# Table 10: PRESS Guideline — Search Submission and Peer Review Assessment

**Search Submission: This section is to be filled in by the searcher**

|  |  |
| --- | --- |
| **Searcher:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Date submitted:** Click or tap here to enter text. | **Date requested by:** Click or tap here to enter text. |

**Search Topic or Title:**

*Click or tap here to enter text.*

**This search strategy is:**

My PRIMARY (core) database strategy:

[ ]  This is my first submission [ ]  This is submitted after feedback

**This search strategy is:**

My SECONDARY (supplemental) database strategy:

[ ]  This is my first submission [ ]  This is submitted after feedback

**Database(s)**

(e.g., MEDLINE, CINAHL, Embase): **[mandatory]**

*Click or tap here to enter text.*

**Database Platform(s)**

(e.g., Ovid, EBSCO): **[mandatory]**

*Click or tap here to enter text.*

\*If your chosen database or platform provides a link to the search history, please provide it here:

**Research Question(s)**

(Describe the purpose of the search) **[mandatory]**

*Click or tap here to enter text.*

**PICO(S) or Related Format**

(Outline the PICOs, SPIDER, PEPSI, etc. for your question — i.e., **P**atient, **I**ntervention, **C**omparison, **O**utcome, and **S**tudy Design — as applicable)

|  |  |
| --- | --- |
| **P** | Click or tap here to enter text. |
| **I** | Click or tap here to enter text. |
| **C** | Click or tap here to enter text. |
| **O** | Click or tap here to enter text. |
| **S** | Click or tap here to enter text. |

**Inclusion Criteria**

(List criteria such as age groups, study designs, and so on to be included) [optional]

*Click or tap here to enter text.*

**Exclusion Criteria**

(List criteria such as study designs, date limits, and so on to be excluded) [optional]

*Click or tap here to enter text.*

**Were Search Filters Applied? [mandatory]**

 [ ]  Yes [ ]  No

If YES, which were used (e.g., Cochrane RCT filter, CADTH’s Guidelines filter, PubMed Clinical Queries filter)? Provide the source if this is a published filter. **[mandatory if the answer was YES]**

*Click or tap here to enter text.*

Other notes or comments you feel would be useful for the peer reviewer (e.g., decision on date or language limits, articles used in pulling search terms)? **[optional]**

*Click or tap here to enter text.*

Copy and paste your search strategy here, exactly as run, including the number of hits per line. **[mandatory]**

*Click or tap here to enter text.*

**Peer Review Assessment: This section is to be filled in by the reviewer**

|  |  |
| --- | --- |
| **Reviewer:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Date completed:** Click or tap here to enter text. |

**1. Translation of Research Question(s)**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**2. Boolean and Proximity Operators**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**3. Subject Headings**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**4. Text Word Searching**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**5. Spelling, Syntax, and Line Numbers**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**6. Limits and Filters**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

If “B” or “C,” please provide an explanation or example:

*Click or tap here to enter text.*

**Overall Evaluation (Note: If 1 or more of the previous elements were “revision required,” this response must be “revisions required.”).**

[ ]  A) No revisions

[ ]  B) Revision(s) suggested

[ ]  C) Revision(s) required

**Additional Comments (including sources of additional search terms, such as the use of text mining software or resources such as ChemID):**

*Click or tap here to enter text.*

### Please select the most appropriate answer for each element.

|  |  |  |  |
| --- | --- | --- | --- |
| **Element** | **No revisions** | **Revision(s) suggested** | **Revision(s) required** |
| 1. Translation of research question |[ ] [ ] [ ]
| 2. Boolean and proximity operators |[ ] [ ] [ ]
| 3. Subject headings |[ ] [ ] [ ]
| 4. Text word searching |[ ] [ ] [ ]
| 5. Spelling, syntax, and line numbers |[ ] [ ] [ ]
| 6. Limits and filters |[ ] [ ] [ ]
| **Overall evaluation** |[ ] [ ] [ ]

**If revisions are suggested or required, please provide an explanation or example:**

*Click or tap here to enter text.*