Phase 2 Step 3 Activity 1

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|  | **Worksheet 2a**  Fit and Feasibility | | **Worksheet 2b**  Clinical Value and Utility | | **Worksheet 2c**  Training Requirements | | **Worksheet 2d**  Benefit-Cost Calculator | | **Worksheet 2e**  Funding Source Checklist | |
| Rating information | Fit score: |  | Value score: |  | Training required: | ☐ Yes  ☐ No | Benefit Score: |  | Are you able to be reimbursed? | ☐ Yes  ☐ No |
| Feasibility score: |  | Validity score: |  | If yes, … |  | Cost Total: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Importance of this factor to the adoption decision | High | Medium | Low | High | Medium | Low | High | Medium | Low | High | Medium | Low | High | Medium | Low |
| Worksheet adoption decision (circle one) | Yes | No | Unsure | Yes | No | Unsure | Yes | No | Unsure | Yes | No | Unsure | Yes | No | Unsure |

Final Adoption Decision: \_\_\_\_Yes \_\_\_\_No