

**NCCMT Registry of Knowledge Translation Methods and Tools for Public Health
INCLUSION TOOL**

Use the companion manual to complete this tool for each resource located through the search strategy.

SECTION I: RESOURCE AND REVIEWER IDENTIFICATION			
Resource Title			
Search/Screening Ref ID#		Search Strategy	
Resource Author(s)		Author(s)' Organization	
Resource Year		Most Recent Version?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewer #1		Review Date 1	
Reviewer #2		Review Date 2	

SECTION II: INCLUSION CRITERIA							
Criteria		Rating				Clarification	
		YES	NO	MAYBE*	NA	Details	Comments
1	Does the resource contain a method and/or a tool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, check one: <input type="checkbox"/> Method <input type="checkbox"/> Tool <input type="checkbox"/> Contains both a method and a tool	
2	Is the method/tool used for knowledge translation (i.e., synthesis, dissemination, exchange, and/or application)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, check all that (may) apply: <input type="checkbox"/> Synthesis <input type="checkbox"/> Dissemination <input type="checkbox"/> Exchange <input type="checkbox"/> Application	
3	Is the method/tool relevant to public health or could it be adapted for public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, check one: <input type="checkbox"/> Stated specifically by developer <input type="checkbox"/> Seems reasonable (reviewer's judgment)	
4	Is the method/tool available in English? [pilot criterion]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If NO, check which language(s): <input type="checkbox"/> French <input type="checkbox"/> Other (specify)	
5	If the response to question 1 is NO, is this resource supplementary material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, specify the Search and Screening RefMan ID# of primary	

	for a method/tool?				source	
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* If MAYBE is checked for any item do not proceed to Section III until discussion with other Reviewer or Project Lead resolves a YES or NO rating.

SECTION III: DECISION / NEXT STEP			
Criteria Ratings	Check One	Decision	Status
YES to 1, 2, 3 and 4 NA to 5	<input type="checkbox"/>	Pursue Lead	Active
YES to 1, 2 and 3 NO to 4 NA to 5	<input type="checkbox"/>	On Hold: Language	Review Later
NO or NA to 1, 2 and/or 3 NO to 5	<input type="checkbox"/>	Stop	Discard
NO or NA to 1, 2 and/or 3 YES to 5	<input type="checkbox"/>	Link to Primary Source	Supplementary Material

Check when complete:

Information entered into Tracking database