													other
Items id	study_Id	Study title author	Items Description	dimension covered	format	location		abstract	introduction	method	results	discussion	information
	1 s1 2 s1	Development of a checklist to assess the c Albrecht, Lauren Development of a checklist to assess the c Albrecht, Lauren	Detailed description of interventions in published na  Detailed description of interventions in published na	na na	list	Table 1 Table 1		yes	no	yes	yes	no	no
	3 s1	Development of a checklist to assess the calbrecht, Lauren	Detailed description of interventions in published na	na na	list	Table 1		yes ves	no ves	yes	yes	no	no no
	4 s1	Development of a checklist to assess the c Albrecht, Lauren	Detailed description of interventions in published na	na	list	Table 1	•	ves	no	yes	no	no	no
	5 s1	Development of a checklist to assess the ( Albrecht, Lauren	Detailed description of interventions in published na	na	list	Table 1		yes	no	yes	yes	no	no
	6 s1	Development of a checklist to assess the Albrecht, Lauren	Detailed description of interventions in published na	na	list	Table 1	no	yes	no	yes	yes	no	no
	7 s1	Development of a checklist to assess the c Albrecht, Lauren	Detailed description of interventions in published na	na	list	Table 1		yes	no	yes	yes	no	no
	8 s1	Development of a checklist to assess the ( Albrecht, Lauren	Detailed description of interventions in published na	na	list	Table 1		yes	yes	no	yes	no	no
	9 S1 10 s1	Development of a checklist to assess the Albrecht, Lauren Development of a checklist to assess the Albrecht, Lauren	Clarification of assumed change process and desi, na Clarification of assumed change process and desi, na	na na	list	Table 1 Table 1	•	yes	yes	no no	yes	no no	no no
	11 51	Development of a checklist to assess the calbrecht, Lauren	Clarification of assumed change process and designa	na	list	Table 1		yes ves	yes	yes	yes	yes	no
	12 s1	Development of a checklist to assess the (Albrecht, Lauren	Access to intervention manuals/protocols: na	na	list	Table 1		no	ves	ves	no	no	no
	13 s1	Development of a checklist to assess the ( Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1	no	yes	no	yes	yes	no	no
	14 s1	Development of a checklist to assess the ( Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1	no	yes	no	yes	yes	no	no
	15 s1	Development of a checklist to assess the Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1	•	yes	yes	yes	yes	yes	no
	16 s1 17 s1	Development of a checklist to assess the Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1	,	yes	yes	yes	yes	yes	no
	17 S1 18 S1	Development of a checklist to assess the c Albrecht, Lauren Development of a checklist to assess the c Albrecht, Lauren	Detailed description of active control conditions: na  Detailed description of active control conditions: na	na na	list	Table 1		no ves	yes	yes	yes	yes	no no
	19 s1	Development of a checklist to assess the c Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1		no	no	ves	ves	yes	no
	20 s1	Development of a checklist to assess the (Albrecht, Lauren	Detailed description of active control conditions: na	na	list	Table 1		ves	yes	yes	yes	yes	no
	21 s2	Evaluating the public health impact of hea Glasgow, Russell E	Reach:Exclusion Criteria % excluded or characteristics	Evaluation and monitoring	list	Checklist website	no	no	no	yes	no	no	no
	22 s2	Evaluating the public health impact of hea Glasgow, Russell E	Reach:Percent individuals who participate, based not of volunteers who indicate		list	Checklist website		no	no	yes	yes	no	no
	23 s2	Evaluating the public health impact of hea Glasgow, Russell E	Reach:Characteristics of participants compared to na	Evaluation and monitoring	list	Checklist website		no	no	no	no	no	no
	24 s2 25 s2	Evaluating the public health impact of hea Glasgow, Russell E	Reach: Use of qualitative methods to understand na	Evaluation and monitoring	list	Checklist website		yes	no	yes	no	no	no no
	25 S2 26 S2	Evaluating the public health impact of hea Glasgow, Russell E Evaluating the public health impact of hea Glasgow, Russell E	Effectiveness: Measure of primary outcome with e.g. HP 2020 goals, exercise 30 Effectiveness: Measure of broader outcomes e.g., other outcomes, measure		list	Checklist website Checklist website		yes no	no	yes	yes	no	no
	27 s2	Evaluating the public health impact of her Glasgow, Russell E	Effectiveness: Measure of robustness across subg e.g. moderation analyses	Evaluation and monitoring	list	Checklist website		no	no	yes	yes	no	no
	28 s2	Evaluating the public health impact of hea Glasgow, Russell E	Effectiveness: Measure of short-term attrition (% %) and differential rates by pat		list	Checklist website		no	no	yes	yes	no	no
	29 s2	Evaluating the public health impact of hea Glasgow, Russell E	Effectiveness: Use of qualitative methods/data tc na	Evaluation and monitoring	list	Checklist website	no	no	no	yes	no	no	no
	30 s2	Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Setting LevelSetting Exclusions % or reasons	Evaluation and monitoring	list			no	no	no	no	no	no
	31 s2	Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Setting LevelPercent of settings appro valid denominator	Evaluation and monitoring	list	Checklist website		no	no	no	no	no	no
	32 s2 33 s2	Evaluating the public health impact of hea Glasgow, Russell E Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Setting LevelCharacteristics of setting na Adoption – Setting LevelUse of qualitative metho na	Evaluation and monitoring Evaluation and monitoring	list	Checklist website Checklist website		no	no	yes	yes no	no	no no
	34 s2	Evaluating the public health impact of hea Glasgow, Russell E Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Staff LevelStaff Exclusions % or reasons	Evaluation and monitoring	list			no	no	yes yes	ves	no	no
	35 s2	Evaluating the public health impact of her Glasgow, Russell E	Adoption – Staff LevelPercent of staff invited that na	Evaluation and monitoring	list	Checklist website		no	no	yes	ves	no	no
	36 s2	Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Staff LevelCharacteristics of staff part na	Evaluation and monitoring	list	Checklist website	no	no	no	yes	yes	no	no
	37 s2	Evaluating the public health impact of hea Glasgow, Russell E	Adoption – Staff LevelUse of qualitative methods na	Evaluation and monitoring	list	Checklist website	no	no	no	no	no	no	no
	38 s2	Evaluating the public health impact of hea Glasgow, Russell E	ImplementationPercent of perfect delivery or cal e.g., adherence or consistency		list	Checklist website		no	no	yes	yes	no	no
	39 s2	Evaluating the public health impact of hea Glasgow, Russell E	ImplementationAdaptations made to interventio na	Evaluation and monitoring	list	Checklist website		no	no	yes	yes	yes	no
	40 s2 41 s2	Evaluating the public health impact of hea Glasgow, Russell E Evaluating the public health impact of hea Glasgow, Russell E	ImplementationCost of intervention time or money  ImplementationConsistency of implementation a not about differential outcome	Evaluation and monitoring	list	Checklist website Checklist website		no no	no	yes	yes	no no	no no
	42 s2	Evaluating the public health impact of hea Glasgow, Russell E	ImplementationUse of qualitative methods to un na	Evaluation and monitoring	list			no	no	yes	no	no	no
	43 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance – Individual LevelMeasure of prima with or w/o comparison to a pu	blic Evaluation and monitoring	list	Checklist website	no	yes	no	yes	no	no	no
	44 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance – Individual LevelMeasure of broad e.g., measure of QoL or potent	al ne Evaluation and monitoring	list	Checklist website	no	no	no	yes	no	no	no
	45 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance – Individual LevelRobustness data - na	Evaluation and monitoring	list	Checklist website		no	no	yes	yes	no	no
	46 s2 47 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance – Individual Level Measure of long-t na	Evaluation and monitoring	list			no	no	yes	yes	no	no
	47 s2 48 s2	Evaluating the public health impact of hea Glasgow, Russell E Evaluating the public health impact of hea Glasgow, Russell E	Maintenance – Individual LevelUse of qualitative na Maintenance- Setting LevelIf program is still ongc na	Evaluation and monitoring Evaluation and monitoring	list	Checklist website Checklist website		no no	no no	yes	no ves	no no	no no
	49 s2	Evaluating the public health impact of her Glasgow, Russell E	Maintenance-Setting Levellf and how program w which elements retained AFTER		list			no	no	yes	no	no	no
	50 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance- Setting LevelSome measure/discus na	Evaluation and monitoring	list			no	no	yes	no	yes	no
	51 s2	Evaluating the public health impact of hea Glasgow, Russell E	Maintenance- Setting LevelUse of qualitative mel na	Evaluation and monitoring	list	Checklist website	no	no	no	yes	no	no	no
	52 s3	A framework for scaling up health intervei Barker, PM	Setup This phase establishes an entry		Narrative	Page 5		no	no	yes	no	no	no
	53 s3	A framework for scaling up health intervel Barker, PM	Develop the scalable unit  This phase develops the "scalable Treat of scalar the scalable unit This phase develops the "scalable unit This phase unit This		Narrative	Page 5		no	no	yes	no	no	no
	54 s3 55 s3	A framework for scaling up health intervei Barker, PM  A framework for scaling up health intervei Barker, PM	Test of scale-up (i.e., testing the set of intervention headerlying theory of change Go to full scale  This is a rapid deployment phase	e an Assessment of scalability of t e in Implementation of the strate		Page 6 Page 6		no no	no	yes no	no no	no	no no
	56 s4	Protecting the power of interventions thre Vicki S	Theory: Why was a particular intervention (or set Explicitly identify the theory• L					ves	yes	yes	no	no	no
	57 s4	Protecting the power of interventions thre Vicki S	Intervention Recipient: Who received the interve Differentiate between the inter		list	Table 1		yes	no	yes	no	no	no
	58 s4	Protecting the power of interventions thre Vicki S	Interventionist: Who delivered the intervention t Identify the interventionist and	any <b>re</b> lationship to the recipient	list	Table 1		yes	no	yes	no	no	no
	59 s4	Protecting the power of interventions thre Vicki S	Intervention Content: What does the intervention Provide clear operational description		list	Table 1		yes	no	yes	no	no	no
	60 s4	Protecting the power of interventions thri Vicki S	Intervention Delivery: How was the intervention Describe the delivery mode• D			Table 1		yes	no	yes	no	no	no
	61 s5 62 s5	Improving the reporting quality of nonran Des Jarlais Improving the reporting quality of nonran Des Jarlais	Title and abstract : Information on how units wer na Title and abstract : Structured abstract recomme na	na na	list	Table 1 Table 1		yes ves	no	no no	no no	no no	no no
	63 s5	Improving the reporting quality of nonran Des Jarlais	Title and abstract : Information on target populat na	na	list	Table 1		ves	no	no	no	no	no
	64 s5	Improving the reporting quality of nonran Des Jarlais	Background : Scientific background and explanati na	na	list	Table 1		no	yes	no	no	no	no
	65 s5	Improving the reporting quality of nonran Des Jarlais	Background : Theories used in designing behavior na	na	list	Table 1	no	no	yes	no	no	no	no
	66 s5	Improving the reporting quality of nonran Des Jarlais	Participants : Eligibility criteria for participants, in na	na	list	Table 1		no	no	yes	no	no	no
	67 s5	Improving the reporting quality of nonran Des Jarlais	Participants : Method of recruitment (e.g., referrina	na	list	Table 1	no	no	no	yes	no	no	no

68 s5	Improving the reporting quality of nonran Des Jarlais	Participants : Recruitment setting	na na	list	Table 1	no	no	no	yes	no	no	no
69 s5	Improving the reporting quality of nonran Des Jarlais	Participants : Settings and locations where the		list	Table 1	no	no	no	yes	no	no	no
70 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions into		list	Table 1	no	no	no	yes	no	no	no
71 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions into	nc na na	list	Table 1	no	no	no	yes	no	no	no
72 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions into	enc na na	list	Table 1	no	no	no	yes	no	no	no
73 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions inte	nc na na	list	Table 1	no	no	no	yes	no	no	no
74 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions inte		list	Table 1	no	no	no	yes	no	no	no
75 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions inte		list	Table 1	no	no	no		no	no	no
									yes			
76 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions inte		list	Table 1	no	no	no	yes	no	no	no
77 s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions inte		list	Table 1	no	no	no	yes	no	no	no
78 s5	Improving the reporting quality of nonran Des Jarlais	Objectives : Specific objectives and hypothese:	s na na	list	Table 1	no	no	no	yes	no	no	no
79 s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Clearly defined primary and second	dar na na	list	Table 1	no	no	no	yes	no	no	no
80 s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Methods used to collect data and	anı na na	list	Table 1	no	no	no	yes	no	no	no
81 s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Information on validated instrume	nt: na na	list	Table 1	no	no	no	yes	no	no	no
82 s5	Improving the reporting quality of nonran Des Jarlais	Sample size : How sample size was determined	ar na na	list	Table 1	no	no	no	yes	no	no	no
83 s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Unit of assignment (the		list	Table 1	no	no	no	yes	no	no	no
84 s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Method used to assign u		list	Table 1		no					
						no		no	yes	no	no	no
85 s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Inclusion of aspects emp		list	Table 1	no	no	no	yes	no	no	no
86 s5	Improving the reporting quality of nonran Des Jarlais	Blinding (masking): Whether or not participan		list	Table 1	no	no	no	yes	no	no	no
87 s5	Improving the reporting quality of nonran Des Jarlais	Unit of analysis: Description of the smallest ur	iit i na na	list	Table 1	no	no	no	yes	no	no	no
88 s5	Improving the reporting quality of nonran Des Jarlais	Unit of analysis: If the unit of analysis differs for	on na na	list	Table 1	no	no	no	yes	no	no	no
89 s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Statistical methods used t	o ( na na	list	Table 1	no	no	no	ves	no	no	no
90 s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Statistical methods used f		list	Table 1	no	no	no	yes	no	no	no
91 s5	Improving the reporting quality of norman Des Jarlais	Statistical methods : Methods for imputing mis		list	Table 1	no	no	no	yes	no	no	no
91 s5 92 s5		Statistical methods : Methods for imputing mis		list	Table 1							
	Improving the reporting quality of nonran Des Jarlais		0			no	no	no	yes	yes	no	no
93 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Flow of participants through		list	Table 1	no	no	no	no	yes	no	no
94 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Enrollment: the numbers of p		list	Table 1	no	no	no	no	yes	no	no
95 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Assignment: the numbers of	pa na na	list	Table 1	no	no	no	no	yes	no	no
96 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Allocation and intervention e	xp na na	list	Table 1	no	no	no	no	yes	no	no
97 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Follow-up: the number of participant flow : Fol	rtic na na	list	Table 1	no	no	no	no	yes	no	no
98 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Analysis: the number of parti		list	Table 1	no	no	no	no	ves	no	no
99 s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Description of protocol devia		list	Table 1	no	no	no	no	yes	no	no
100 s5	,	Recruitment : Dates defining the periods of rec		list	Table 1		no				no	no
	Improving the reporting quality of nonran Des Jarlais					no		no	no	yes		
101 s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline demographic and clinic		list	Table 1	no	no	no	no	yes	no	no
102 s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline characteristics for each		list	Table 1	no	no	no	no	yes	no	no
103 s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline comparisons of those l	os na na	list	Table 1	no	no	no	no	yes	no	no
104 s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Comparison between study por	oul na na	list	Table 1	no	no	no	no	yes	no	no
105 s5	Improving the reporting quality of nonran Des Jarlais	Baseline equivalence : Data on study group eq	uiv na na	list	Table 1	no	no	no	no	yes	no	no
106 s5	Improving the reporting quality of nonran Des Jarlais	Numbers analyzed : Number of participants (de	enc na na	list	Table 1	no	no	no	no	yes	no	no
107 s5	Improving the reporting quality of nonran Des Jarlais	Numbers analyzed : Indication of whether the		list	Table 1	no	no	no	no	yes	no	no
107 35 108 s5	Improving the reporting quality of nonran Des Jarlais	Outcomes and estimation : For each primary a		list	Table 1	no	no	no	no	yes	no	no
109 s5		Outcomes and estimation: For each primary a		list	Table 1			no				no
	Improving the reporting quality of nonran Des Jarlais					no	no		no	yes	no	
110 s5	Improving the reporting quality of nonran Des Jarlais	Outcomes and estimation : Inclusion of results		list	Table 1	no	no	no	no	yes	no	no
111 s5	Improving the reporting quality of nonran Des Jarlais	Ancillary analyses : Summary of other analyses	pe na na	list	Table 1	no	no	no	no	yes	no	no
112 s5	Improving the reporting quality of nonran Des Jarlais	Adverse events : Summary of all important adv		list	Table 1	no	no	no	no	no	yes	no
113 s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Interpretation of th	e r na na	list	Table 1	no	no	no	no	no	yes	no
114 s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of result		list	Table 1	no	no	no	no	no	yes	no
115 s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of the su		list	Table 1	no	no	no	no	no	yes	no
116 s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of the su		list	Table 1	no	no	no	no	no	yes	no
110 S5	Improving the reporting quality of nonran Des Jariais	Generalizability : Generalizability (external vali		list	Table 1	no	no	no	no	no		no
	,										yes	
118 s5	Improving the reporting quality of nonran Des Jarlais	Overall evidence : General interpretation of th		list	Table 1	no	no	no	no	no	yes	no
140 s7	Reviewing evidence on complex social inti Egan, M	Motivation	Does the study describe why the mana	list	Table 2	no	yes	yes	no	no	yes	no
141 s7	Reviewing evidence on complex social inti Egan, M	Theory of change	Was the intervention design influen na	list	Table 2	no	yes	yes	no	no	yes	no
142 s7	Reviewing evidence on complex social into Egan, M	Implementation context	Does the study provide any useful c na	list	Table 2	yes	yes	yes	yes	yes	yes	no
143 s7	Reviewing evidence on complex social inti Egan, M	Experience	Does the study establish whether tha	list	Table 2	no	yes	yes	yes	yes	yes	no
144 s7	Reviewing evidence on complex social inti Egan, M	Planning consultations	Is there a report of consultation/col na	list	Table 2	no	no	no	yes	no	yes	no
145 s7	Reviewing evidence on complex social inti Egan, M	Delivery collaborations	Is there a report of consultation/col na	list	Table 2	no	no	no	yes	no	ves	no
145 s7		•									,	
	Reviewing evidence on complex social integan, M	Manager support	Were on-site managers/supervisors na	list	Table 2	no	no	no	yes	no	yes	no
147 s7	Reviewing evidence on complex social inti Egan, M	Employee support	Were employees supportive of the ina	list	Table 2	no	no	no	yes	no	yes	no
148 s7	Reviewing evidence on complex social inti Egan, M	Resources	Does the study give information abona	list	Table 2	no	no	no	yes	no	yes	no
149 s7	Reviewing evidence on complex social inti Egan, M	Differential effects and population characterist		list	Table 2	no	yes	no	no	yes	yes	no
150 S8	Reporting guidelines for implementation a Hales, Simon	Title and abstract : Identify as implementation	or na na	list	Table 2	yes	yes	no	no	no	no	no
151 S8	Reporting guidelines for implementation a Hales, Simon	Background: "Explain the scientific backgroung		list	Table 2	no	no	yes	no	no	no	no
152 S8	Reporting guidelines for implementation a Hales, Simon	Background : Describe the policy or programm		list	Table 2	no	no	ves	no	no	no	no
153 S8	Reporting guidelines for implementation a Hales, Simon	Background : What is it about implementation		list	Table 2	no	no	ves	no	no	no	no
153 S8 154 S8				list	Table 2							
	Reporting guidelines for implementation a Hales, Simon	Problem : "Briefly describe the nature and seve				no	no	yes	no	no	no	no
155 S8	Reporting guidelines for implementation a Hales, Simon	Problem : Specify who (champions/supporters		list	Table 2	no	no	yes	no	no	no	no
156 S8	Reporting guidelines for implementation a Hales, Simon	Implementation strategy : Describe mechanism		list	Table 2	no	no	yes	no	no	no	no
157 S8	Reporting guidelines for implementation a Hales, Simon	Intervention : What evidence-based interventi	on na na	list	Table 2	no	no	yes	no	no	no	no

158 S8	Reporting guidelines for implementation a Hales, Simon	Intended outcomes : Describe the specific aim of na	na	list	Table 2	no	no	yes	no	no	no	no
159 S8	Reporting guidelines for implementation a Hales, Simon	Study design : Identify the study design (for exam na	na	list	Table 2	no	no	no	yes	no	no	no
160 S8	Reporting guidelines for implementation a Hales, Simon	Setting: Exact details of study locations, baseline na	na	list	Table 2	no	no	no	yes	no	no	no
161 S8	Reporting guidelines for implementation a Hales, Simon	Implementation: "Give a description of the imple na	na	list	Table 2	no	no	no	yes	no	no	no
162 S8	Reporting guidelines for implementation a Hales, Simon	Implementation : Describe the intervention, (if re na	na	list	Table 2	no	no	no	yes	no	no	no
163 S8	Reporting guidelines for implementation a Hales, Simon	Implementation: Explain methods used to assure na	na	list	Table 2	no	no	no	yes	no	no	no
164 S8	Reporting guidelines for implementation a Hales, Simon	Participants : "For qualitative studies: what was t na	na	list	Table 2	no	no	no	yes	no	no	no
165 S8	Reporting guidelines for implementation a Hales, Simon	Participants : Indicate how size of target populati na	na	list	Table 2	no	no	no	yes	no	no	no
166 S8	Reporting guidelines for implementation a Hales, Simon	Participants : Cohort study – Give the eligibility cr na	na	list	Table 2	no	no	no	yes	no	no	no
167 S8	Reporting guidelines for implementation a Hales, Simon	Participants : Case-control study – Give the eligib na	na	list	Table 2	no	no	no	yes	no	no	no
168 S8	Reporting guidelines for implementation a Hales, Simon	Participants: Cross-sectional study – Give the elig na	na	list	Table 2	no	no	no	yes	no	no	no
169 S8	Reporting guidelines for implementation a Hales, Simon	Participants: For matched studies, give matching na	na	list	Table 2	no	no	no	yes	no	no	no
170 S8	Reporting guidelines for implementation : Hales, Simon	Participants : For randomized studies, how was ra na	na	list	Table 2	no	no	no	yes	no	no	no
171 S8	Reporting guidelines for implementation : Hales, Simon	Variables : Clearly define all outcomes, exposures na	na	list	Table 2	no	no	no	yes	no	no	no
172 S8		Data sources/measurement : "For each variable c na	na	list	Table 2	no	no	no		no	no	no
	Reporting guidelines for implementation a Hales, Simon			list	Table 2	no			yes			-
173 S8	Reporting guidelines for implementation a Hales, Simon	Data sources/measurement : Methods for proces na	na				no	no	yes	no	no	no
174 S8	Reporting guidelines for implementation a Hales, Simon	Data sources/measurement : Explain how variabl na	na	list	Table 2	no	no	no	yes	no	no	no
175 S8	Reporting guidelines for implementation a Hales, Simon	Analyses: "Which analyses were pre-specified, ar na	na	list	Table 2	no	no	no	yes	no	no	no
176 S8	Reporting guidelines for implementation a Hales, Simon	Analyses : For qualitative analyses: process by wh na	na	list	Table 2	no	no	no	yes	no	no	no
177 S8	Reporting guidelines for implementation a Hales, Simon	Analyses : For quantitative analyses: describe star na	na	list	Table 2	no	no	no	yes	no	no	no
178 S8	Reporting guidelines for implementation a Hales, Simon	Analyses : Where both qualitative and quantitativ na	na	list	Table 2	no	no	no	yes	no	no	no
179 S8	Reporting guidelines for implementation a Hales, Simon	Analyses : Describe any methods used to examin na	na	list	Table 2	no	no	no	ves	no	no	no
180 S8	Reporting guidelines for implementation a Hales, Simon	Analyses: Explain how missing data were address na	na	list	Table 2	no	no	no	yes	no	no	no
181 S8					Table 2				,			
	Reporting guidelines for implementation a Hales, Simon	Analyses : Cohort study: explain how loss to follor na	na	list		no	no	no	yes	no	no	no
182 S8	Reporting guidelines for implementation a Hales, Simon	Analyses : Case-control study: describe matching na	na	list	Table 2	no	no	no	yes	no	no	no
183 S8	Reporting guidelines for implementation a Hales, Simon	Ethical considerations: "Including consent procer na	na	list	Table 2	no	no	no	yes	no	no	no
184 S8	Reporting guidelines for implementation a Hales, Simon	Ethical considerations : How was the balance bet na	na	list	Table 2	no	no	no	yes	no	no	no
185 S8	Reporting guidelines for implementation a Hales, Simon	Descriptive data: "Report numbers of individuals na	na	list	Table 2	no	no	no	no	yes	no	no
186 S8	Reporting guidelines for implementation a Hales, Simon	Descriptive data: Cross tabulate the number of p na	na	list	Table 2	no	no	no	no	yes	no	no
187 S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : "Explain the actual course of the inte na	na	list	Table 2	no	no	no	no	yes	no	no
188 S8	Reporting guidelines for implementation a Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no	yes	no	no
189 S8	Reporting guidelines for implementation a Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no		no	no
										yes		
190 S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no	yes	no	no
191 S8	Reporting guidelines for implementation a Hales, Simon	Outcome data : Report numbers of outcome ever na	na	list	Table 2	no	no	no	no	yes	no	no
192 S8	Reporting guidelines for implementation a Hales, Simon	Main results : "Main findings (e.g. interpretations na	na	list	Table 2	no	no	no	no	yes	no	no
193 S8	Reporting guidelines for implementation a Hales, Simon	Main results : Provide unadjusted estimates of in na	na	list	Table 2	no	no	no	no	yes	no	no
194 S8	Reporting guidelines for implementation a Hales, Simon	Main results : Consider translating estimates of rena	na	list	Table 2	no	no	no	no	yes	no	no
195 S8	Reporting guidelines for implementation : Hales, Simon	Main results : Synthesis of quantitative and qualit na	na	list	Table 2	no	no	no	no	yes	no	no
196 S8	Reporting guidelines for implementation ( Hales, Simon	Other analyses : Report other analyses done – e.s na	na	list	Table 2	no	no	no	no	yes	no	no
197 S8		, , , , ,		list	Table 2							
	Reporting guidelines for implementation a Hales, Simon	Key results : Summarize key results with referenc na	na			no	no	no	no	no	yes	no
198 S8	Reporting guidelines for implementation : Hales, Simon	Limitations : "Discuss limitations of the study, tak na	na	list	Table 2	no	no	no	no	no	yes	no
199 S8	Reporting guidelines for implementation a Hales, Simon	Limitations : Discuss both direction and magnituc na	na	list	Table 2	no	no	no	no	no	yes	no
200 S8	Reporting guidelines for implementation a Hales, Simon	Interpretation: "Interpret the results considering na	na	list	Table 2	no	no	no	no	no	yes	no
201 S8	Reporting guidelines for implementation a Hales, Simon	Interpretation : Compare and contrast study resu na	na	list	Table 2	no	no	no	no	no	yes	no
202 S8	Reporting guidelines for implementation a Hales, Simon	Interpretation : Suggest steps that might be mod na	na	list	Table 2	no	no	no	no	no	yes	no
203 S8	Reporting guidelines for implementation a Hales, Simon	Interpretation : Review issues of opportunity cost na	na	list	Table 2	no	no	no	no	no	yes	no
204 S8	Reporting guidelines for implementation : Hales, Simon	Contextual factors : Success factors, barriers and na	na	list	Table 2	no	no	no	no	no	yes	no
205 S8	Reporting guidelines for implementation a Hales, Simon	Generalizability: "Discuss the generalizability (ex na	na	list	Table 2	no	no	no	no	no		no
											yes	
206 S8	Reporting guidelines for implementation a Hales, Simon	Generalizability : Explore factors that could affect na	na	list	Table 2	no	no	no	no	no	yes	no
207 S8	Reporting guidelines for implementation a Hales, Simon	Generalizability : Applicability to other settings; P na	na	list	Table 2	no	no	no	no	no	yes	no
208 S8	Reporting guidelines for implementation a Hales, Simon	Conclusion : "Consider overall practical usefulnes na	na	list	Table 2	no	no	no	no	no	yes	no
209 S8	Reporting guidelines for implementation a Hales, Simon	Conclusion : Suggest implications for the implemena	na	list	Table 2	no	no	no	no	no	yes	no
210 S8	Reporting guidelines for implementation a Hales, Simon	Conclusion : Suggest implications for further stud na	na	list	Table 2	no	no	no	no	no	yes	no
211 58	Reporting guidelines for implementation : Hales, Simon	Other information : "Indicate if the study is regist na	na	list	Table 2	no	no	no	no	no	no	yes
212 58	Reporting guidelines for implementation a Hales, Simon	Other information : Give the source of funding ar na	na	list	Table 2	no	no	no	no	no	no	ves
213 58	Reporting guidelines for implementation a Hales, Simon	Other information : State the role of individuals ir na	na	list	Table 2	no	no	no	no	no	no	yes
213 38 214 S9			na	list	Table 1	ves	ves	no	no	no	no	ves
	Reporting standards for studies of tailorec Harrington, Nancy					,	,					,
215 S9	Reporting standards for studies of tailorec Harrington, Nancy		na	list	Table 1	no	no	no	yes	no	no	no
216 S9	Reporting standards for studies of tailorec Harrington, Nancy		na	list	Table 1	no	no	no	yes	no	no	no
217 S9	Reporting standards for studies of tailorec Harrington, Nancy	G Tailored messages : Describe the type of the tailo na	na	list	Table 1	no	no	no	yes	no	no	no
218 S9	Reporting standards for studies of tailorec Harrington, Nancy	G Tailoring system : Describe the tailoring system a na	na	list	Table 1	no	no	no	yes	no	no	no
219 S9	Reporting standards for studies of tailorec Harrington, Nancy	G Intervention channel, format, dosage and contex na	na	list	Table 1	no	no	no	yes	no	no	no
220 S9		G Intervention implementation and assessment : Deseribe how frequently participan	ts received intervention conte	ntalise when t		no	no	no	ves	no	no	no
220 39 221 S10		C Brief name: Provide the name or a phrase that de Precision in the name, or brief de		list	Table 1	no	no	no	yes	no	no	no
					Table 1							
222 S10		C Why: Describe any rationale, theory, or goal of th Inclusion of the rationale, theory		list		no	no	no	yes	no	no	no
223 S10		C What (materials): Describe any physical or inform A full description of an intervent		list	Table 1	no	no	no	yes	no	no	no
224 S10		C What (procedures): Describe each of the procedu Describe what processes, activiti		list	Table 1	no	no	no	yes	no	no	no
225 S10	Better reporting of interventions: templat Hoffmann, Tammy	C Who provided: For each category of intervention The term "intervention provider	refiers to who	list	Table 1	no	no	no	yes	no	no	no
226 S10	Better reporting of interventions: templat Hoffmann, Tammy	C How: Describe the modes of delivery (such as fac Specify whether the intervention	wasaprovided	list	Table 1	no	no	no	yes	no	no	no

227 S10		C Where: Describe the type(s) of location(s) where In some studies the		list	Table 1	no	no	no	yes	no	no	no
228 S10		C When and how much: Describe the number of tir The type of inform		list	Table 1	no	no	no	yes	no	no	no
229 S10		C Tailoring: If the intervention wasplanned to be persotralioseed, tritterveed		list	Table 1	no	no	no	yes	no	no	no
230 S10		C Modifications: If the intervention was modified d This item refers to		list	Table 1	no	no	no	yes	no	no	no
231 S10		C How well (planned): If intervention adherence or Fidelity refers to the		list	Table 1	no	no	no	yes	no	no	no
232 S10	, , , ,	C How well (actual): If intervention adherence or fit For various reason:	s, an intervention,nar parts of	list	Table 1	no	no	no	yes	no	no	no
233 S11	Reporting on innovative public health inte Huston, Patricia	Has the author clearly identified the issue that pr na	na	list	Table 1	no	no	yes	no	no	no	no
234 S11	Reporting on innovative public health inte Huston, Patricia	Is this issue pertinent to public health? na	na	list	Table 1	no	no	yes	no	no	no	no
235 S11	Reporting on innovative public health inte Huston, Patricia	Has the appropriate literature been na	na	list	Table 1	no	no	yes	no	no	no	no
236 S11	Reporting on innovative public health inte Huston, Patricia	Are the objectives of the intervention cle na	na	list	Table 1	no	no	yes	no	no	no	no
237 S11	Reporting on innovative public health inte Huston, Patricia	Target Population : Is the target population clearl na	na	list	Table 1	no	no	no	yes	no	no	no
238 S11	Reporting on innovative public health inte Huston, Patricia	Target Population : Is the method used to reach t na	na	list	Table 1	no	no	no	yes	no	no	no
239 S11	Reporting on innovative public health inte Huston, Patricia	setting : Is the context of the study clear? na	na	list	Table 1	no	no	no	yes	no	no	no
240 S11	Reporting on innovative public health inte Huston, Patricia	Public Health Intervention : Is the intervention cli na	na	list	Table 1	no	no	no	yes	no	no	no
241 S11	Reporting on innovative public health inte Huston, Patricia	Public Health Intervention : Is the preliminary eva na	na	list	Table 1	no	no	no	yes	no	no	no
242 S11	Reporting on innovative public health inte Huston, Patricia	Public Health Intervention : Were meaningful out na	na	list	Table 1	no	no	no	yes	no	no	no
243 S11	Reporting on innovative public health inte Huston, Patricia	Is a descriptive profile of participants given?	na	list	Table 1	no	no	no	no	ves	no	no
244 S11	Reporting on innovative public health inte Huston, Patricia	Is the level of participation noted na	na	list	Table 1	no	no	no	no	yes	no	no
245 S11	Reporting on innovative public health inte Huston, Patricia	Are the successes and challenges of delivering the na	na	list	Table 1	no	no	no	no	ves	no	no
246 S11	Reporting on innovative public health inte Huston, Patricia	Are the outcomes appropriately described na	na	list	Table 1	no	no	no	no	yes	no	no
247 S11	Reporting on innovative public health inte Huston, Patricia	Are the outcomes appropriately described na  Are the major findings highlighted na	na	list	Table 1	no	no	no	no		no	no
		, , , , , , , , , , , , , , , , , , , ,								yes		
248 S11	Reporting on innovative public health inte Huston, Patricia	Are findings discussed with reference to existing na	na	list	Table 1	no	no	no	no	no	yes	no
249 S11	Reporting on innovative public health inte Huston, Patricia	Have strengths and weaknesses been considered na	na			no	no	no	no	no	yes	no
250 S11	Reporting on innovative public health inte Huston, Patricia	Are the lessons learned from the intervention dis na	na	list	Table 1	no	no	no	no	no	yes	no
251 S11	Reporting on innovative public health inte Huston, Patricia	Are the implications for future initiatives explorer na	na	list	Table 1	no	no	no	no	no	yes	no
252 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Rationale and objectives : na	na	list	Table 5	no	yes	yes	no	no	no	no
253 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Rationale and objectives : na	na	list	Table 5	no	yes	yes	no	no	no	no
254 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Rationale and objectives : na	na	list	Table 5	no	yes	yes	yes	no	no	no
255 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Start and end date : "Plan na	na	list	Table 5	no	yes	no	yes	no	no	no
256 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Start and end date : b. De na	na	list	Table 5	no	yes	no	yes	no	no	no
257 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Setting and Context : "Wh na	na	list	Table 5	no	yes	no	yes	no	no	no
258 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Setting and Context : b. O na	na	list	Table 5	no	yes	no	yes	no	no	no
259 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Stakeholders : "a. Prograr na	na	list	Table 5	no	yes	no	yes	no	no	no
260 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Stakeholders : b. Impleme na	na	list	Table 5	no	yes	no	yes	no	no	no
261 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Stakeholders : c. Partners na	na	list	Table 5	no	yes	no	yes	no	no	no
262 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Stakeholders : d. How the na	na	list	Table 5	no	yes	no	yes	no	no	no
263 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Funding source(s) : Name na	na	list	Table 5	no	yes	no	no	no	no	ves
264 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Theory of change and/or   na	na	list	Table 5	no	yes	no	yes	no	no	no
265 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Human rights perspective na	na	list	Table 5	no	ves	no	yes	no	no	no
266 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Overview : Human rights perspective na	na	list	Table 5	no	no	no	yes	no	no	no
267 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : P na	na	list	Table 5	no	no	no	yes	no	no	no
268 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : P na	na	list	Table 5	no	no	no	yes	no	no	no
269 S12	Programme Reporting Standards (PRS) for Kagesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
270 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
270 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no		no	no	no
271 S12 272 S12		8	na na	list	Table 5		no	no	yes			no
	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	***			no			yes	no	no	
273 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
274 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
275 512	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
276 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Programme Components and Implementation : C na	na	list	Table 5	no	no	no	yes	no	no	no
277 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Monitoring mech na	na	list	Table 5	no	no	no	yes	no	no	no
278 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Coverage/Reach na	na	list	Table 5	no	no	no	yes	no	no	no
279 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Coverage/Reach na	na	list	Table 5	no	no	no	yes	no	no	no
280 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Coverage/Reach na	na	list	Table 5	no	no	no	yes	no	no	no
281 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Adaptations : "W na	na	list	Table 5	no	no	no	yes	no	no	no
282 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Adaptations : b. I na	na	list	Table 5	no	no	no	yes	no	no	no
283 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Acceptability : "A na	na	list	Table 5	no	no	no	yes	no	no	no
284 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Feasibility : "Asse na	na	list	Table 5	no	no	no	yes	no	no	no
285 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Monitoring of Implementation : Factors affecting na	na	list	Table 5	no	no	no	yes	no	no	no
286 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Evaluation and Results : Evaluation : "a. Type of e na	na	list	Table 5	no	no	no	yes	no	no	no
287 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Evaluation and Results : Evaluation : b. Evaluatior na	na	list	Table 5	no	no	no	yes	no	no	no
288 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Evaluation and Results : Results : "Description of na	na	list	Table 5	no	no	no	no	yes	no	no
289 S12	Programme Reporting Standards (PRS) for Kagesten, Anna E	Evaluation and Results : Results : b. Whether the na	na	list	Table 5	no	no	no	no	ves	no	no
290 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Evaluation and Results : Results : c. Whether the na	na	list	Table 5	no	no	no	no	ves	no	no
290 S12 291 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Evaluation and Results : Costs : "Summary of the na	na	list	Table 5	no	no	no	no	yes	no	no
291 S12 292 S12	Programme Reporting Standards (PRS) for Ragesten, Anna E Programme Reporting Standards (PRS) for Ragesten, Anna E	Evaluation and Results : Costs : Summary of the na Evaluation and Results : Costs : b. If and how a co na	na na	list	Table 5	no	no	no	no	yes	no	no
292 S12 293 S12		Synthesis: Lessons learnt: "Appraised weaknesse na	na	list	Table 5	no	no	no	no	no		no
	Programme Reporting Standards (PRS) for Kågesten, Anna E		· · · · · · · · · · · · · · · · · · ·								yes	
294 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis: Sustainability: "Reflections on the sus na	na	list	Table 5	no	no	no	no	no	yes	no
295 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis : Scalability : "Description of the scale-ι na	na	list	Table 5	no	no	no	no	no	yes	no

1997   1997   Programm from the part of protection of the protec														
Programme Reporting Segretaria Professor (Arrivant Communication Control of Communication Cont		Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis: Possibilities for implementation in oth	na na		list	Table 5	no	no	no	no	no	yes	no
20 12 19 19 Supplies of control and implementation Label III III International Label III International						list		no	no	no	no	no	yes	no
1995   1995   Properties of the content of the co	298 S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis: Additional information (optional): Any	na na		list	Table 5	no	no	no	no	no	yes	no
10   15   Separate of content and implementation to the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the all included from the area of the content of the area of the all included from the area of the	299 S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: Intervention/Prograi	na na		list	Table 1	no	no	no	yes	no	no	no
1975   Properting of control and implementation Lordon All Interference Association of the Control of Control and Control an	300 S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: A description of why	na na		list	Table 1	no	no	no	yes	no	no	no
1975   Properting of control and implementation Lordon All Interference Association of the Control of Control and Control an	301 S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: Rationale for the ain	na na		list	Table 1	no	no	no		no	no	no
1951   Specimen of contract and implementation sould ill selection should description in a company of contract and implementation should ill selection should be should be accepted in a company of contract and implementation should ill selection should be should be accepted in a company of contract and implementation should ill selection should be should be accepted in a company of contract and implementation should ill selection should be accepted in a company of contract and implementation should ill selection should be accepted in a company of contract and implementation should ill selection should be accepted in a company of contract and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be accepted in a company of contract and included and implementation should be ac								no	no	no		no	no	no
						lict		no	no	no		no	no	no
Section   Process   Proc														
20   15   Septime of motion and implementation total III														
											yes			
1991 11   Reporting of context, and implementation could. III   Intervention Constant and Contest Principles   1991   1			Intervention Characteristics: Detailed description	na na		list	Table 1	no	no	no	yes	no	no	no
1995   13.1   Segonsing of contract and implementation (see 2011)   International Characteristics Characteri	308 S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description	na na		list	Table 1	no	no	no	yes	no	no	no
1995   13   Septiming of contract and implementation costs 2011   Internation Chemister Services Costs and the Internation A.   2011   Table 1.   10   10   10   10   10   10   10	309 S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description	na na		list	Table 1	no	no	no	yes	no	no	no
11   15   15     Paperting of content and implementation Lates 30   Description from the and implementation Lates 30   Papellatin Contents 1   Papel	310 S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Costs of the interver	na na		list	Table 1	no	no	no		no	no	no
19.513   Supporting of contact and implementation used as   Reputation involved   Reputation														no
13.5 13   Reporting of content and improvementation untited 1   Processor of improvementation (1997)   Processor of improvementation				· · · · · · · · · · · · · · · · · · ·										
19.5   15.5														
155   150   Reporting of context and impermentation that of all   Gale   no   no   no   no   no   no   no   n														
145   153   Africament for infrance; the Value of Plant Gill   Faming, Clinical, health sports, regulated the approximation possible and approximate for infrance; the Value of Plant Gill   Faming, Clinical, health sports, regulated the approximation possible and approximation of the Company of the Compa											yes			
1991 150   Arramound for financing the Value of Friez Coil   Parrong, Clinical, bash system, expalse bash Basked contains (brieflands)   10								no	no		yes	no	no	no
1935   3.5.   Africamount for infracting the Value of Fries Gib.   Planning: Clinical, health system, copulate learth Cambrodings Resembliadings Colorable (including bilators, policy datatate, and ringfered)   10	348 S15	A Framework for Enhancing the Value of F Neta Gila	Goal	Improvementsin populationhealth,ł na		list	fig 1	no	no	Yes	no	no	no	no
181   181   A Framework for Inhancing the Value of Fixed Sills   Planning: Clinical, health youther, organized health between Authorized Controls (including bittery, policy clinical, and indigations)   no	349 S15	A Framework for Enhancing the Value of F Neta Gila	Planning: Clinical, health system, orpublic health	iOntersy-Crutitiong Essideents-Austrikevel contend	b (including history, policy	clistate, an	d indégntives)	no	no	no	Yes	no	no	no
18.1 15.1   A Francework for Informacing the Value of Fixed Sing   Planning: Clinical, Joseph Approximation   Planning: Setting characteristics: Setting industrial profit of the Value of Fixed Sing   Planning: Setting characteristics: Setting industrial profit of the Value of Fixed Sing   Planning: Setting characteristics: Setting industrial profit of the Value of Fixed Sing   Planning: Setting characteristics: Companies for Control of the Value of Fixed Sing   Planning: Setting characteristics: Companies for Control of the Value of Fixed Sing   Planning: Setting characteristics: Companies for Control of Sing Sing Sing Sing Sing Sing Sing Sing	350 S15	A Framework for Enhancing the Value of F Neta Gila						no	no	no		no	no	no
1872 St.   A Framework for Friending Tel Value of Flast Gal   Planning Setting characteristics contend to extract plant plant plant of the State of Planting Setting characteristics contend to extract planting setting and resident planting plant									ne	no				no
18.5   1.5   A Francework for Infrancry the Value of Flore Gist.   Planning: String characteristics: capacitations: Crisical Structure and Construction (1982) about 1982   Flore of the Value of Flore (1982) and Planning: String characteristics: capacity and resident (1982) about 1982   Flore of the Value of Flore (1982) and Planning: String characteristics: capacity and resident (1982) and resident														
1945 St.   A Framework for Fribancing the Value of F Nate Gill   Planning, Steffing characteristics; contract and our Cores. Cutting bases Adultative controls (Including history, policy clients, and inapplement)   100														
155   15														
16.5   18.5   A Framework for Inhancing the Value of Free Gilla   Planning: Implementation strategy: Scalability Cross Cutting Status-Multibles clorated (including Naturo, policy clastate, and indeglates)   no   no   res   no   no   no														
Section   Parameter for Ferhancey the Value of File and Gills   Famoure, for Ferhancey the Value of File and Gills   Famoure, Germany   Section   Constructing Issues Multilated contends (including bistory, policy dataset, and indightees)   no   no   Ne   no   no   no   no   Ne   no   no   no   no   Ne   no   no   no   no   no   Ne   no   no   no   no   no   no   Ne   no   no   no   no   no   no   no   n								no	no	no	Yes	no	no	no
See 1855   A Framework for Financing the Value of Fixes Gia   Panning : Partnership   Cross-Curling Issues-Multilevel contable (Including Issters) policy datates, and indigetes   no no no Yes no no no No Yes no no no No Yes no no no No Yes no no no No Yes no no no no no No Yes	356 S15	A Framework for Enhancing the Value of F Neta Gila	Planning: Implementation strategy: Evaluability	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	d indentives)	no	no	no	Yes	no	no	no
193   515   A Framework for Frahmancing the Value of Fixet Gall   Planning: Dill study design   Coss-Cutting Issues-Multilevel contents (including history, policy citatate, and indightevel)   no   no   no   Ves   no   no   no   no   Ne   10   10   10   10   10   10   10   1	357 S15	A Framework for Enhancing the Value of F Neta Gila	Planning: Implementation strategy: Scalability	Cross-Cutting Issues:Multilevel content	b (including history, policy	listate, an	d indégntives)	no	no	no	Yes	no	no	no
189   515   A Framework for Financing the Value of Fixed Gills   Planning: Dist study design   Cross-Cutting Issues-Multilevel contends (including history, policy distants, and indightevel)   no   no   no   Ves   no   no   no   No   180   181	358 S15	A Framework for Enhancing the Value of F Neta Gila						no	no	no	Yes	no	no	no
180   150   A Framework for Financing the Value of Fineta Gills   Delivery : Repet.   Ossos Curling Issues Multilevel conteath (including history, policy clinates, and indigatives)   no   no   Ves   no   no   no   Ne   180   1														no
26.5   15.5   A Framework for Emhancing the Value of F Neta Gold   Delivery - Adoptions   Cross Cutting (seess-Multilevel contents) (including history, policy distants, and indigatives)   no   no   no   Neta   no   no   no   no   no   no   no   n														
182 515   A Framework for Enhancing the Value of F Neta Cilia   Delivery : Inplementation : Fielding   Cross Cutting issues: Multilevel contrable (including history, policy ciliatate, and indigables)   no   no   no   no   no   no   no   n														
18-3   15   A Framework for Enhancing the Value of F Neta Gilla   Delivery: Implementation: dook,   Cross-Cutting Issues: Multilevel contrasts (including history, policy chaster, and indigatives)   no   no   Net   no   no   no   no   Net														
264 515   A Framework for finkancing the Value of FNRS of Isla   Delivery: implementation: add applications   Cross-Cutting Issues-Multilevel contains (including history, policy dataset, and indigatives)   no   no   no   Ne   no   no   no   no   no   no   no   n														
185   15								no	no	no	Yes	no	no	no
166   515   A Framework for Enhancing the Value of F Nets Gills   Delivery: Implementation costs andresources ex Cross-Cutting Issues: Multillevel controls (including history, policy distants, and indigatives)   no   no   no   vis   vis   no   no   no   no   vis   vis   no   no   no   vis	364 S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation : dose,	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	id indegratives)	no	no	no	Yes	no	no	no
86 S15 A Framework for Enhancing the Value of F Neta Gila Valuation/ResultsReporting: Effectiveness (Cross-Cutting Issues-Multilevel contradb (including history, policy clinates, and insightwey) no no no Yes Yes no no no Ne Yes Yes no no no Ne Yes Yes no no no Ne Yes Yes no no no Yes Yes no no no Ne Yes Ye	365 S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation : and adaptation	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	d indégraives)	no	no	no	Yes	no	no	no
A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Primary outcome Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 370 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Esteral validity of fidendings/timing issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 372 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Pragnatic criteria. Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 373 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Pragnatic criteria. Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 74 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Stockhallitive Contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Stockhallitive Contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Transportability Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Nes Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Transportability Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Nes Yes Yes no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Septication and uptakes-Contrable (including history, policy cliatate, and indightees) no no no Nes Yes No no no 75 Yes Yes no 75 Yes No Nes Yes No No Nes Yes No	366 S15	A Framework for Enhancing the Value of F Neta Gila	Delivery: Implementation costs andresources exp	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	d indentives)	no	no	no	Yes	no	no	no
A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Primary outcome Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 370 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Esteral validity of fidendings/timing issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 372 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Pragnatic criteria. Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 373 S15 A Framework for chhancing the Value of F Nets Gils Evaluation/ResultsReporting: Pragnatic criteria. Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 74 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Stockhallitive Contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Stockhallitive Contrable (including history, policy cliatate, and indightees) no no no Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Transportability Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Nes Yes Yes no no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Transportability Cross-Cutting issuers. Multilevel contrable (including history, policy cliatate, and indightees) no no no Nes Yes Yes no no 75 S15 S15 A Framework for chhancing the Value of F Nets Gils Long-Ferm Outcomes: Septication and uptakes-Contrable (including history, policy cliatate, and indightees) no no no Nes Yes No no no 75 Yes Yes no 75 Yes No Nes Yes No No Nes Yes No	367 S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Effectiveness	Cross-Cutting Issues:Multilevel contend	b (including history, policy	listate. an	d indentives)	no	no	no	Yes	Yes	no	no
A Framework for Enhancing the Value of F Neta Gila Voluntion/Neurolating Power of P Neta Gila Voluntion/Neurolating State (P Neta Gila Voluntion/Neurolating State) (P Neta Gila Voluntion/Neurolating State) (P Neurolating Neurolating State) (P Neurolating Neurolating State) (P Neurolating Neuro	368 S15							no	no	no		Yes	no	no
A Framework for Enhancing the Value of F Neta Gila Evaluation/ResultReporting: External validity of flowings-Suthing Issues:Multilevel contrate (Including Instrory, policy climate, and indignitives) on on on Ves Yes no on on part 515. A Framework for Enhancing the Value of F Neta Gila Evaluation/ResultReporting: Pragmants criterias Cross-Cutting Issues:Multilevel contrate (Including Instrory, policy climate, and indignitives) on on on Yes Yes no Yes														
A Framework for Enhancing the Value of Neta Gila  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Sustainability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate, and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Sustainability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate, and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Sustainability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate, and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate, and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate, and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), and indigatives)  A Framework for Enhancing the Value of Neta Gila  Long-Term Outcomes: Transportability  Cross-Cutting Issues-Multilevel conteath (including history, polity clidate), a														
A Framework for Enhancing the Value of F Neta Gila   Evaluation/ResultsReporting: Pragnatic crieria a Cross-Cutting Issues:Multilevel contrabb (including history, policy clitatet, and indigntives)   no   no   ves   ves   no   no   no   no   ves   no   no   no   no   ves   no   no   no   ves   no   no   no   ves   no   no   no   no   ves   no   no   no   no   ves   no   no   no   no   no   ves   no   no   no   no   no   no   no   n														
A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Sustainability Cross-Cutting Issues: Multilevel contrable (including history, policy cliabate, and indightees) no no no Yes Yes no no no 375 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Transportability Cross-Cutting Issues: Multilevel contrable (including history, policy cliabate, and indightees) no no no Yes Yes no no no 755 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Transportability Cross-Cutting Issues: Multilevel contrable (including history, policy cliabate, and indightees) no no no Yes Yes no no no Yes Yes no no no Neta Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Replication and uptake: Conditions dutting Multi-vel Contrable (including history, policy cliabate, and indightees) no no no Neta Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Replication and uptake: Conditions dutting Multi-vel Contrable (including history, policy cliabate, and indightees) no no no Neta Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Replication and uptake: Conditions dutting Multi-vel Contrable (including history, policy cliabate, and indightees) no no no Neta Framework for reportin O'Donnell Siobhan Native Provider(s) Health and Provider(s) Heal														
A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes: Evolvability Cross-Cutting Issues:Multilevel conteatb (including history, policy clidate, and indegfitives) no no no Yes Yes no no no 785 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes: Replication and uptake:Conditions Cutting Issues:Multilevel conteatb (including history, policy clidate, and indegfitives) no no no Yes Yes no no no 785 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes: Replication and uptake:Conditions Cutting Issues:Multilevel conteatb (including history, policy clidate, and indegfitives) no no no Yes Yes no no no 785 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of Enhancing the Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic received Value of F Neta Gila Long-Term Outcomes: Economic Received Value of F Neta Gila Long-Term Outcomes: Economic Recei														no
A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Transportability Cross-Cutting Issues: Multilevel conteabl (including history, policy clisate, and indegfives) no no no Yes Yes no no no 785 S15 A Framework for Enhancing the Value of F Neta Gila Long-Term Outcomes : Economic evaluationself-ectiveness-Quitagiss-users-Multilevel conteabl (including history, policy clisate, and indegfives) no no no Yes Yes no no no 785 S16 Development for Framework for reportin ('Donnell Slobhan Why: Why was the health service deliverymodel E Goals of the model Goals related to patient outcome(s); list table 2 no no no no yes no no no 380 S16 Development of a framework for reportin ('Donnell Slobhan Why: Why was the health service deliverymodel E Goals of the model Goals related to patient outcome(s); list table 2 no no no no yes no no no 382 S16 Development of a framework for reportin ('Donnell Slobhan White: What were the roles of threidividuals invol Roll Goals related to patient outcome(s); list table 2 no no no no yes no no no 383 S16 Development of a framework for reportin ('Donnell Slobhan White: What were the roles of threidividuals invol Roll Goals related to patient outcome(s); list table 2 no no no no yes no no no 383 S16 Development of a framework for reportin ('Donnell Slobhan Where: Where were the health services/Intervent Duration of delisease since outcomes of syna is list table 2 no no no no yes no no no 383 S16 Development of a framework for reportin ('Donnell Slobhan How: How were the services/Intervent Duration of delisease since outcomes cert of syna is list table 2 no no no no yes no no no sys since the health services/Intervent Duration of the intervent of syna is list table 2 no no no no yes no no no no sys since the health services/Intervent of synaphy syna	373 S15		Long-Term Outcomes : Sustainability	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistrate, an	id indégntives)	no	no	no	Yes	Yes	no	no
A Framework for Enhancing the Value of F Neta Gila  Long-TermOutcomes: Replication and uptake Condition Author White Well Condition (Linkuding history, policy clistate, and indegitives)  Development of a framework for reportin ("O'Donnell Slobhan why: Why was the health service deliverymodel F Goals of the model Goals related to patient outcome(s): list table 2 no no no no yes no no no as possible to the provider of the provid	374 S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Evolvability	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	d indentives)	no	no	no	Yes	Yes	no	no
A Framework for Finhancing the Value of F Neta Gila Development of a framework for reportin, O'Donnell Siobhan Why: Why was the health service deliverymodel f Goals of the model Goals related to patient outcome(s); Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits table 2 no no no no yes no no no No 380 S16 Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits table 2 no no no no yes no no no No 380 S16 Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits 1 fable 2 no no no no yes no no no No 382 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent Duration of diseases since onset of sy na Bits 1 fable 2 no no no no yes no no No 383 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent Duration of diseases since onset of sy na Bits 1 fable 2 no no no no yes no no No 383 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent SettingCountryLevel of care: commin a Bits 1 fable 2 no no no no yes no no No 385 S16 Development of a framework for reportin, O'Donnell Siobhan How: How with were the services/jointerventions imple Method(s) in which the interventiona Bits 1 fable 2 no no no no yes no no No no No 385 S16 Development of a framework for reportin, O'Donnell Siobhan How: How was the health services/intervention? Duration of the intervention na Bits 1 fable 2 no no no no yes no	375 S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Transportability	Cross-Cutting Issues:Multilevel content	b (including history, policy	clistate, an	d indégntives)	no	no	no	Yes	Yes	no	no
A Framework for Finhancing the Value of F Neta Gila Development of a framework for reportin, O'Donnell Siobhan Why: Why was the health service deliverymodel f Goals of the model Goals related to patient outcome(s); Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits table 2 no no no no yes no no no No 380 S16 Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits table 2 no no no no yes no no no No 380 S16 Development of a framework for reportin, O'Donnell Siobhan Who: Who was involved? Provider(s) Health care professional a Bits 1 fable 2 no no no no yes no no no No 382 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent Duration of diseases since onset of sy na Bits 1 fable 2 no no no no yes no no No 383 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent Duration of diseases since onset of sy na Bits 1 fable 2 no no no no yes no no No 383 S16 Development of a framework for reportin, O'Donnell Siobhan When: When were the health services/intervent SettingCountryLevel of care: commin a Bits 1 fable 2 no no no no yes no no No 385 S16 Development of a framework for reportin, O'Donnell Siobhan How: How with were the services/jointerventions imple Method(s) in which the interventiona Bits 1 fable 2 no no no no yes no no No no No 385 S16 Development of a framework for reportin, O'Donnell Siobhan How: How was the health services/intervention? Duration of the intervention na Bits 1 fable 2 no no no no yes no	376 S15	A Framework for Enhancing the Value of F Neta Gila	Long-TermOutcomes : Replication and uptake:Con	dition£uttiter ludueb:Multilevel contend	b (including history, policy	listate. an	d indentives)	no	no	no	Yes	Yes	no	no
378 516 Development of a framework for reportin (O'Donnell Siobhan 379 516 Development of a framework for reportin (O'Donnell Siobhan 470 516 Development of a framework for reportin (O'Donnell Siobhan 580 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework for reportin (O'Donnell Siobhan 581 516 Development of a framework f														no
379 S16 Development of a framework for reportin O'Donnell Siobhan what: What were the roles of theindividuals invol Role of provider(s) Health care professional na list table 2 no no no no yes no no no 380 S16 Development of a framework for reportin O'Donnell Siobhan what: What were the health services/intervent Duration of disease since onsert of sy na list table 2 no no no no yes no no no no 382 S16 Development of a framework for reportin O'Donnell Siobhan where: Where were the health services/intervent Duration of disease since onsert of sy na list table 2 no no no no yes no no no no 382 S16 Development of a framework for reportin O'Donnell Siobhan where: Where were the health services/intervent SettingCountryLevel of care: comm na list table 2 no no no no yes no no no no 383 S16 Development of a framework for reportin O'Donnell Siobhan How: How wide patients access the services/s/intervent SettingCountryLevel of care: comm na list table 2 no no no no yes no no no no 385 S16 Development of a framework for reportin O'Donnell Siobhan How: How were the services/s/interventions imple Method(s) in which the interventiona list table 2 no no no no yes no no no no 385 S16 Development of a framework for reportin O'Donnell Siobhan How: How work to see the path services/intervention imple Method(s) in which the interventiona list table 2 no no no no yes no no no no 385 S16 Development of a framework for reportin O'Donnell Siobhan How: How long was the intervention? Duration of the intervention na list table 2 no no no no yes no no no no 385 S16 Development of a framework for reportin O'Donnell Siobhan How: How was the health service delivery model Resources needed to support orsus na list table 2 no no no no yes no no no no 385 S17 SQUIRE Guidelines for reporting improver Ogrin G Indicate that the manuscript concerns an initiatin na na list table 1 no no yes no		<u>~</u>												
380 \$16 Development of a framework for reportin, O'Donnell Siobhan What: What were the roles of the individuals invol Role of provider(s)Role of user(s) na list table 2 no no no yes no no no yes no no no all stable 2 no no no no yes no no no no yes no no no no no yes no no no no yes no no no no no yes no no no no no yes no no no no no yes no no no no no yes no no no no yes no no no no yes no no no no no yes no no no no no no yes no no no no no no yes no														
381 S16 Development of a framework for reportin, O'Donnell Siobhan where: When were the health services/interventi Duration of disease since onset ofsy na list table 2 no no no no yes no no no 382 S16 Development of a framework for reportin, O'Donnell Siobhan where: Where were the health services/interventi SettingCountryLevel of care: comm na list table 2 no no no no yes no no no yes no no no no no no no yes no no no no no no no yes no														
382 S16 Development of a framework for reportin, O'Donnell Siobhan Mere: Where were the health services/Intervent SettingCountryLevel of care: commina list table 2 no no no no yes no no no no yes no no no no no yes no no no no no yes no no no no no yes no no no no no yes no no no no no yes no no no no yes no														
Bas 516 Development of a framework for reportin O'Donnell Siobhan How: How did patients access the service(s)/inter Referral process na list table 2 no no no no yes no no no 384 516 Development of a framework for reportin O'Donnell Siobhan How: How where the service(s)/treventions imple Method(s) in which the interventiona list table 2 no no no no yes no no no no 385 516 Development of a framework for reportin O'Donnell Siobhan How: How long was the intervention? Duration of the intervention na list table 2 no no no no yes no no no no yes no no no no no no no yes no no no no no no yes no no no no no no yes no no no no no no no yes no no no no no no no yes no no no no no no no no yes no														no
384 S16 Development of a framework for reportin, O'Donnell Siobhan 1 How: How were the services/interventions implie Method(s) in which the interventions a list table 2 no no no no yes no no no 385 S16 Development of a framework for reportin, O'Donnell Siobhan 1 How: How wild individuals involved communication (Among providers; between list table 2 no no no no yes no no no 387 S16 Development of a framework for reportin, O'Donnell Siobhan 1 How: How wild individuals involved communication (Among providers; between list table 2 no no no no yes no no no 387 S16 Development of a framework for reporting o'Donnell Siobhan 1 How: How wild individuals involved cellivery model Resources needed to support orsus na list table 2 no no no no yes no no no no 388 S17 SQUIRE Guidelines for reporting improver Ogrinc G Indicate that the manuscript concerns an initiatin na na list table 1 yes no								no	no	no	yes	no	no	no
384 516 Development of a framework for reportin O'Donnell Siobhan How: How were the services/interventions imple: Method(s) in which the interventions a list table 2 no no no no yes no no no yes no no no 385 516 Development of a framework for reportin O'Donnell Siobhan How: How long was the intervention? Duration of the intervention na list table 2 no no no no yes no no no no 387 516 Development of a framework for reportin O'Donnell Siobhan How: How did individuals involved communication (Among providers; between list table 2 no no no no yes no no no no 387 516 Development of a framework for reportin O'Donnell Siobhan How: How did individuals involved communication (Among providers; between list table 2 no no no no yes no no no no 388 517 SQUIRE Guidelines for reporting improver Ogrinc G Indicate that the manuscript concerns an initiatin na na list table 1 yes no	383 S16	Development of a framework for reporting O'Donnell Siobhan	How: How did patients access the service(s)/inter	Referral process na		list	table 2	no	no	no	yes	no	no	no
385 516 Development of a framework for reportin, O'Donnell Siobhan 1 How: How long was the intervention? Duration of the intervention na list table 2 no no no no yes no no no 386 516 Development of a framework for reportin, O'Donnell Siobhan 1 How: How wild individuals involved communicate: Mode(s) of communication (Among providers; between list table 2 no no no no yes no no no 388 517 SQUIRE Guidelines for reporting improver Ogrinc G Indicate that the manuscript concerns an initiatin na na list table 1 yes no	384 S16		How: How were the services/interventions imple	Method(s) in which the interventionsa		list	table 2	no	no	no		no	no	no
386 S16 Development of a framework for reportin, O'Donnell Siobhan How: How did individuals involved communicate: Mode(s) of communication (Among providers; between list table 2 no no no no yes no no no no no yes no no no no no yes no no no no no no no no no yes no														no
387 516 Development of a framework for reportin, O'Donnell Siobhan How: How was the health service delivery model Resources needed to support orsusin a list table 2 no no no no yes no					oviders: hetween									
388 517 SQUIRE Guidelines for reporting improver Ogrinc G Provide adequate information to aid in searching na na list table 1 yes no														
389 517 SQUIRE Guidelines for reporting improver Ogrinc G Provide adequate information to aid in searching na na list table 1 no yes no no no no no no 390 517 SQUIRE Guidelines for reporting improver Ogrinc G Summarise all key information from various sections of the text using the abstract format of the intended list table 1 no yes no no no no no no no no 391 517 SQUIRE Guidelines for reporting improver Ogrinc G Problem description: Nature and significance of to na na list table 1 no no yes no no no no no no no 392 517 SQUIRE Guidelines for reporting improver Ogrinc G Available knowledge: Summary of what is current na na list table 1 no no yes no no no no no 393 517 SQUIRE Guidelines for reporting improver Ogrinc G Rationale: Informal or formal frameworks, model na na list table 1 no no yes no no no no 393 517 SQUIRE Guidelines for reporting improver Ogrinc G Specific aims: Purpose of the project and of this r na na list table 1 no no yes no no no no 395 517 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import na na list table 1 no no yes no no no no yes no no no no mo 395 517 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import na na list table 1 no no no yes no no no no yes no														
390 S17 SQUIRE Guidelines for reporting improver Ogrinc G Summarise all key information from various sections of the text using the abstract format of the intended list table 1 no yes no no no no no no no 391 S17 SQUIRE Guidelines for reporting improver Ogrinc G Problem description: Nature and significance of t na na list table 1 no no yes no no no no no 392 S17 SQUIRE Guidelines for reporting improver Ogrinc G Available knowledge: Summary of what is current na na list table 1 no no yes no no no no no 393 S17 SQUIRE Guidelines for reporting improver Ogrinc G Rationale: Informal or formal frameworks, model na na list table 1 no no yes no no no no 394 S17 SQUIRE Guidelines for reporting improver Ogrinc G Specific aims: Purpose of the project and of this r na na list table 1 no no yes no no no no no 395 S17 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import na na list table 1 no no no yes no														
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392 S17 SQUIRE Guidelines for reporting improver Ogrinc G Available knowledge: Summary of what is current na na list table 1 no no yes no no no no 393 S17 SQUIRE Guidelines for reporting improver Ogrinc G Rationale: Informal or formal frameworks, model na na list table 1 no no yes no no no no no 393 S17 SQUIRE Guidelines for reporting improver Ogrinc G Specific aims: Purpose of the project and of this r na na list table 1 no no no yes no no no no 395 S17 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import na na list table 1 no no no yes no no	391 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Problem description: Nature and significance of t	na na		list	table 1	no	no	yes	no	no	no	no
393 S17 SQUIRE Guidelines for reporting improver Ogrinc G Rationale: Informal or formal frameworks, model na na list table 1 no no yes no no no no 394 S17 SQUIRE Guidelines for reporting improver Ogrinc G Specific aims: Purpose of the project and of this r na na list table 1 no no yes no no no no 395 S17 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import na na list table 1 no no no yes no no no no	392 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Available knowledge: Summary of what is current	na na		list	table 1	no	no		no	no	no	no
394 S17 SQUIRE Guidelines for reporting improver Ogrinc G Specific aims: Purpose of the project and of this r na na list table 1 no no yes no no no 395 S17 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import: na na list table 1 no no no yes no no no no														no
395 S17 SQUIRE Guidelines for reporting improver Ogrinc G Context: Contextual elements considered import. na na list table 1 no no no yes no no no														no
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396 517 SQUIRE Guidelines for reporting improver Ugrino G Intervention(s): Description of the intervention(s) na na list table 1 no no no yes no no no														
	396 517	SQUIKE Guidelines for reporting improver Ogrinc G	intervention(s): Description of the intervention(s)	na na		list	table 1	no	no	no	yes	no	no	no

397 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Intervention(s): Specifics of the team involved in				table 1	no	no	no	yes	no	no no	
398 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Study of the intervention(s): Approach chosen fo		na li	ist	table 1	no	no	no	yes	no	no no	
399 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Study of the intervention(s): Approach used to es	na r	na li	ist	table 1	no	no	no	yes	no	no no	
400 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Measures: Measures chosen for studying process	na r	na li	ist	table 1	no	no	no	yes	no	no no	
401 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Measures: Description of the approach to the on	na r	na li	ist	table 1	no	no	no	yes	no	no no	
402 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Measures: Methods employed for assessing com	na r	na li	ist	table 1	no	no	no	yes	no	no no	
403 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Analysis: Qualitative and quantitative methods u	na r	na li	ist	table 1	no	no	no	yes	no	no no	
404 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Analysis: Methods for understanding variation w	na r	na li	ist	table 1	no	no	no	yes	no	no no	
405 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Ethical considerations: Ethical aspects of implem	na r	na li	ist	table 1	no	no	no	yes	no	no no	
406 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Initial steps of the intervention(s) and their evolu	na r	na li	ist	table 1	no	no	no	no	yes	no no	
407 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Details of the process measures and outcomes				table 1	no	no	no	no	yes	no no	
408 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Contextual elements that interacted with the int				table 1	no	no	no	no	yes	no no	
409 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Observed associations between outcomes, interv				table 1	no	no	no	no	yes	no no	
410 S17	SQUIRE Guidelines for reporting improver Ogrine G	Unintended consequences such as unexpected by				table 1	no	no	no	no	yes	no no	
411 517	SQUIRE Guidelines for reporting improver Ogrine G	Details about missing data.				table 1	no	no	no	no	ves	no no	
412 S17	SQUIRE Guidelines for reporting improver Ogrine G	Summary: Key findings, including relevance to th				table 1	no	no	no	no	no	yes no	
413 517	SQUIRE Guidelines for reporting improver Ogrine G	, , , ,				table 1	no	no	no	no	no	yes no	
413 317 414 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Interpretation: Nature of the association betwee				table 1	no	no	no	no	no	yes no	
414 317 415 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Interpretation: Nature of the association betwee				table 1	no	no	no	no	no	ves no	
												7	
416 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Interpretation: Impact of the project on people a				table 1	no	no	no	no	no	yes no	
417 517	SQUIRE Guidelines for reporting improver Ogrinc G	Interpretation: Reasons for any differences betw				table 1	no	no	no	no	no	yes no	
418 517	SQUIRE Guidelines for reporting improver Ogrinc G	Interpretation: Costs and strategic trade-offs, inc				table 1	no	no	no	no	no	yes no	
419 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Limitations: Limits to the generalisability of the v				table 1	no	no	no	no	no	yes no	
420 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Limitations: Factors that might have limited inter				table 1	no	no	no	no	no	yes no	
421 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Limitations: Efforts made to minimise and adjust	·	·		table 1	no	no	no	no	no	yes no	
422 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Conclusions: Usefulness of the work.				table 1	no	no	no	no	no	yes no	
423 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Conclusions: Sustainability.				table 1	no	no	no	no	no	yes no	
424 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Conclusions: Potential for spread to other contex	na r	na li	ist	table 1	no	no	no	no	no	yes no	
425 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Conclusions: Implications for practice and for fur	na r	na li	ist	table 1	no	no	no	no	no	yes no	
426 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Conclusions: Suggested next steps.	na r	na li	ist	table 1	no	no	no	no	no	yes no	
427 S17	SQUIRE Guidelines for reporting improver Ogrinc G	Funding: Sources of funding that supported this v	na r	na li	ist	table 1	no	no	no	no	no	no yes	
452 S20	Economic evaluations of public health imp Reeves, p	Background and objectives : Provide an explicit s	atæment of the economic evidence of	fiahe index policy or programmi	isttargeted by	Tablem plementatio	nn <b>io</b> tervention	no	yes	no	no	no no	
453 S20	Economic evaluations of public health imp Reeves, p	Background and objectives : Consider the policy	na r	na li	ist	Table 6	no	no	yes	no	no	no no	
454 S20	Economic evaluations of public health imr Reeves, p	Target population and subgroups : Include study p	anticipant characteristics relevant for	riaforming equity consideration	ist or the he	Talibie Matus and 'ga	n'ntov sex, age a	anthonorin-econo	ammic ctatus	yes	no	no no	
455 S20													
455 520	Economic evaluations of public health imr Reeves, p	Study perspective : Where possible adopt a socie		<u> </u>	ist	Table 6	no	no	no		no	no no	
	Economic evaluations of public health im; Reeves, p  Economic evaluations of public health im; Reeves, p	Study perspective : Where possible adopt a socie Choice of health outcomesand measurement ofe	na r	na li	ist	Table 6	no	no	no	yes	no	no no	delling to extrapolate to the fina
456 S20	Economic evaluations of public health imr Reeves, p	Choice of health outcomesand measurement ofe	na r ffeetiveness : Depending on the know	na li maevidence of cost-effectivendi	ist istof the inde	Table 6 《T <b>abliz</b> 》fyprogramme	no e, <b>to</b> nsider me	no aswing interme	no	yes rel <b>æs</b> ant to i	no	no no	delling to extrapolate to the fina
456 S20 457 S20	Economic evaluations of public health imp Reeves, p Economic evaluations of public health imp Reeves, p	Choice of health outcomesand measurement ofe Estimating resource use andcosts : Consider iden	na r ffæxtiveness : Depending on the know tifføing, measuring and valuing resource	na li maevidence of cost-effectivendi mause associated with both deli	ist isstof the index isstopment an	Table 6 «T <b>abliz</b> » programme Tablec 6 tion of impl	no e, <b>to</b> nsider me	no aswing interme	no ediate outcomes	yes rel <b>ges</b> sant to i yes	no m <b>plæ</b> mentati no	no no onnænd use econommic mo no no	delling to extrapolate to the fina
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490 S22 491 S22												
401 (22	Reporting guidelines for implementation r Yousafzai, Aisha K	Implementation research data collection team	Describe the data collection team w na	list	Table 1	no	no	no	yes	no	no no	
491 522	Reporting guidelines for implementation r Yousafzai, Aisha K	Sampling and data management procedures	(1) Describe the sample size, sampli na	list	Table 1	no	no	no	yes	no	no no	
492 S22	Reporting guidelines for implementation r Yousafzai, Aisha K	Plan of analysis for implementation data	Describe the plan of analysis. For qu na	list	Table 1	no	no	no	yes	no	no no	
493 S22	Reporting guidelines for implementation r Yousafzai, Aisha K	Results of the implementation evaluation	Present the results for all variables ana	list	Table 1	no	no	no	no	yes	no no	
494 S22	Reporting guidelines for implementation r Yousafzai, Aisha K	Interpretation of findings of the implementation	Provide interpretation of the finding na	list	Table 1	no	no	no	no	no	yes no	
495 S22	Reporting guidelines for implementation r Yousafzai, Aisha K	Strengths and limitations of the implementation	Describe the strengths and limitatic na	list	Table 1	no	no	no	no	no	yes no	
496 S22	Reporting guidelines for implementation r Yousafzai, Aisha K	Scalability and sustainability of the intervention	a Consider any implications of the fin na	list	Table 1	no	no	no	no	no	yes no	
497 S23	A reporting guide for implementation scie CCDR	Title	Compose a title that includes the pr na	list	table 1	ves	no	no	no	no	no no	
498 S23	A reporting guide for implementation scie CCDR	Abstract	Provide a 200 to 250-word abstract na	list	table 1	no	yes	no	no	no	no no	
499 S23	A reporting guide for implementation scie CCDR	Issue identification	Identify the topic of the study and v na	list	table 1	no	no	ves	no	no	no no	
500 S23	A reporting guide for implementation scie CCDR	What is known to date	Provide a summary of the literature na	list	table 1	no	no	ves	no	no	no no	
501 S23	A reporting guide for implementation scie CCDR	Rationale for study	Identify the rationale for the impler na	list	table 1	no	no	ves	no	no	no no	
502 S23	A reporting guide for implementation scie CCDR	Objective	State the objective of the interventina	list	table 1	no	no	ves	no	no	no no	
503 S23	A reporting guide for implementation scie CCDR	Intervention:Setting/ participants	Describe the setting and population na	list	table 1	no	no	no	yes	no	no no	
504 S23	A reporting guide for implementation scie CCDR	Intervention: Ethics review if indicated	For studies involving human particit na	list	table 1	no	no	no	yes	no	no no	
505 S23	A reporting guide for implementation scie CCDR	Intervention: Intervention	Describe the intervention and how na	list	table 1	no	no	no	yes	no	no no	
506 S23	A reporting guide for implementation scie CCDR	Intervention:Outcome measures	Describe how the intervention was na	list	table 1	no	no	no	yes	no	no no	
507 S23	A reporting guide for implementation scie CCDR	Outcomes: Setting/ participants	Present the findings in enough deta na	list	table 1	no	no	no	no	yes	no no	
508 S23	A reporting guide for implementation scie CCDR	Outcomes: Primary outcomes	Present the primary outcome meas na	list	table 1	no	no	no	no	yes	no no	
509 S23	A reporting guide for implementation scie CCDR	Outcomes: Secondary outcomes	Provide any secondary outcome me na	list	table 1	no	no	no	no	yes	no no	
510 S23	A reporting guide for implementation scie CCDR	Outcomes: Intervention experience	Describe any insights that arose as a na	list	table 1	no	no	no	no	yes	no no	
511 S23	A reporting guide for implementation scie CCDR	Summary of key findings	Summarize and interpret the key fir na	list	table 1	no	no	no	no	no	yes no	
512 S23	A reporting guide for implementation scie CCDR	Comparisons	Compare the results of the interven na	list	table 1	no	no	no	no	no	yes no	
513 S23	A reporting guide for implementation scie CCDR	Strengths and limitations	Identify the strengths and limitatior na	list	table 1	no	no	no	no	no	yes no	
514 S23	A reporting guide for implementation scie CCDR	Implications and next steps	Consider implications, next steps or na	list	table 1	no	no	no	no	no	yes no	
515 S23	A reporting guide for implementation scie CCDR	Conclusion	Ensure the conclusion integrates th na	list	table 1	no	no	no	no	no	yes no	
516 S23	A reporting guide for implementation scie CCDR	Illustrating key findings	When appropriate, include an illustina	list	table 1	no	no	no	no	yes	no no	
517 S24	A guide to scaling up population health in Milat, Andrew J	Assess effectiveness	Determine effectiveness, interventi Assessment of scalability of	tr list	Table 1	no	no	no	yes	no	no no	
518 S24	A guide to scaling up population health in Milat, Andrew J	Assess potential reach and adoption	Determine if the likely reach and ad Assessment of scalability of	tr list	Table 1	no	no	no	yes	no	no no	
519 S24	A guide to scaling up population health in Milat, Andrew J	Assess alignment with the strategic context	Determine whether the interventio Assessment of scalability of	tr list	Table 1	no	no	yes	yes	no	no no	
520 S24	A guide to scaling up population health in Milat, Andrew J	Assess acceptability and feasibility	Judge whether the intervention cou Assessment of scalability of	tr list	Table 1	no	no	yes	yes	no	no no	
521 S24	A guide to scaling up population health in Milat, Andrew J	Document a rationale for scale-up	Draw up a rationale for scaling up fr Development of scaling strat	te list	Table 1	no	no	yes	yes	no	no no	
522 S24	A guide to scaling up population health in Milat, Andrew J	Describe the intervention	Describe 'what' will be scaled up an Development of scaling strat	te list	Table 1	no	yes	yes	yes	no	no no	
523 S24	A guide to scaling up population health in Milat, Andrew J	Complete a situational and stakeholder analysis	Map the social, political and organis Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
524 S24	A guide to scaling up population health in Milat, Andrew J	Determine who could be involved in scale-up an	d Consider who might perform key fu Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
525 S24	A guide to scaling up population health in Milat, Andrew J	Select an approach to scaling up	There are two main approaches to : Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
526 S24	A guide to scaling up population health in Milat, Andrew J	Consider options for evaluation and monitoring	Determine what variables are impo Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
527 S24	A guide to scaling up population health in Milat, Andrew J	Estimate resources required for scale-up	Estimate the human, technical and Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
528 S24	A guide to scaling up population health in Milat, Andrew J	Write up the scaling up plan	The plan should present a clear and Development of scaling strat	te list	Table 1	no	no	no	yes	no	no no	
529 S24	A guide to scaling up population health in Milat, Andrew J	Consult with stakeholders	Assess the appropriateness and acc preparing for scaling up	list	Table 1	no	no	no	yes	no	no no	
530 S24	A guide to scaling up population health in Milat, Andrew J	Legitimise change	Gain the support of decision maker: preparing for scaling up	list	Table 1	no	no	no	yes	no	no no	
531 S24				list	Table 1		no	no				
JJ1 J27	A guide to scaling up population health in Milat, Andrew J	Build a constituency	Mobilise the broader 'community o preparing for scaling up		Table 1	no	110	110	yes	no	no no	
532 S24	A guide to scaling up population health in Milat, Andrew J  A guide to scaling up population health in Milat, Andrew J	Build a constituency  Realign and mobilise resources	Mobilise the broader 'community o preparing for scaling up Mobilise financial resources through preparing for scaling up	list	Table 1	no	no	no	yes	no	no no	
				list								
532 S24	A guide to scaling up population health in Milat, Andrew J	Realign and mobilise resources	Mobilise financial resources through preparing for scaling up	list eį list	Table 1	no	no	no	yes	no	no no	
532 S24 533 S24	A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J	Realign and mobilise resources  Modify and strengthen organisations	Mobilise financial resources througl preparing for scaling up When scaling up interventions, mos Implementation of the strate	list eį list eį list	Table 1 Table 1	no no	no no	no no	yes yes	no no	no no no no	
532 S24 533 S24 534 S24	A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J	Realign and mobilise resources Modify and strengthen organisations Coordinate action and governance	Mobilise financial resources througl preparing for scaling up When scaling up interventions, mos Implementation of the strate Develop and implement concrete a Implementation of the strate	list eį list eį list eį list	Table 1 Table 1 Table 1	no no no	no no no	no no no	yes yes yes	no no no	no no no no no no no	
532 S24 533 S24 534 S24 535 S24	A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J A guide to scaling up population health in Milat, Andrew J	Realign and mobilise resources  Modify and strengthen organisations  Coordinate action and governance  Monitor performance and efficiency	Mobilise financial resources througl preparing for scaling up When scaling up interventions, mos Implementation of the strate Develop and implement concrete a Implementation of the strate Develop systems that have an ongo Implementation of the strate Implement organisational and cultu Implementation of the strate Implementation of th	list eį list eį list eį list	Table 1 Table 1 Table 1 Table 1	no no no no	no no no no	no no no no	yes yes yes yes	no no no no	no no no no no no no no no	
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560 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Primary and other outcome(s) of the implementa We suggest that the prim	•	Table 1 (explanation no		no	no	yes	no	no	
561 S25 562 S25	Standards for Reporting Implementation S Pinnock, Hilary Standards for Reporting Implementation S Pinnock, Hilary	Primary and other outcome(s) of the intervention (Measuggasd) that the prim Process data related to the implementation strat Process evaluation should		Table 1 (explanation no Table 1 (explanation no		no no	no no	yes	no no	no no	
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567 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Fidelity to delivering the core components of interfidetityn (white coesiales		Table 1 (explanation no		no	no	yes	no	no	
568 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Contextual changes (if any) which may have affec There should be a descrip		Table 1 (explanation no		no	no	yes	no	no	
569 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	All important harms or unintended effects in eacl Adverse or unintended co		Table 1 (explanation no		no	no	yes	no	no	
570 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Summary of findings, strengths and limitations, c. The structure of the discu		Table 1 (explanation no		no	no	no	yes	no	
571 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Discussion of policy, practice and/or research im; The authors should reflect									
572 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Discussion of policy, practice and/or research implīdationshoftshahoutervelheid	dro(spledifiealbypilicatriding of strainsaloidess) (orliet herwin	se) of <b>Tale</b> l <b>en1</b> p( <b>lexplantatio</b> nns	trategy, for research	and pr <b>ac</b> tice. 2	The heal <b>th</b> bend	efits ( <b>po</b> othe	rwise) <b>/e</b> f implem	entimpthe interventi	tion.
573 S25	Standards for Reporting Implementation 5 Pinnock, Hilary	Include statement(s) on regulatory approvals (inc Ethical considerations, re	gulatory a <sub>l</sub> na list	Table 1 (explanation no	o no	no	no	no	no	yes	
574 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Define the Innovation and the Objectives and Scc Think about the multisect	tor, global, Development of scaling strate Text	Page 12 and table 1 no	o no	no	no	no	no	no	
575 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Create a Framework Develop a logic model	Development of scaling strate Text	Page 15 and table : no	o no	no	yes	no	no	no	
576 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Identify Necessary Resources to Implement the N dentify and gather the ne	ecessary M preparing for scaling up Text	Page 19 and table : no	o no	no	yes	no	no	no	
577 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Select Key Indicators Select indicators and crea	ate operati Development of scaling strate Text	Page 21 and table : no	o no	no	yes	no	no	no	
578 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Establish Data Sources and Reporting Systems Determine the data source		Page 25 and table : no		no	yes	no	no	no	
579 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Develop a Data Use and Dissemination Plan Decide how and to which	n audience: Development of scaling strate Text	Page 30 and table : no	o no	no	yes	no	no	no	
580 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit		nter in data Implementation of the strate; Text	Page 31 and table : no		no	yes	no	no	no	
581 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Analyze Data and Determine if Scale-up Is Progre: Conduct data analysis	Implementation of the strate Text	Page 31 and table 1 no		no	yes	no	no	no	
582 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Make Program Adjustments Based on Findings ar Feed the information bac		Page 32 and table : no		no	no	no	no	no	
583 S26	Guide for Monitoring Scale-up of Health P Adamou, Bridgit	Continue the Monitoring and Evaluation Process Make continuous adjustn		Page 33 and table : no		no	ves	no	no	no	
584 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Policies and planning : Are the interventions and Systematic feedback to p		figure 2 no		yes	no	no	no	no	
585 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Provision : Are adequate services being provided: Systematic feedback to p		figure 2		no	yes	no	no	no	
586 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Utilization : Are these services being provided systematic feedback to p		figure 2		yes	yes	no	no	no	
587 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Effective cove rage: Have adequate levels of effective coverage and the systematic reedback to p		figure 2 no		no	yes	ves	no	no	
588 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Impact : Is there an impact on health and nutritic Systematic feedback to p		figure 2 no		no	yes	yes	no	no	
589 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer	Cost-effectiveness: Is the program good value fo na	Evaluation and monitoring list	figure 2						no	
589 S27 590 S27	Evaluating the scale-up for maternal and c Bryce, Jennifer  Evaluating the scale-up for maternal and c Bryce, Jennifer	Learning & capacity building : Do key stakeholder na	preparing for scaling up list	figure 2 no		no no	yes	yes	yes	no	
	, , , , , , , , , , , , , , , , , , , ,	Step 1: Assess thesituation, determinepriorities based on	, , , , , , , , , , , , , , , , , , , ,			no		no	yes	no	
591 S28 592 S28	Every Newborn: health-systems bottlenec Dickson, Kim E Every Newborn: health-systems bottlenec Dickson, Kim E	Step 1: Assess thesituation, determinepriorities based on Step 2: Seizeopportunities within the constraints on a	Development of scaling strate list  Development of scaling strate list	Figure 2 page 451 no Figure 2 page 451 no		no	yes	no no	no no	no no	
				- 10			yes				
593 S28	Every Newborn: health-systems bottlenec Dickson, Kim E	Step 3:Systematicallyscale up care na	Implementation of the strate list	Figure 2 page 451 no		no	yes	no	no	no	
594 S28 595 S29	Every Newborn: health-systems bottlenec Dickson, Kim E Scaling science McLean, Robert	Step 4: Monitorcoverage, measureeffect and cost na	Evaluation and monitoring list	Figure 2 page 451 no		no	yes	no	no no	no	
		guiding principles for scaling impact: Justification Justification encourages t				yes	yes	no		no	
596 S29	Scaling science McLean, Robert	guiding principles for scaling impact: Optimal Sca Scaling will nearly always						no	no	no	
597 S29	Scaling science McLean, Robert	guiding principles for scaling impact: Coordinatio Scaling impact for the pul	0 1 1 01 01		0 0 0 0			no	no	no	
598 S29	Scaling science McLean, Robert	guiding principles for scaling impact: Dynamic Eva Dynamic Evaluation enco				no	yes	no	no	no	
599 S29	Scaling science McLean, Robert	framing: Focus and questions: Based on the resea na	Development of scaling strate list	illustration 6 part 3 no		yes	yes	no	no	no	
600 S29	Scaling science McLean, Robert	framing: Focus and questions: Which users and b na	Development of scaling strate list	illustration 6 part 3 no		yes	yes	no	no	no	
601 S29	Scaling science McLean, Robert	framing: Focus and questions: Who/what are the na	Development of scaling strate list	illustration 6 part 3 no	. ,	yes	yes	no	no	no	
602 S29	Scaling science McLean, Robert	doing: Data collection, analysis/synthesis, and int na	Development of scaling strate list	illustration 6 part 3 no		no	yes	no	yes	no	
603 S29	Scaling science McLean, Robert	doing: Data collection, analysis/synthesis, and int na	Implementation of the strate list	illustration 6 part 3 no		no	yes	no	no	no	
604 S29	Scaling science McLean, Robert	doing: Data collection, analysis/synthesis, and int na	Implementation of the strate list	illustration 6 part 3 no		no	yes	no	no	no	
605 S29	Scaling science McLean, Robert	sharing: Communicating research results: What s na	Development of scaling strate list	illustration 6 part 3 no	o no	no	yes	no	no	no	
606 S29	Scaling science McLean, Robert	sharing: Communicating research results: Are the na	Implementation of the strate; list	illustration 6 part 3 no	o no	no	no	no	yes	no	
607 S30	Pathways for scaling up public health inte Indig, Devon	development : Was the program developed from na	Development of scaling strate list	figure 2 no	o no	no	no	no	no	no	
608 S30	Pathways for scaling up public health inte Indig, Devon	efficacy testing : was a pilot test of the program c na	Assessment of scalability of thist	figure 2 no	o no	yes	yes	no	no	no	
609 S30	Pathways for scaling up public health inte Indig, Devon	real world trial : was a larger scale trial conducted na	Implementation of the strate; list	figure 2 no	o no	yes	yes	no	no	no	
610 S30	Pathways for scaling up public health inte Indig, Devon	Dissemination: was there large scale disseminatina	Implementation of the strate; list	figure 2 no	o no	no	yes	no	yes	no	
611 S30	Pathways for scaling up public health inte Indig, Devon	Dissemination: Was the program integrated into na	Implementation of the strate; list	figure 2 no		no	yes	no	no	no	
612 S30	Pathways for scaling up public health inte Indig, Devon	Dissemination: Was the program replicated, ada na	Implementation of the strate; list	figure 2 no	o no	no	yes	no	yes	no	
613 S31	Beginning with the end in mind: planning Simmons, Ruth	Engage in a participatory process involving keysta Is input about the project		page 3 no	-	yes	yes	no	no	no	
614 S31	Beginning with the end in mind: planning Simmons, Ruth	Ensure the relevance of the proposed innovation Does the innovation addr		page 3 no	o no	yes	no	no	no	no	
615 531	Beginning with the end in mind: planning Simmons, Ruth	Reach consensus on expectations for scale-up    Is the project being desig		page4 no		yes	yes	no	no	no	
616 S31	Beginning with the end in mind: planning Simmons, Ruth	Tailor the innovation to the sociocultural and inst Has the project identified		page 5 no		ves	ves	no	no	no	
617 S31	Beginning with the end in mind: planning Simmons, Ruth		ventions be@rekelstoms.eintholiesealing strate Text	page 5 no		no	yes	no	no	no	
618 S31	Beginning with the end in mind: planning Simmons, Ruth	Test the innovation in the variety of sociocultural Is the innovation being te		page 6 no		no	no	no	no	no	
619 S31	Beginning with the end in mind: planning Simmons, Ruth	Test the innovation in the variety of sociocultural is the innovation being te					yes	no	no	no	
620 S31	Beginning with the end in mind: planning Simmons, Ruth  Beginning with the end in mind: planning Simmons, Ruth	Develop plans to assess and document the proce Are appropriate steps bei				no no		no	no	no	
620 S31 621 S31	Beginning with the end in mind: planning Simmons, Ruth  Beginning with the end in mind: planning Simmons, Ruth	Advocate with donors and other sources of fundii Is there provision for earl		10-			yes		no no		
				page 8 no		no	yes	no		no	
	Beginning with the end in mind: planning Simmons, Ruth	Prepare to advocate for necessary changes in pol Are there plans to advoca		page 8 no		no	yes	no	no	no	
622 S31		Develop plans for how to promote learning and d Does the project design in	nciuae meanementsmenevoescellogressatentiektoorpo	orate <b>page</b> l <b>e</b> arning into th <b>e</b> d			yes	no	no	no	
622 S31 623 S31	Beginning with the end in mind: planning Simmons, Ruth		andian and Davidson and of andian start T.	0							
622 S31 623 S31 624 S31	Beginning with the end in mind: planning Simmons, Ruth	Plan on being cautious about initiating scale-up b Is there a shared understa		page 9 no		no	no	no	no	no	
622 S31 623 S31 624 S31 625 S32	Beginning with the end in mind: planning Simmons, Ruth The MAPS toolkit: mHealth assessment ar WHO	Plan on being cautious about initiating scale-up b Is there a shared underst. Groundwork: Parameters of scale: Growth (client Increase in number of use	ers or clien Development of scaling strate LIST	p3, figure3, p11 no	o no	no	yes	yes	no	no	
622 S31 623 S31 624 S31	Beginning with the end in mind: planning Simmons, Ruth	Plan on being cautious about initiating scale-up b Is there a shared understa	ers or clien Development of scaling strate LIST stitutions tl Development of scaling strate LIST	10	o no						

628 S32	The MAPS toolkit: mHealth assessment ar WHO	Groundwork: Contexual environment	Conducting a thorough assessment	Assessment of scalability of the	l LIST	p3, figure3, p11	no no	yes yes	yes	no	no	no
629 S32	The MAPS toolkit: mHealth assessment ar WHO	Groundwork: Scientific basis	Evidence that your project team ha		.€ LIST	p3, figure3, p12	no no	yes yes	yes	no	no	no
630 S32	The MAPS toolkit: mHealth assessment ar WHO	Parnerships: Strategic engagement: Identificati	or that have the diversity of expertise	preparing for scaling up	LIST	p3, figure3, p25	no no	no no	yes	no	no	no
631 S32	The MAPS toolkit: mHealth assessment ar WHO	Parnerships: Strategic engagement: Fostering b	our Assessing each potential partner's r	preparing for scaling up	LIST	p3, figure3, p25	no no	no no	yes	no	no	no
632 S32	The MAPS toolkit: mHealth assessment ar WHO	Parnerships: Partnership sustainability:cultivati	ing na	preparing for scaling up	LIST	p3, figure3, p26	no no	no no	yes	no	no	no
633 S32	The MAPS toolkit: mHealth assessment ar WHO	Parnerships: Partnership sustainability:establish	hn na	preparing for scaling up	LIST		no no	no no	ves	no	yes	no
634 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Progra			LIST	p3, figure3, p37	no no	no no	no	no	no	no
635 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: End-us				p3, figure3, p37	no ve	s no	yes	ves	no	no
636 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Health		Implementation of the strate		p3, figure3, p37	no ye		yes	yes	no	no
637 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Foreca			•	p3, figure3, p37	no no			-	no	no
638 S32									yes	yes		
	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Value chain a				p3, figure3, p38	no no		yes	no	no	no
639 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Business plan		Implementation of the strate		p3, figure3, p38	no no		yes	no	no	no
640 S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Sustainability					no no		no	no	yes	no
641 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data access	s a na	Implementation of the strate	4 LIST	p48	no no	no no	yes	no	no	no
642 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data transn	mi: na	Implementation of the strate	. LIST	p48	no no	no no	yes	no	no	no
643 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data securi	ity na	Implementation of the strate	≇ LIST	p48	no no	no no	yes	no	no	no
644 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Interoperability:	Sy na	Implementation of the strate	إ LIST	p48	no no	no no	yes	no	no	no
645 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Interoperability: I	Da na	Implementation of the strate	21 LIST	p48	no no	no no	yes	no	no	no
646 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Ada		Implementation of the strate	•	p50	no no	yes yes	yes	no	no	no
647 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Ada		Implementation of the strate		p50	no no		yes	no	no	no
648 S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Tran				p50	no no	,	yes	no	no	no
		0, , ,			•	•		,				
649 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Personnel: Workforce developmen		Implementation of the strate		p62	no no		yes	no	no	no
650 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Personnel:Leadership		Implementation of the strate	•	p62	no no		yes	no	no	no
651 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: User training		Implementation of the strate		p62	no no		yes	no	no	no
652 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: Supervision		Implementation of the strate	•	p62	no no		yes	no	no	no
653 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: User and techn		Implementation of the strate		p62	no no	no no	yes	no	no	no
654 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Outreach & sensitization: Stakehol	ide na	Implementation of the strate	a LIST	p62	no no	no no	yes	no	no	no
655 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Outreach & sensitization: Commun	nit na	Implementation of the strate	a LIST	p62	no no	no no	yes	no	no	no
656 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Contingency planning: Technical co	on: na	Implementation of the strate	e LIST	p62	no no	no no	yes	no	no	no
657 S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Contingency planning: Retention of		Implementation of the strate	•	p62	no no		yes	no	no	no
658 S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Process monitoring				p76	no no		yes	yes	no	no
659 S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Process monitoring				p76	no no		yes	ves	no	no
660 S32	The MAPS toolkit: mHealth assessment at WHO	Monitoring and evaluation: Process monitoring  Monitoring and evaluation: Evaluation research				P ·				,		no
						p76		-	yes	yes	no	
661 S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Evaluation research				p76	no no		yes	no	no	no
662 S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Evaluation research				p76	no no		yes	no	yes	no
663 S33	Ten dimensions of scaling up reproductive US Aggency for Int					box page 1	no no	,	yes	no	no	no
664 S33	Ten dimensions of scaling up reproductiv∈ US Aggency for Int					box page 1	no no		yes	no	no	no
665 S33	Ten dimensions of scaling up reproductive US Aggency for Int	er A question of strategy: What strategies most ef	ffe How does scaling up occur? Replica	Development of scaling strate	.∈ list	box page 1	no no	no no	no	no	no	no
666 S33	Ten dimensions of scaling up reproductive US Aggency for Int	er A question of impact: How should the desired i	m  The impact of a scaled-up program:	Development of scaling strate	e list	box page 1	no no	no no	yes	no	no	no
667 S33	Ten dimensions of scaling up reproductive US Aggency for Int	er A question of sustainability: How do we mainta	in What does sustainability mean in re	Development of scaling strat	.∈ list	box page 1	no no	no no	no	no	no	no
668 S33	Ten dimensions of scaling up reproductiv∈ US Aggency for Int	er A question of access: What kind of coverage is	en Breadth; Depth	Development of scaling strate	.∈ list	box page 1	no no	no no	yes	no	no	no
669 S33	Ten dimensions of scaling up reproductive US Aggency for Int					box page 1	no ye		yes	no	no	no
670 S33	Ten dimensions of scaling up reproductive US Aggency for Int					box page 1	no no	no no	yes	no	no	no
671 S33	Ten dimensions of scaling up reproductive US Aggency for Int					box page 1	no no	no no	yes	no	no	no
672 S33	Ten dimensions of scaling up reproductive US Aggency for Int					box page 1	no no			no	no	no
672 S34	Scaling up health service delivery: from pi Simmons, Ruth	Innovation	health interventions and/or other p			Figure 1.1 (Scaling		, , , , ,	yes	ves	ves	no
								, , , , ,	yes	,	,	
674 S34	Scaling up health service delivery: from pi Simmons, Ruth	User organization	the institution(s) or organization(s)			Figure 1.1 (Scaling			yes	no	yes	no
675 S34	Scaling up health service delivery: from pi Simmons, Ruth	Environment	conditions and institutions which ar			Figure 1.1 (Scaling			yes	no	no	no
676 S34	Scaling up health service delivery: from pi Simmons, Ruth	Resource team	individuals and organizations that so			Figure 1.1 (Scaling			yes	no	no	no
677 S34	Scaling up health service delivery: from pi Simmons, Ruth	Scaling-up strategy	plans and actions necessary to fully			Figure 1.1 (Scaling		s no	yes	no	no	no
678 S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : vertical scaling up	institutionalization through policy, p	Development of scaling strate	egy	(Practical guidance	e no ye	s no	yes	no	no	no
679 S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : horizontal scaling up (ex	xp: different geographic sites or can be	Development of scaling strate	egy	(Practical guidance	e no ye	s no	yes	no	no	no
680 S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : diversification	Diversification, also called functional	Development of scaling strat	egy	(Practical guidance	e no ye	s no	yes	no	no	no
681 S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : spontaneous scaling up	refers to diffusion of the innovation	Development of scaling strat	.egy	(Practical guidance	e no no	no no	yes	no	no	no
682 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: dissemination and advocacy:		Development of scaling strate		(Practical guidance			yes	no	no	no
683 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: dissemination and advocacy:in		Development of scaling strate		(Practical guidance			yes	no	yes	no
684 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: so		Development of scaling strate		(Practical guidance			yes	no	no	no
685 S34	, , ,		•		0,							
	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: pa		Development of scaling strate		(Practical guidance			yes	no	no	no
686 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: nu		Development of scaling strate		(Practical guidance			no	no	no	no
687 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: ce		Development of scaling strate		(Practical guidance			yes	no	no	no
688 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: ad	•	Development of scaling strate		(Practical guidance		no no	yes	no	no	no
689 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: pa	arti na	Development of scaling strate	egy	(Practical guidance	e no no	no no	yes	no	no	no
690 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization	on: na	preparing for scaling up		(Practical guidance		no no	yes	no	no	no
691 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization		preparing for scaling up		(Practical guidance		no no	yes	no	no	no
692 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization		preparing for scaling up		(Practical guidance		o no	yes	no	no	no
693 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: inc								yes	no	no
694 S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: inc	•	- 01	0 0	(Practical guidance			yes	yes	no	no
						,				•		
605 524	Scaling up health considered livery: from ni Simmons Buth	Stratogic choice: monitoring and qualication; in-	die Evamples: number of noonle with an	Each extinuation considerates	time has increase	(Diactical quidance		nc nc				
695 S34 696 S34	Scaling up health service delivery: from pi Simmons, Ruth Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: in Strategic choice: monitoring and evaluation: se		Evaluationadity services inger t Evaluation and monitoring		s@dactical guidance (Practical guidance			yes yes	yes	no no	no no

697 534 Scaling up health service delivery: from pi Simmons, Ruth 698 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up health service delivery: from pi Simmons, Ruth 699 534 Scaling up LiST 690 690 690 690 690 690 690 690 690 690	NO
699 S34 Scaling up health service delivery: from pi Simmons, Ruth Strategic choice: monitoring and evaluation: envi na Evaluation and monitoring (Practical guidance no no no yes no 700 S35 An approach to rapid scale up Using HIV/V WHO Establish the country's leadership and coordinatinga preparing for scaling up LIST Box 6 no no no no yes no 701 S35 An approach to rapid scale up Using HIV/V WHO Understand the full scale intended na Development of scaling strate LIST Box 6 no no no no yes no 702 S35 An approach to rapid scale up Using HIV/V WHO Understand the full scale intended na Development of scaling strate LIST Box 6 no no no no yes no 703 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no no yes no 705 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no yes no 705 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no yes no 706 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no no yes no 707 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no no no 707 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no no no 708 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no yes no 708 S35 An approach to rapid scale up Using HIV/V WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no no yes no 708 S35 An approach to rapid scale up Using HIV/V WHO Organize	no n
An approach to rapid scale up Using HIV/ WHO Establish the country's leadership and coordinatinga preparing for scaling up LIST Box 6 no no no yes no preparing for scaling up LIST Box 6 no no no yes no preparing for scaling up LIST Box 6 no no no no yes no Display to the properties of scaling up LIST Box 6 no no no no yes no Display to the properties of scaling up LIST Box 6 no no no no yes no Display to the properties of scaling up LIST Box 6 no no no no yes no Display to the properties of scaling up LIST Box 6 no no no no no yes no Display to the properties of scaling up LIST Box 6 no	no ni
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708 S35 An approach to rapid scale up Using HIV// WHO Organize the first phase in the multiplicative app na Implementation of the strate LIST Box 6 no no no yes no	
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710 S35 An approach to rapid scale up Using HIV// WHO Organize the second phase in the multiplicative a na Implementation of the strate; LIST Box 6 no no no yes no	no ne
711 S35 An approach to rapid scale up Using HIV// WHO Organize the second phase in the multiplicative a na Implementation of the strateg LIST Box 6 no no no ves no	no ne
711 535 An approach to rapid scale up Using HIV/ WHO Organize the second phase in the multiplicative a na Implementation of the stretag LIST Box 6 no no no no no no	no no
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715 S35 An approach to rapid scale up Using HIV// WHO List and understand the different factors involvec na Evaluation and monitoring LIST Box 6 no no no yes no	no ne
716 S35 An approach to rapid scale up Using HIV// WHO Be aware of the factors that constrain scale-up na Evaluation and monitoring LIST Box 6 no no no yes no	no n
717 S36 Scaling Up Global Health Interventions: A Yamey, Gavin Attributes of the Tool or Service Being Scaled Up Simplicity; Scientifically robust tech Development of scaling strate LIST Page 2 no no no no no no	no ne
718 S36 Scaling Up Global Health Interventions: A Yamey, Gavin Attributes of the Implementers: Strong leadership and governance; Development of scaling strate LIST Page 2 no no no yes no	no n
719 S36 Scaling Up Global Health Interventions: A Yamey, Gavin The Chosen Delivery Strategy: Applying diffusion and social netwo Development of scaling strate LIST Page 2 no no no yes no	no n
720 S36 Scaling Up Global Health Interventions: A Yamey, Gavin Attributes of the "Adopting" Community An engaged, "activated" communit Development of scaling strate LIST Page 2 no no no no no no	no no
721 S36 Scaling Up Global Health Interventions: A Yamey, Gavin Socio-Political Context Political will and national policies; ( Development of scaling strate LIST Page 2 no no no yes no	no n
722 S36 Scaling Up Global Health Interventions: A Yamey, Gavin Research Context Incorporating research into implem Development of scaling strate LIST Page 2 no no no yes no	no no
723 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Develop a Scaling Up Plan: Create a Vision: the I What Is Being Scaled Up? Development of scaling strate LIST page1 no no no yes no	no no
724 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Develop a Scaling Up Plan: Create a Vision: the 1 How Will Scaling Up Be Accomplish Development of scaling strate LIST page1 no no yes no	no no
725 S37 Scaling Up—From Vision to Large-Scale CP Larry, Cooley Develop a Scaling Up Plan: Create a Vision: Orga Who Performs the Key Functions? Development of scaling strate LIST page1 no no no yes no	no ne
726 S37 Scaling Up—From Vision to Large-Scale CP Larry, Cooley Develop a Scaling Up Plan : Create a Vision: Dimc Where and For Whom Does Scaling Development of scaling strate LIST page1 no no no yes no	no no
727 S37 Scaling Up—From Vision to Large-Scale CP Larry, Cooley Develop a Scaling Up Plan : Assess Scalability: det na Development of scaling strate LIST page1 no no no yes no	no no
728 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Develop a Scaling Up Plan : Assess Scalability:Ana na Development of scaling strate LIST page1 no no no yes no	no no
729 S37 Scaling Up - From Vision to Large-Scale Ct Larry, Cooley Develop a Scaling Up Plan : Fill Information Gaps Documentation of the model, Analy Development of scaling strate LIST page1 no no yes yes no	no ne
730 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Develop a Scaling Up Plan : Prepare a Scaling Up na Development of scaling strate LIST page1 no no no yes no	no ne
731 537 Scaling Up-From Vision to Large-Scale Ct Larry, Cooley Establish the Pre-Conditions for Scaling Up: Legit na preparing for scaling up LIST page1 no no yes yes no	no no
732 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Establish the Pre-Conditions for Scaling Up. Est	no no
232 Saching Operation Vision to Large-Scale Cut arry, Cooley Establish the Pre-Conditions for Scaling Up: Realign a preparing for scaling up LIST page1 no no yes yes no	no ne
735 357 Scaling Op—From Vision to Large-Scale QL carry, Cooley Establish the Pre-Confluence in Scaling Op Read in Dispersion of the Strategic IST page 1 no no no ves no 3734 S37 Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process William 1 Implement the Scaling Up Process In Implementation of the Strategic IST page 1 no no no ves no 3734 S37 Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process In Implementation of the Strategic IST page 1 no no no ves no 3734 S37 Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process IN Implementation of the Strategic IST page 1 no no no ves no 3734 S37 Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process IN Implement the Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process IN Implement the Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process IN Implement the Scaling Up—From Vision to Large-Scale QL carry, Cooley Implement the Scaling Up Process IN Implement IN Implement the Scaling Up Process IN Implement IN Impl	no ne
736 S37 Scaling Up—From Vision to Large-Scale Ct Larry, Cooley Implement the Scaling Up Process : Adapt Strateç na Implementation of the strateç LIST page1 no no no yes no	no no
737 S38 A model for scale up of family health inno Elizabeth H, Bradley; Assess: Understand user group receptivity and er na Assessment of scalability of the list Figure 3: Schematic no no yes no	no ne
738 S38 A model for scale up of family health inno Elizabeth H, Bradley; Innovate: Design and package innovation to fit w na Development of scaling strate list Figure 3: Schematic no no yes no	no n
739 S38 A model for scale up of family health inno Elizabeth H, Bradley; Develop: Build support and address resistance in na preparing for scaling up list Figure 3: Schematic no no yes no	no ne
740 S38 A model for scale up of family health inno Elizabeth H. Bradley: Engage; introduce, translate, and integrate the in na Implementation of the strate; list Figure 3; Schematic no no no ves no	no n
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741 S38 A model for scale up of family health inno Elizabeth H, Bradley, Devolve: User group release and spread the inno na Implementation of the strate list Figure 3: Schematic no no no yes no	no ne
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