CHRI Scientific Review Form

Applicant Name:  

Reviewer Last Name:  

Overall Evaluation:  

(Select Score: 1-4)

<table>
<thead>
<tr>
<th>Score</th>
<th>Overall Evaluation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High (H)</td>
<td>Exceptionally strong with minor weaknesses</td>
</tr>
<tr>
<td>2</td>
<td>Medium-High (MH)</td>
<td>Strong but with some minor weaknesses</td>
</tr>
<tr>
<td>3</td>
<td>Medium-Low (ML)</td>
<td>Some strengths but also some moderate weaknesses</td>
</tr>
<tr>
<td>4</td>
<td>Low (L)</td>
<td>Few strengths and some major weaknesses</td>
</tr>
</tbody>
</table>

Definitions

Minor Weakness: easily addressable, does not lessen impact
Moderate Weakness: lessons impact
Major Weakness: severely limits impact

1. **Child Health Relevance.** Does this study address an important maternal/child health problem?

Yes ____  No ____

If there are any questions or concerns about maternal & child health relevance (e.g. borderline), please mark ‘No’ and explain in question 4. Will be discussed in the meeting.

2. **Overall Summary & Assessment of Proposal** Please provide a brief summary highlighting the strengths & weaknesses of the application.


4. **Other Comments & Questions to Applicant.** Please note any Maternal & Child Health relevance concerns here.

5. **Conflict of interest (COI) disclosure:**

- [ ] I have directly worked on or have been involved in this project
- [ ] I have no conflict of interest that I am aware of

*Please contact Hosna Omarzad (4-6891, homarzad@stanford.edu) immediately if you have a significant COI.*

CHRI Admin. Revised 3/18