

Form of the Review of the Manuscript for the Journal Neurological and Neurosurgical Nursing

I turn a request for a review of the article that was submitted to the Editorial Board of our journal. This review is treated as confidential. Please refer to individual elements of the form and add your own comments on a separate sheet, if they are necessary. Please review the work within 14 days of receipt and return the form and the reviewed article to the editor.

Sincerely
Dr Robert Ślusarz
Editor-in-Chief

Title of Article:

Type of Article:

review
 original
 case study/report
 other

Please mark:

A. In the case of all articles:

Does it raise important issues?
 Is the purpose clear and definite?
 Does the title properly reflect the stated problem?
 Are the conclusions consistent with the objectives of the work?
 Does the abstract correspond to the topic?
 Is the selection of references correct?

| No | | | Yes |
|----|---|---|-----|
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |

B. In the case of review articles:

Does it present complete state of current knowledge?
 Does the article have innovative elements?

| | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |

C. In the case of original articles and case studies:

Is the concept of research adjusted to the analyzed problem?
 Is the theoretical part (introduction) clearly presented?
 Is the research methodology adequately addressed?
 Is statistical analysis satisfactory?
 Are the results well documented?
 Are the results the source of the new information?
 Is the discussion properly carried out?
 Does it contain clear implications for nursing practice?
 (for original papers)

| | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 |

Final Grading:

| | | |
|--|---|---|
| | Accepted without amendments | |
| | Publication after minor amendments | |
| | Re-evaluation after the introduction of significant changes | |
| | | The rejection of the article (please justify) |
| | | Other (please specify) |

Date and signature of the Reviewer