

## Additional file 2 - Feedback on TICD Checklist

Name(s):

Date:

Comments (including explanations of perceived problems and suggestions for improvements)

### Comprehensiveness

- |                                                                  |                                 |                                       |                                |
|------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 1. Are potentially important factors missing from the checklist? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|

### Relevance

- |                                                              |                                |                                       |                                 |
|--------------------------------------------------------------|--------------------------------|---------------------------------------|---------------------------------|
| 2. Are factors included in the checklist that should not be? | No<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> |
|--------------------------------------------------------------|--------------------------------|---------------------------------------|---------------------------------|

### Applicability

- |                                                                                                                                                                                                                 |                                 |                                       |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 3. Is checklist applicable across different settings (e.g. primary and secondary care) and different types of practices (including prevention, diagnosis and treatment for chronic and non-chronic conditions)? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|

### Simplicity

- |                                                      |                                |                                       |                                 |
|------------------------------------------------------|--------------------------------|---------------------------------------|---------------------------------|
| 4. Is the checklist more complicated than necessary? | No<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> |
|------------------------------------------------------|--------------------------------|---------------------------------------|---------------------------------|

### Logic

- |                                                                            |                                 |                                       |                                |
|----------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 5. Is the checklist organised in a logical way that is easy to understand? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|----------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|

### Clarity

- |                                                                                                                |                                 |                                       |                                |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 6. Are the factors and domains (groups of factors) labelled and explained in a way that is easy to understand? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|

### Usability

- |                                                                                                            |                                 |                                       |                                |
|------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 7. Would it be easy for implementation researchers to use the checklist and the worksheets?                | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 8. Would it be easy for people who are not implementation researchers to use the checklist and worksheets? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

### Suitability

- |                                                                                                                                                                                                   |                                 |                                       |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 9. Are the checklist and worksheets suitable for helping people to identify and prioritise determinants of change in practice that should be considered when designing implementation strategies? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
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### Usefulness

- |                                                                                                         |                                 |                                       |                                |
|---------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| 10. Are the checklist and worksheets likely to be useful to people designing implementation strategies? | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 11. Is the checklist likely to be useful for reporting determinants of practice in research reports?    | Yes<br><input type="checkbox"/> | Uncertain<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

		Comments (including explanations of perceived problems and suggestions for improvements)		
<b>Overall assessment</b>		Yes	Partially	No
12.	Overall, are the checklist and worksheets adequate to be used to identify and prioritise determinants of practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		See explanation below.		
<b>Strengths</b>				
13.	What do you like about the checklist and worksheets?			
<b>Weaknesses</b>				
14.	What don't you like about the checklist and worksheets and what suggestions do you have for improving them?			
<b>Anything else</b>				
15.	Please include any other comments you have regarding the checklist or worksheets.			

**Overall assessment**

Yes = Could be used as is with little or no modification

Partially = Needs some modification or further development

No = Not adequate