**Appendix B. JHU EPC Framework Evaluation Form**

JHU EPC Framework Evaluation Form

**1.** EPC Name

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**2.** Date Form Completed - Month (mm) |\_\_|\_\_|

**3.** Date Form Completed - Day (dd**)** |\_\_|\_\_|

**4**. Date Form Completed - Year (yyyy) |\_\_|\_\_|\_\_|\_\_|

**5.** During what stage was the evidence gap framework sheet completed?

**(Select only one)**

* Systematic Review
* Future Research Needs Document
* Other

**6.** EPC Project Name

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**7.** Who completed the evidence gap framework sheet?

**(Select all that apply)**

# Principal Investigator

* Other Investigator
* Research Staff Member
* Other (list below)

**8.** Has your center previously identified gaps from systematic reviews?

* No (go to Q14)
* Yes (describe below)

**9. Previous Gap Identification - Describe**

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**10.** Are there **advantages** to using this framework versus how you identified gaps previously?

* No (go to Q14)
* Yes (describe below)

**11. Advantages of Framework Sheet - Describe**

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**12.** Are there **disadvantages** to using this framework versus how you identified gaps previously?

* No (go to Q14)
* Yes (describe below)

**13. Disadvantages of Framework Sheet - Describe**

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**14.** Were there any problems or issues in using the evidence gap framework sheet?

* No (go to Q16)
* Yes (describe below)

**15. Problems Using Framework Sheet - Describe**

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**16.** Do you have any suggestions to improve the efficiency and/or usefulness of the evidence gap framework sheet?

* No (go to Q18)
* Yes (describe below)

**17. Framework Sheet Suggestions - Describe**

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**18.** Do you have any suggestions to improve the instructions for the framework sheet?

* No (go to Q18
* Yes (describe below)

**19. Instructions Suggestions – Describe**

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**20. General Comments**

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**21.** **Contact Name** (of person completing this evaluation form)

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**22.** **Contact E-mail**

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**23.** **Contact Phone Number**

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**Submit by June 7, 2012:**

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