# Additional file 2 - Feedback on TICD Checklist

| Name(s): | |
| Date: | |

<table>
<thead>
<tr>
<th>Comments (including explanations of perceived problems and suggestions for improvements)</th>
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## Comprehensiveness

1. Are potentially important factors missing from the checklist? (Yes/No/Uncertain)

## Relevance

2. Are factors included in the checklist that should not be? (Yes/No/Uncertain)

## 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/No/Uncertain)

## Simplicity

4. Is the checklist more complicated than necessary? (Yes/No/Uncertain)

## Logic

5. Is the checklist organised in a logical way that is easy to understand? (Yes/No/Uncertain)

## Clarity

6. Are the factors and domains (groups of factors) labelled and explained in a way that is easy to understand? (Yes/No/Uncertain)

## Usability

7. Would it be easy for implementation researchers to use the checklist and the worksheets? (Yes/No/Uncertain)

8. Would it be easy for people who are not implementation researchers to use the checklist and worksheets? (Yes/No/Uncertain)

## 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/No/Uncertain)

## Usefulness

10. Are the checklist and worksheets likely to be useful to people designing implementation strategies? (Yes/No/Uncertain)

11. Is the checklist likely to be useful for reporting determinants of practice in research reports? (Yes/No/Uncertain)
Comments (including explanations of perceived problems and suggestions for improvements)

### Overall assessment

12. Overall, are the checklist and worksheets adequate to be used to identify and prioritise determinants of practice?

- Yes
- Partially
- No

See explanation below.

### Strengths

13. What do you like about the checklist and worksheets?

### Weaknesses

14. What don’t you like about the checklist and worksheets and what suggestions do you have for improving them?

### Anything else

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