Mixed Methods Reporting in Rehabilitation & Health Sciences (MMR-RHS)

Instructions: The following checklist outlines essential information for mixed methods reporting. **1) Indicate "Y" if the standard is *fully met* or "N" and additional comments if lacking**. **2) Document page number where element is located**.

For more specific guidance, refer to the following linked checklists and individual journal requirements: Clinical Trials (CONSORT), Diagnostic Studies (STARD), Measurement Evaluation (COSMIN); Observational studies (STROBE); Intervention (TIDieR); Quality Improvement (SQUIRE); Qualitative (SRQR).

Title	Y/N; Comments
Concisely describes the topic of the study identifying the study as mixed methods	Pg. 1
Abstract	**Y/N; Comments**
Summarizes key elements using *journal specific* abstract format; For example: Introduction, Methods, Results, Discussion, and Significance/potential impact to rehabilitation and/or societal health	Pg. 2
	Y/N; Page # Comments
Introduction	
Includes literature review on the topic of interest (quantitative, qualitative, and mixed)	Pg.3-6
Identifies gap that justifies the need for mixed methods approach	Pg.6
Clearly states overarching goal of the study that supports a mixed methods approach	Pg. 6
States the rationale for using mixed methods research	Pg. 6
Clearly identifies discrete aim(s) for qualitative and quantitative components Aims align with corresponding component methods	Pg.6
Provides statement of significance and potential impact	Pg.6
Methods	
Design – *Clearly describes the mixed methods design* (exploratory sequential, explanatory sequential, concurrent, etc.) used to accomplish the overarching goal of the project: • *Emphasis noted* (i.e., Sequential QUAL--> quan or QUAN--> qual; Concurrent QUAL + QUAN) • *Visual display of overall design highlighting integration* (e.g., model, flow chart, figure)	Pgs. 7-12; Figure 1

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Methods (continued…)	**Y/N; Page # Comments**
Describes and supports the qualitative and quantitative methodologies (phenomenology, randomized control trial) used to accomplish the discrete aim(s) of the project	Pgs. 7-12
States researcher(s) background and contributions to project (e.g. content or methods expertise, relationships to participants)	Supplemental file
Identifies setting (e.g. hospital system, geographical location)	P. 6-7
Subjects/Participants - Clearly describes and supports the following: • Sampling and recruitment • Inclusion/Exclusion criteria • Ethical considerations (consent process, researcher relationship with participants)	Pgs. 7-12
Data collection - Clearly describes and supports the following: • Pilot study (if applicable) • Instrumentation (validity, reliability) • Implementation matrix (e.g. data source, timeline, type, anticipated outcomes)	Pgs. 7-12
Data analysis - Clearly states and describes analysis procedures for: • Qualitative • Quantitative • *Mixed Methods (integration)*	Pgs. 7-12
Methodological Rigor – Clearly describes steps taken to establish rigor: • Qualitative (e.g. credibility, dependability, confirmability, transferability) • Quantitative (e.g. validity, reliability, generalizability) • *Mixed Methods* (validity or legitimacy)	Pgs. 7-12
Results/Findings	
Clearly presents findings for study components: • Qualitative (includes data exemplars) • Quantitative • *Mixed Methods-Provides integrated findings/overall study results* (e.g., joint display)	Pgs 12-15
Discussion	
• *Incorporates discussion on implications of integrated findings*	Pgs. 15-18
• Provides synthesis and interpretation of findings in the context of existing literature and theoretical/conceptual framework	Pgs. 15-18
• Includes subsection of limitations	P. 18