This worksheet is for planning purposes only. Please refer to instructions on the Evidence Exchange to submit a CAP.

CRITICALLY APPRAISED PAPER (CAP) WORKSHEET

General Instructions: Please insert your responses in the boxes provided, which will expand if more room is needed. If information requested is **NOT REPORTED** in the article, use "NR" as the response.

CITATION AND DOI NUMBER:

CLINICAL BOTTOM LINE:

Briefly discuss how the evidence relates to occupational therapy practice (i.e., within the scope of traditional or emerging practice) AND how can practitioners use the evidence relative to the target population and practice setting.

RESEARCH OBJECTIVE(S)

List study objectives.

DESIGN TYPE AND LEVEL OF EVIDENCE:

SAMPLE SELECTION

How were subjects recruited and selected to participate? Please describe.

Inclusion Criteria

Exclusion Criteria

SAMPLE CHARACTERISTICS

N= (Number of participants taking part in the study)

#/ (%) Male

#/ (%) Female

Ethnicity

Disease/disability diagnosis

INTERVENTION(S) AND CONTROL GROUPS

Add groups if necessary

Group 1

Brief description of the intervention	
How many participants in the group?	
Where did the intervention take place?	
Who Delivered?	
How often?	
For how long?	

Group 2

Brief description of the intervention	
How many participants in the group?	
Where did the intervention take place?	
Who Delivered?	
How often?	
For how long?	

Group 3

Brief description of the intervention	
How many participants in the group?	
Where did the intervention take place?	
Who Delivered?	
How often?	
For how long?	

Intervention Biases: *Check yes, no, or NR and explain, if needed.*

Contamination:

YES ☐ NO ☐ NR ☐	*Comment:*

Co-intervention:

YES ☐ NO ☐ NR ☐	*Comment:*

Timing:

YES ☐ NO ☐ NR ☐	*Comment:*

Site:

YES ☐ NO ☐ NR ☐	*Comment:*

Use of different therapists to provide intervention:

YES ☐ NO ☐ NR ☐	*Comment:*

MEASURES AND OUTCOMES

Complete for each measure relevant to occupational therapy:

Measure 1:

Name/type of measure used:			
What outcome was measured?			
Is the measure reliable?	YES ☐	NO ☐	NR ☐
Is the measure valid?	YES ☐	NO ☐	NR ☐
When is the measure used?			

Measure 2:

Name/type of measure used:	
What outcome was measured?	
Is the measure reliable?	YES ☐ NO ☐ NR ☐
Is the measure valid?	YES ☐ NO ☐ NR ☐
When is the measure used?	

Measure 3:

Name/type of measure used:	
What outcome was measured?	
Is the measure reliable?	YES ☐ NO ☐ NR ☐
Is the measure valid?	YES ☐ NO ☐ NR ☐
When is the measure used?	

<u>Measurement Biases</u>

Were the evaluators blind to treatment status? *Check yes, no, or NR, and if **no**, explain.*

YES ☐ NO ☐ NR ☐	*Comment:*

Recall or memory bias. *Check yes, no, or NR, and if **yes,** explain.*

YES ☐ NO ☐ NR ☐	*Comment:*

Others (list and explain):

RESULTS

List key findings based on study objectives

Include statistical significance where appropriate ($p<0.05$)
Include effect size if reported

Was this study adequately powered (large enough to show a difference)? *Check yes, no, or NR, and if **no**, explain.*

YES ☐ NO ☐ NR ☐	*Comment:*

Were appropriate analytic methods used? *Check yes, no, or NR, and if **no**, explain.*

YES ☐ NO ☐ NR ☐	*Comment:*

Were statistics appropriately reported (in written or table format)? *Check yes or no, and if **no**, explain.*

YES ☐ NO ☐	*Comment:*

Was the percent/number of subjects/participants who dropped out of the study reported?

YES ☐ NO ☐

Limitations:

What are the overall study limitations?

CONCLUSIONS

State the authors' conclusions related to the research objectives.

This work is based on the evidence-based literature review completed by _____

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