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Content validity of a toolkit for measuring teachers' mental health literacy in Vietnam

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Abstract:

BACKGROUND: Teachers' mental health literacy will impact the mental health of the teacher and student community. Assessing teachers' mental health literacy requires a toolkit developed specifically for them. This study aimed to adapt and evaluate the content validity of the toolkit developed by Jorm for Vietnamese teachers.

SETTINGS AND DESIGN: Expert panel method with a nondirective approach.

METHODS AND MATERIAL: The toolkit was assessed for content validity according to the expert panel method with a nondirective approach: A content validation form was sent to six experts, and clear instructions were provided; rate each item on a Likert scale ranging from 1 to 4 based on its severity relevance, and assign a score from 1 to 3 indicating its necessity. The relevance assessment was conducted using the content validity index (CVI), content validity index for items (I-CVI), and content validity index for scales (S-CVI), assessing the necessity of each item by the content validity ratio (CVR).

RESULTS: The score for I-CVI ≥ 0.83 ; S-CVI/Ave = 0.98; S-CVI/UA = 0.89. The score for CVR of 29 items out of 103 was marked as not essential, 21 items were eliminated, and two items were adjusted and replaced. From the initial toolkit with 103 items, throughout the content validation, only 82 items of 13 domains corresponding to four aspects remained.

CONCLUSIONS: The toolkit's content was validated by an expert panel using the CVI and CVR. The toolkit could measure the mental health literacy of teachers in Vietnam.

Keywords:

Content validity, CVI, CVR, expert panel, MHL, teacher

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Introduction

According to the Global Burden of Disease study (2019), depression and anxiety disorders were among the leading causes of a higher burden of disease worldwide than many other diseases.^[1] Mental health issues could have an immediate impact on those who suffer, such as impaired functioning in daily life and reduced performance at work, but could also have adverse effects such as long-term physical and mental health in adulthood.^[2,3] At a societal level, ongoing mental health issues could lead to long-term

negative economic and social consequences, such as poorer quality of life, loss of work productivity, and increased expenses and fees for medical services.^[4-7]

Mental health literacy is the knowledge and beliefs of people about mental issues that help them recognize, manage, or prevent such issues.^[8,9] The development of mental health literacy building was a determinant of mental well-being and could improve individual and community mental health.^[10] In order to improve mental health literacy, correctly assessing the level of mental health literacy plays as a vital role because successful support for mental health literacy

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hinges on the accurate assessment of individuals' mental health literacy.

Currently, studies often use Jorm's toolkit and the MHLS scale developed by O'Connor to assess mental health literacy. Assessing mental health capacity using Jorm's toolkit will be more convenient for developing intervention measures than the MHLS scale. Because the study had a media intervention component, Jorm's toolkit was used. Although this toolkit has been used for a long time, many publications have yet to mention the toolkit's evaluation indicators. This study is also a pioneer in evaluating the content validity of this toolkit using CVI and CVR methods.

Materials and Methods

Study design and setting

The study used the expert panel method with a non-face-to-face approach.

The study was conducted from September 2023 to October 2023 in Hanoi, Vietnam.

Study participants and sampling

Expert selection criteria: having a doctorate in psychology, psychiatry, and sociology. They published in journals specializing in psychology and psychiatry.

Sample size of the expert panel: According to the recommendation of Muhamad Saiful Bahri Yusoff (2019), the number of experts participating in the assessment ranges from 2 to at least 9. This study purposefully selected six experts to invite to the panel.^[11]

Data collection tools and technique

Jorm approved Jorm's original toolkit for this research on teachers in Vietnam. The toolkit is adapted through the following steps:

Step 1: Translate the toolkit into Vietnamese.

Step 2: Build the toolkit comprising a rating scale, along with detailed instructions. This toolkit was sent to the Expert Panel for assessment.

The emails were sent to the experts, including an instruction and rating scale in the content validation form experts. Instructions and rating scales for the toolkit were built based on the guidance of Muhamad Saiful Bahri Yusoff (2019).

An instruction and rating scale had the following convention: A 4-point Likert scale was used for the relevancy scale. Responses include 1: not relevant, 2: somewhat relevant, 3: quite relevant, and 4 very relevant.

Ratings of 1 and 2 were considered content invalid, while 3 and 4 were deemed content valid. A 3-point Likert scale was used for the clarity and essentiality scale. The essentiality scale was 1: not essential, 2: valuable but not essential, and 3: essential. Additional expert recommendations could be written on the content validation form provided by the email. Experts rely on their knowledge and experience to evaluate the necessity and relevance of each item to the topic or each answer to the question.

CVI: A method of measuring the consensus of experts on the relationship of items to the title/question by scoring from 1 to 4. Ratings of 1 and 2 are considered content invalid, while ratings of 3 and 4 are considered content valid. The relevance scale score needs to be coded to calculate the CVI, with scores 3 and 4 coded as 1 (valid) and 1 and 2 coded as 0 (invalid). I-CVI is computed as the number of experts rating 1 (valid) for each item divided by the total number of experts; values range from 0 to 1. $S\text{-CVI}/UA = (\text{total UA score})/(\text{total number of items})$. The universal agreement (UA) score was 1 when the item achieved 100% experts in agreement; otherwise, the UA score was 0. The cutoff point is $CVI \geq 0.83$ (with six experts).^[11]

CVR: It is a method of measuring the consensus of experts on the essentiality of each item. An essentiality scale score of 3 was coded as 1 (essential), and an essentiality scale of 1 and 2 was coded as 0 (not essential). $CVR = (N_e - N/2)/(N/2)$, where N_e was the number of panelists, giving a score coded as 1, and N was the total number of panelists. The cutoff point is $CVR = 1$ (with six experts).^[12]

Ethical consideration: The Institutional Review Board of the Hanoi University of Public Health, Vietnam, approved the study. No. 122/2023/YTCC-HD3, March 21, 2023.

Results

Two steps to adapt and validate the toolkit

Step 1. Adapt the toolkit.

Anthony Jorm's original toolkit for people over 15 years old has been translated and adapted to Vietnamese culture. Based on the vignette in Depression in Jorm's toolkit and based on the described characteristics of "depressive disorder" and "anxiety disorder" in DSM-5, the vignette of a person with depression and anxiety disorder was adapted to the context of teachers in Vietnam. The initial version of the toolkit comprising four aspects and 14 domains with 103 items requested a vignette:

- 1) General knowledge about mental health issues, including five domains: recognizing mental health issues, identifying the causes of mental health issues,

planning to support mental health issues, choosing yes/no help, and reasons for selecting no help.

- 2) Knowledge about mental health treatment, including four domains: choosing helpful people, choosing proper medications, choosing beneficial treatment methods, and choosing helpful support.
- 3) Beliefs about the chance of recovery, including two domains about the results with/without support.
- 4) Stigma/attitude toward mental health issues, including three domains: opinion on/without discrimination, views on statements about discrimination against people with mental health issues, and perspective on willingness to contact people with mental health issues.

Step 2. Validate the toolkit.

An evaluation form containing a content validation form and clear instructions was created. The evaluation form was submitted to six experts to assess content validity. The expert panel included three physicians with clinical doctorate degrees in psychiatry, two clinical psychologists, and a public health expert specializing in mental health research. Experts with years of experience ranged from 23 to 39 years, of which 50% were female and 50% were male [Table 1].

Content validity results:

The I-CVI calculations for the relevancy of each item are in Appendix A. One hundred and three items (100%) were marked as relevant, and the I-CVIs ranged from 0.83 to 1.00. Ninety-two items had an ICVI = 1.00, and 11 items scored 0.83.

S-CVI Results (relevancy of the overall questionnaire): The S-CVI/UA = 0.89 and the S-CVI/Ave = 0.98. The Universal Agreement is calculated by adding all I-CVIs equal to 1.00 (92 items) divided by 103, while the Average takes the sum of all I-CVIs (101.17) divided by 103. Overall, the Universal Agreement method and the Average approach show high content validity of the toolkit (cutoff point = 0.83).

The CVR results were generated for each item. Items marked as not essential had a CVR ≤ 0.99 (this value is based on the total number of experts, N = 6). Nonessential items can be eliminated. Appendix A shows a sample of toolkit items and the CVR calculations. Seventy-four items had a CVR of 1.00, 20 had a score of 0.67, 7 had a score of 0.33, and 2 had a score of 0.00. The average CVR value was 0.87. Twenty-nine items out of 103 were marked as not essential. Twenty-one items were eliminated, and two items were adjusted and replaced.

The final toolkit has 82 items with 13 domains corresponding to four aspects:

- 1) General knowledge about mental health issues, including five domains: recognizing mental health issues, identifying the causes of mental health issues, planning to support mental health issues, choosing yes/no help, and reasons for selecting no help.
- 2) Knowledge about mental health treatment, including four domains: choosing helpful people, choosing beneficial treatment methods, and choosing helpful support.
- 3) Beliefs about the chance of recovery, including two domains about the results with/without support.
- 4) Stigma/attitude toward mental health issues, including three domains: opinion on/without discrimination, views on statements about discrimination against people with mental health issues, and perspective on willingness to contact people with mental health issues.

Discussion

Using an expert panel method, we aimed to explore the content validity of the MHL toolkit developed by Jorn, which was adapted to Vietnam High school contexts.

As stated above, teachers hold a crucial frontline position in recognizing mental health issues for themselves and their students. However, many of them lack an insufficient understanding of mental health.

Table 1: List of experts evaluating the toolkit

Initial	Expertise	Gender	Experience (years)	Workplace
Asso.PhD	Clinical Psychology	Female	26	VNU University of Social Sciences and Humanities, Hanoi, Vietnam
PhD	Clinical Psychiatry	Male	39	VNU University of Medicine and Pharmacy and E Hospital, Hanoi, Vietnam
PhD	Social Sciences and Public Health	Female	23	University of Public Health, Hanoi, Vietnam
Asso.PhD	Psychology	Male	30	Institute of Psychology, Vietnam Academy of Social Sciences
PhD	Psychiatry	Male	39	VNU University of Medicine and Pharmacy Hospital, Hanoi, Vietnam
PhD	Psychiatry	Female	28	University of Medicine and Pharmacy, Thai Nguyen University, Vietnam

The study used numerous methods to evaluate content value, including the preferred method of calculating the I-CVI index to evaluate content value at the subsection level. Besides, the study also calculated the S-CVI index to evaluate content validity at the overall scale, which can be calculated using S-CVI/UA or S-CVI/Ave. These two methods may give different parameters, making it difficult to conclude the value of the toolkit's content.

This study is also one of the few published using both methods. According to author Muhamad Saiful Bahri Yusoff (2019), the number of experts participating in the assessment ranges from 2 to at least 9, with acceptable I-CVI values ranging from 0.78 to 1.00.^[11] This study, with the participation of six experts, is suitable for content validation, giving I-CVI values of all subsections from 0.83 to 1.00, which proves that the subsections are related to the toolkit's research topic. There are two S-CVI values calculated. The Universal Agreement method gives a lower S-CVI/UA value (S-CVI/UA = 0.89) than the S-CVI/Ave value of the Average method (S-CVI/Ave = 0.98). However, the evaluation of The Universal Agreement method has higher requirements when only considering subsections with an I-CVI value of 1, which causes the content value of the toolkit to be evaluated low and even lower when there are more experts. The Average method overcomes the disadvantage of overestimating the content value of the same set of tools with a panel of experts because the numerator value of this S-CVI/Ave formula is always more significant than the numerator of the S-CVI/UA formula. This study presents both indices simultaneously, aiming to show that the toolkit's content validity is between 0.89 and 0.98.

A less common method of calculating the CVR index was also used in this study. It is a method of measuring the consensus of a group of experts on the necessity of each item. Only two items have a CVR value of 0, accounting for 0.02%; most of the remaining CRV are positive, showing that experts evaluate the subsections necessary for the toolkit. The average CVR score of 0.83 is below the optimal level, indicating that experts have different views on the items' necessity or need help understanding the meaning and measurement purpose of the items and how the item relates to the toolkit's assessment topic.

The study successfully adapted a mental health literacy toolkit for depression and anxiety disorder among high-school teachers in Vietnam. It is a leading study on evaluating the content validity of this toolkit using the expert panel method and the quantitative index CVR and CVI to measure content validity.

Limitations and recommendation

This study evaluated the toolkit for the first time and has yet to consider it again.

Research has shown the content validity of the toolkit but has not yet provided other indicators to evaluate the scale's reliability.

Future research should evaluate pre- and post-testing by an expert panel to increase the content validity of the toolkit.

A full confirmation of validity and reliability should be conducted in further research.

Conclusion

The toolkit for assessing the mental health literacy of high-school teachers in Vietnam has content validity. This toolkit can potentially be used to evaluate the mental health literacy of other teachers.

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Ethics approval

The Institutional Review Board of the Hanoi University of Public Health, Vietnam, approved the study. No. 122/2023/YTCC-HD3, March 21, 2023.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Appendix A: Results of Toolkit Evaluation

Item	Expert 1		Expert 2		Expert 3		Expert 4		Expert 5		Expert 6		Experts in agreement R	I-CVI	Universal agreement (UA)	Experts in agreement E	CVR
	R	E	R	E	R	E	R	E	R	E	R	E					
B1.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.3	1	1	1	1	1	1	1	1	1	1	0	0	5	0.83	0	5	0.67
B1.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.7	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33
B1.8	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.9	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.10	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.11	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B1.12	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.1	1	1	1	1	1	1	1	1	1	1	0	0	5	0.83	0	5	0.67
B2.2	1	1	1	1	1	1	1	1	1	1	0	0	5	0.83	0	5	0.67
B2.3	1	1	1	1	1	0	1	1	1	1	1	1	6	1	1	5	0.67
B2.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.7	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.8	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.9	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.10	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.11	1	1	1	1	1	0	1	1	1	1	1	1	6	1	1	5	0.67
B2.12	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B2.13	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.6	1	1	0	0	1	1	1	1	1	1	1	1	5	0.83	0	5	0.67
B3.7	1	1	0	1	1	1	1	1	1	1	1	1	5	0.83	0	6	1.00
B3.8	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B3.9	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B4.1	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B4.2	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B5.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B5.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B5.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B5.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B5.5	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B6.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.2	1	1	0	0	1	1	1	1	1	1	1	1	5	0.83	0	5	0.67
B6.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.7	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B6.8	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B7.1	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33
B7.2	1	1	0	0	1	0	1	1	1	1	1	0	5	0.83	0	3	0.00
B7.3	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33
B7.4	1	1	0	0	1	0	1	1	1	1	1	0	5	0.83	0	3	0.00
B7.5	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33

Contd...

Appendix A: Contd...

Item	Expert 1		Expert 2		Expert 3		Expert 4		Expert 5		Expert 6		Experts in agreement R	I-CVI	Universal agreement (UA)	Experts in agreement E	CVR
	R	E	R	E	R	E	R	E	R	E	R	E					
B7.6	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33
B7.7	1	1	1	1	1	0	1	1	1	1	1	0	6	1	1	4	0.33
B8.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.2	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B8.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.7	1	1	1	1	1	0	1	1	1	1	1	1	6	1	1	5	0.67
B8.8	1	1	0	0	1	0	1	1	1	1	1	1	5	0.83	0	4	0.33
B8.9	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B8.10	1	1	1	1	1	0	1	1	1	1	1	1	6	1	1	5	0.67
B8.11	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B8.12	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B9.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B9.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B9.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B9.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B10.7	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.5	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B11.7	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B12.1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B12.2	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B12.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B13.1	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B13.2	1	1	0	1	1	1	1	1	1	1	1	1	5	0.83	0	6	1.00
B13.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B13.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B13.5	1	1	0	1	1	1	1	1	1	1	1	1	5	0.83	0	6	1.00
B13.6	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B13.7	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B13.8	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B13.9	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B14.1	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B14.2	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
B14.3	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B14.4	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	6	1.00
B14.5	1	1	1	0	1	1	1	1	1	1	1	1	6	1	1	5	0.67
Total scores:														101.17	92.00	CVR Ave=0.87	
Total items:														103.00			
S-CVI/Ave														0.98			
S-CVI/UA															0.89		
Encode:	R: Relevant						Rating of 3 and 4 encode 1; Rating of 1 and 2 encode 0						Cutoff: CVI ≥0.83; CVR=1				
	E: Essential						Rating of 3 encode 1, Rating of 1 and 2 encode 0										