewer Details**

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| 1. Name of Reviewer |  |
| 2. Date of Review |  |
| 3. Title of PI Resource |  |

**Section 2: General Review Questions**

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| 4. Questions |  |
| a. The PI resource title is clear and appropriate | Yes/No |
| b. The purpose of the PI resource is clear | Yes/No |
| c. The PI resource fulfils its purpose | Yes/No |
| d. All content is necessary and relevant | Yes/No |
| e. The PI resource is created from a patient perspective | Yes/No |
| f. The PI resource is clear and understandable | Yes/No |
| g. Thought has been given to accessibility | Yes/No |
| h. You would be happy to receive this PI resource | Yes/No |

**Section 3: Comments and Suggestions**

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| 5. Reviewer Comments and Suggestions |
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**Section 4: Reviewer Recommendation**

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| 6. Recommendations | Please select (X) |
| 1. Publish, no significant alterations suggested |  |
| 2. Publish, but suggest changes as above |  |
| 3. Publish, but suggestions in this review must be addressed by making changes or explaining why not |  |
| 4. Reject, encourage the author to undertake a major revision and second peer review |  |
| 5. Reject, do not encourage a re-write |  |