|  |  |  |
| --- | --- | --- |
|  | | |
| **INSPIRE Student Health Sciences Research Journal**  **Peer Review Feedback Form** | | |
| Name of Author |  | |
| University |  | |
| Course and Year of Study |  | |
| Title of article |  | |
| Type of article |  | |
| **Checklist**  **Scoring: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)** | | |
| The article makes an original contribution | |  |
| The article is well organised and presented clearly | |  |
| Author guidelines have been followed properly in preparing the manuscript | |  |
| The article is based on sound methodology | |  |
| Analysis and findings support the objectives of the article | |  |
| **Comments to the Author** | | |
| *Overview*  *Materials and Methods*  *Discussion and Conclusions* | | |
| Comments to the Editor | | |
|  | | |
| Should the paper be published (please tick): | | |
| In its current form | |  |
| With minor amendments | |  |
| With substantial amendments | |  |
| Under no circumstances | |  |
| Would you be willing to re-review an amended submission? | | |
| Yes | |  |
| No | |  |

|  |  |
| --- | --- |
| Name of Reviewer |  |
| Date |  |