

Survey Creator(s): _____

Reviewer: _____

Google Forms Survey Creation – Peer Feedback Sheet

A separate, introduction page is included.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The introduction clearly informs participants of the intentions of the survey.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide suggestions to improve the clarity.		
The introduction page requires participants to give consent before continuing on.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The survey contains an appropriate number of questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why you feel there is an inappropriate number of questions.		
A variety of question types have been used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain what types of questions are lacking, or have been used too frequently.		
The survey contains each type of question:		
Dicotomous	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple Choice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rating Scale	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completion (Open Response / Fill in the Blank)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At least one question will gather categorical data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At least one question will gather continuous data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At least one question will gather discrete data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple choice questions include answers such as “Do not know”, “Not applicable” or “Other”	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
		<input type="checkbox"/> Always
If Never or Sometimes, please identify questions that have issues.		
Rating scale questions are clear and offer an appropriate range of ratings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please give specific examples / suggestions for improvement.		
The survey makes it easy for participants to complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please give advice to make completion easier.		

The questions do not lead the respondent to a particular answer or contain words that bring to mind negative things.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please give examples of problem questions.				
Questions have been posed in a neutral fashion to avoid bias that favours certain cultures or ways of life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please give examples of biased questions.				
Questions with a natural response order use that order.	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	
If Never or Sometimes, please give examples of questions that violate this rule.				
Overall rating of spelling and grammar:	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Please identify any spelling or grammar issues in the survey.				
Overall rating of looks / presentation:	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Please provide advice on how to improve the overall looks / presentation of the survey.				

Please provide any additional advice to help improve this survey.
Include possible questions that could be added to improve data collection.