



Manuscript Review Form

Reviewer Name: _____ **Manuscript ID #:** _____

Title of Case Study: _____

Summary Rating Form

Select one rating for each of the following manuscript review criteria, and make a final recommendation to the editors. Place an "X" in the column to indicate your rating. Add comments in the column to the right if you would like to explain your rating. Page two allows for more through written comments.

Criteria	Unsatisfactory 1	Poor 2	Average 3	Good 4	Excellent 5	Comments
Clearly Written						
Appropriate Title						
Thorough Background & Introduction						
Well-Designed Study						
Strength of Evaluation						
Insightful & Appropriate Discussion						
Conclusions (Supported by Data)						
Implications for Practice or Research						
Quality of References						
Strength of Contribution to Public Health Communication and/or Social Marketing						
Innovative Approach/Topic						

	No	Not Sure	Yes	Comments
Human Subject/IRB Approval				

	Reject	Resubmit with Major Revision	Accept with Minor Revision	Accept	Comments
Recommendation					

Confidential Comments to the Editors
(Please add your review comments to the editors below.
Use as many pages as you need to fully complete your review.)

Comments to the Authors

**(Please add your review comments to the authors below.
Use as many pages as you need to fully complete your review.)**