

Program Evaluation Guide

Module 6: Analyzing Qualitative Data



**DEFENSE CENTERS
OF EXCELLENCE**

For Psychological Health
& Traumatic Brain Injury

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Overview of the Program Evaluation Guide

This Program Evaluation Guide (PEG) is developed and published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Program evaluation is an important part of the DCoE mission and helps military program administrators and leadership assess and improve service quality and outcomes. By making program evaluation an inherent part of everyday program activities, we create a culture of effectiveness to better build a sustainable, efficient and well-integrated continuum of prevention and care services for military members, their families and veterans.

The first edition of the PEG, published in July 2012, provided a standardized approach to program evaluation for psychological health and traumatic brain injury (TBI) program leaders. This version of the PEG (2nd Edition) has been updated and revised to reflect the most current needs of psychological health and TBI programs. This edition of the PEG is organized as a series of modules containing content specifically designed for use by program administrators or other staff members tasked with internal program evaluations as part of their duties within Defense Department psychological health and TBI programs. This PEG is designed for those who have limited prior knowledge and experience with the conduct of program evaluation activities.

Purpose and Use of the PEG

This PEG is one part of a collection of trainings, toolkits and support services offered by DCoE to assist personnel at the program level in developing their capabilities to conduct internal program evaluation activities. The PEG is designed for use in coordination with other training materials, such as the DCoE program evaluation and improvement webinar series, references provided in the PEG and webinar series, consultation with experts and other resources that may be available to program personnel.

The modules in this PEG are not intended to serve as a substitute for formal coursework on evaluation methods, statistics or data management. In addition, because the PEG is intended for use by a wide variety of programs, it will not provide specific guidance to programs on best practices for clinical or non-clinical services. Finally, the PEG is not intended as a manual for how evaluators who are external to a program should conduct their activities. However, the information herein will generally be useful in helping program personnel become more familiar with the evaluation process and consequently more effective in responding to external evaluation initiatives.

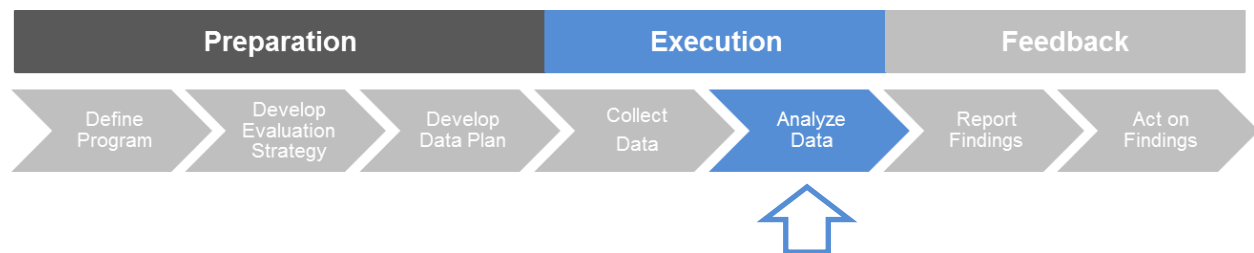
Analyzing Qualitative Data

Purpose and Use of this Module

Once data are collected, coded and stored, the program is ready to move to the next step of the evaluation process, analyzing data.

This module, “Analyzing Qualitative Data”, is one of three PEG modules focused on different aspects of analyzing data. It is specifically designed to assist program personnel in their efforts to analyze and interpret data derived from qualitative evaluation methods. Analysis of quantitative data will be the focus of other modules. In this module, we provide an overview of the processes involved in organizing and coding qualitative data followed by interpreting and describing results of qualitative analyses. In addition, this module highlights ways to enhance the quality or validity of results.

Because evaluation processes will differ across every program, this module provides broadly applicable guidance on procedures used to analyze qualitative data as part of a program evaluation effort.



Overview of Qualitative Data Analysis

Qualitative evaluation methods produce rich information that quantitative methods alone may not reveal (Patton, 2014; Rogers & Goodrick, 2010). When used in combination with quantitative methods, qualitative methods can illuminate the stories and context behind numerical data. In addition, qualitative methods often yield unexpected findings in part because participant responses are typically less constrained than in quantitative methods. Finally, qualitative methods may serve as the basis for developing evaluation questions or suggest additional areas for follow up in future evaluation efforts.

Generally, the evaluation questions identified at the start of an evaluation effort determine the most appropriate qualitative methods to use. For example, **descriptive** questions (e.g., what is the purpose of the program, who is the target population) may warrant summary portrayals, whereas **causal** questions (e.g., how does the program affect the target population), **value** questions (e.g., is the program worthwhile) and **action** questions (e.g., how can the program be improved) may require compelling accounts from credible sources of information regarding the outcomes or impact of the program (Rogers & Goodrick, 2010).

Qualitative data analysis involves identification of patterns from smaller units of information such as interview or focus group content (e.g., transcripts, audio and/or video recordings), observations, open-ended response items, after action reviews or case study documentation. Qualitative and quantitative analysis strategies are thus alike in that they seek to organize and

reduce a large amount of fine-grained information into a relatively small number of patterns that describe or explain. As such, both analysis strategies involve transforming data from its raw form into something more readily understandable in relation to the purpose of a program evaluation effort. When used in program evaluation, both qualitative and quantitative analysis strategies also have the same end goal: interpreting information about a program to learn something about how it operates and how it affects its participants.

Because qualitative data are generally more context-specific and richer in information than quantitative data, the analysis process must also be more context-specific and seek to represent that richness. Consequently, qualitative analysis strategies are highly adaptable, and the analysis process is iterative (i.e., it involves multiple cycles of reviewing and interpreting data to account for data complexity). In addition, qualitative analyses include a greater degree of interpretation by the personnel conducting the analyses, which means that the resulting conclusions will be more unique to the evaluator's perspective than is the case for quantitative analysis.

Outlined below is a broadly applicable three-stage approach to basic content analysis in which qualitative data are organized, reduced and described. To inform more specialized or advanced qualitative evaluation strategies, see the "References" and "Selected Resources for Additional Study" sections at the end of this module (e.g., M. Q. Patton's *Qualitative Research and Evaluation Methods*, 4th ed.), or consult with available colleagues and experts who have subject matter expertise in qualitative methods.

Organize

Once qualitative data have been collected, the first stage in analyzing the content is to organize the analysis process by reviewing the data and developing initial ways in which to code the data so that it may be interpreted in relation to evaluation questions developed at the outset of the program evaluation effort. Any audio or video content should be transcribed prior to beginning this stage to enhance accuracy of review and interpretation.

Read and Interpret Data: The first step in getting organized is to read through the data you have collected (i.e., transcripts). In qualitative approaches to program evaluation, there are multiple ways to read the data including literal, interpretative and reflexive reading. Keep in mind that qualitative data analysis is an iterative process. That is, the data are read and re-read multiple times from various perspectives throughout the course of the analysis process. Take notes throughout this step to record salient ideas and information that may be used in future steps.

Literal reading is often the best approach to begin qualitative analysis because it orients the evaluator to the actual content of the data (i.e., what was stated). This may include attention to the grammar and structure of statements as well as the words that are used.

During **interpretative reading**, the evaluator attempts to make sense of participants' statements (e.g., what statements mean, how they were stated). Interpretation is the evaluator's ability to think abstractly and begin identifying patterns in the data in relation to the context in which the program exists and in which the evaluation is being conducted. For example, if a participant stated, "The program's trainer was cool," does that mean that the participant thought the trainer was likeable or alternatively that the trainer was reserved and emotionally unexpressive? Thus, it is important to understand the culture of participants and perhaps to view or listen to corresponding video or audio

to understand nuances such as body language and tone of voice. Likewise, it may be helpful to know something about attributes of participants, such as their ethnicity, gender, rank, job function, marital status, age, and so on, because these details may assist the evaluator in determining the meaning of statements.

Finally, in **reflexive reading**, the evaluator examines his or her own role in the evaluation process, including any biases that may unduly influence the findings. Thus, although it may be helpful to know about attributes of participants like those listed above, an evaluator may exhibit subtle biases based on these same attributes that will affect results. For instance, the manner in which an evaluator interprets data may be influenced by beliefs such as “younger service members lack knowledge of military customs” or that “married service members have different priorities than single service members”. To counteract potential biases, it may be beneficial to involve additional evaluators in the analysis process and/or to perform **member checks** in which evaluators seek feedback from participants regarding the accuracy of their interpretations, as discussed in more detail below.

Develop Initial Themes for Coding Data: Codes are a simple way of classifying the data into meaningful categories relevant to the purpose of the evaluation. Having a clear theme or topic for the evaluation questions will help generate a list of coding categories that can be used to group qualitative responses. These **preset coding categories** might be derived from the goals of the program or from a review of the literature. However, because preset categories may not capture the full richness of the qualitative data, **emergent coding categories** may need to be developed to describe other themes that arise later in the analysis process. As the data are read and re-read, it is important to make notes regarding issues to pursue further or to document new thoughts about the meaning of a participant’s statement based upon additional review. Common themes are likely to emerge in your notes.

Coding schemes may involve several levels within a hierarchy, or they may focus on independent domains of interest. There is no finite rule on the number or structure of codes that should be created. Rather, codes should be created so as to best represent the data according to the purpose of the evaluation. Some qualitative evaluations have many codes with very specific definitions, while other evaluations may have only a few codes with broad definitions. Whether your codes are specific or broad depends on the nature of your evaluation questions as well as other considerations, like the time available to conduct analyses. It is important that evaluators focus coding efforts on answering evaluation questions and be on guard against focusing too much on matters that are merely interesting or statements that are made in a way that is especially eloquent or perhaps shocking.

Reduce

Following initial reading and interpretation, the evaluator must begin to formalize codes by defining them and then applying the codes to the data. Again, this is an iterative process, so codes may be modified as the cycle of reading, interpreting and re-reading continues.

Create a Codebook: A codebook maps the relationship between the raw data, themes and key questions guiding the evaluation. Codebooks should include code names or labels as well as definitions. In addition, codebooks should contain inclusion and exclusion criteria that specify when a code should or should not be used as well as examples of correctly applied codes.

Table 1 includes a sample excerpt from a code book used in a focus group evaluation of how potential participants approach the use of psychological health services (e.g., mental health, behavioral health) in the military. A code labeled “stigma” is defined as negative perceptions related specifically to treatment for mental health-related issues within the Military Health System. Based on the inclusion/exclusion criteria, this code should only be applied to blocks of text data that describe seeking help for psychological health issues but not to blocks of text data that reference other health-related concerns or civilian health care. The example text, which reads, “I’m afraid I might lose my secret clearance if I seek help for my nightmares,” provides a clear case in which the stigma code should be applied because it focuses on a possible psychological health issue (i.e., nightmares). The same code might also be applied to service member descriptions of fears of being identified or labeled as “crazy,” or statements that fellow service members might perceive them as “unreliable.”

Table 1: Sample Code Book Excerpt

Code Name	Code Definition	Inclusion	Exclusion	Example Text
Stigma	Service member descriptions of negative perceptions related to psychological health treatment within the Military Health System	Apply to all instances of seeking help for psychological health issues	Do not apply for non-psychological health or civilian health system	“I’m afraid I might lose my security clearance if I seek help for my nightmares.”
Positive experiences	Service member descriptions of their prior positive experiences with health care providers	Apply to favorable experiences specific to health care	Do not apply to experiences that are negative or not specific to health care	“I know my doc is gonna take good care of me.”
Negative experiences	Service member descriptions of their prior negative experiences with health care providers	Apply to unfavorable experiences specific to health care	Do not apply to experiences that are positive or not specific to health care	“I trusted my doc and then he ratted me out to my supervisor.”

Apply Codes to Data: After the first version of the codebook is created, the evaluator begins to apply these codes systematically to the data by reading and re-reading until no new themes arise. Codes may be refined, added or even eliminated at any time throughout the analysis process, and it is important to remain open to new ideas and interpretations. However, codes are likely to become clearer and more firmly established over repeated iterations and/or as deadlines for the completion of analysis near.

It is important that evaluators clearly document the interpretation process by linking quotes (i.e., raw data) to codes (i.e., the structures evaluators use to reduce the data). By clearly documenting such linkages, the evaluator can better establish the credibility of his or her findings. For example, focus groups of male and female officers were held to determine how a resilience program affected participants and to identify areas for improvement. The data revealed similar themes such as positive cohesion among unit members, improved command climate and limited availability of time.

Consideration should also be given to whether the themes are different enough from one another to warrant their own unique code and whether the richness, or complexity, of the data is adequately captured by the codes that have been created. That is, an evaluator should consider not only the codes he or she has created but also codes that need to be created.

Check Reliability of the Codes: Once the final adjustments are made to the codebook, it is advisable to examine the reliability of the coding assignments, or the extent to which another evaluator could use these same categories to code the responses in the same way. This process is known as **intercoder agreement**. Intercoder agreement is a measure of the dependability or reliability as evidenced by the extent to which independent coders evaluate data (e.g., blocks of text) and reach the same conclusions. Ideally, two or more independent raters would code the same blocks of text and then compare their codes to determine whether they agree on the definitions and the manner in which codes are applied. Establishing intercoder agreement is not always feasible, particularly when a single individual is responsible for carrying out an evaluation effort. When multiple coders are not available, a single evaluator could confirm findings using strategies like formulating and testing “If-then” statements to determine if the interpretation of findings is consistent across different types of data. For example, if the evaluator is presented with two similar statements from different participants, then the evaluator should code them in the same manner

Describe

Once data have been coded and interpreted, the final stage in the analysis process is to communicate the results or findings to others. Reporting to stakeholders will be the subject of a future PEG module. What follows refers to considerations related specifically to describing qualitative findings.

Generally, it is important to keep in mind when describing the results of qualitative program evaluation efforts that the audience with whom you are communicating may be unfamiliar with qualitative methods. Thus, it may be worthwhile to describe how participants were recruited and their characteristics, how data were collected and analyzed, and the reasoning behind conclusions. In addition, be mindful that participants’ confidentiality is often more difficult to protect with qualitative data because the level of detail included in text-based data may make participants easier to identify than with numerical data.

Create Visual Displays: Visual displays and quotes can tell a compelling story about how the data represent important themes (Krueger, 2010). As with quantitative data, graphics can be used to display or represent qualitative data from program evaluations. Choices regarding what types of visual displays to use should be guided by the evaluation questions, the evaluator’s interpretation of the data and the audience being addressed in a communication.

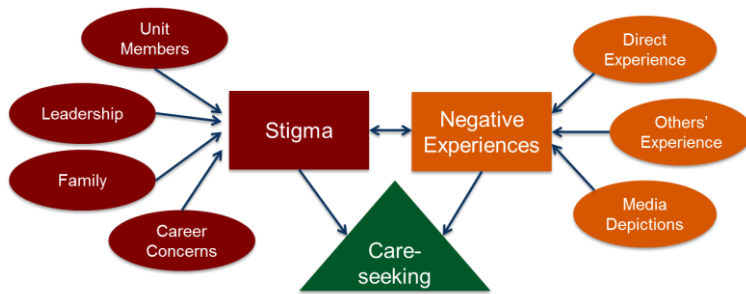


Figure 1: Sample Network Diagram

For example, a **network diagram** may be used to explain relationships between different themes and a central outcome. In Figure 1, a network diagram was created to represent findings for an evaluation addressing the question, “What are the barriers to mental health care seeking among service members?”.

The figure demonstrates how

two central themes (e.g., stigma, negative experiences with health care) may influence care-seeking behavior. Moreover, the diagram shows pertinent influences on the central themes (e.g., stigma experienced in relation to different social groups or environments). Findings should also be tied to the larger impact that these barriers have on key outcomes, such as how lack of care-seeking may impact military readiness.

Similarly, a **word cloud** may be used to represent common responses to open-ended questions. In a word cloud, the height of text represents how common certain words or phrases were represented in the data, such that common phrases are bigger than infrequent responses. For example, a word cloud created to represent responses to a satisfaction feedback form might look like Figure 2. Note that the larger, more commonly mentioned words indicate positive responses from the participants. Likewise, an additional word cloud could be formed if there were mixed negative and positive responses, or they could be presented together. Word cloud generators are often available online free of charge.



Figure 2: Sample Word Cloud, Wikimedia Commons

Quotes are a mainstay in the presentation of qualitative findings. They illustrate concrete statements made by participants during data collection that represent important themes. For example, consider a program addressing the question, “How do the program’s training activities benefit participants?” An example of a theme that could arise from such an evaluation is “learned skills” as represented in the quote in Figure 3. Although quotes by themselves are useful and perfectly acceptable when presenting results, inclusion of a picture or some other representation of the participant who made this statement may help to humanize data. Again, caution must be exercised in presentation of qualitative responses due to the increased challenges that qualitative methods pose to maintaining participants’ confidentiality.

Communicate Results: The results of a program evaluation effort should be communicated either in writing or as an oral presentation or briefing to stakeholders. Communicating qualitative evaluation findings requires a clear, logical story about what the results mean in relation to the purpose of the program evaluation effort and nature of the program as a whole. Stakeholders want to see that the program is accountable to the funding sources and to the participants it serves. As a result, it is critical to support all conclusions with evidence through clear, consistent use of qualitative (and quantitative) data.

Communicating results will be covered in detail in a later PEG module. As a general rule applicable to most forms of communication, it is best to use the hour glass method. Begin with a broad introduction, followed by a statement of the specific problem definition and, if applicable, a literature review. Next, describe evaluation methods and results. Finally, provide concluding statements with regard to the implications of the evaluation findings.

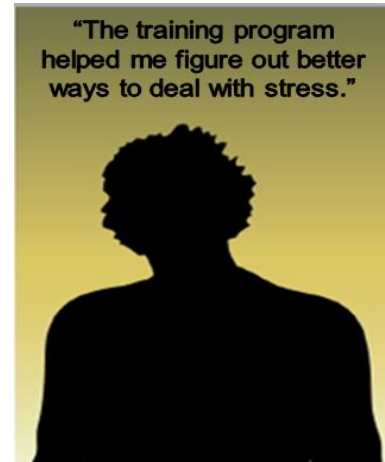


Figure 3: Sample Graphic for Interview Quote

Computer-Assisted Qualitative Analysis

A variety of software packages exist to facilitate qualitative data analysis, ranging from traditional word processing (e.g., Microsoft® Word) and spreadsheet (e.g., Microsoft® Excel) applications to more sophisticated free (e.g., CDC EZ-Text) or commercial (e.g., Atlas.ti® or NVivo®) computer packages. Word processors or spreadsheets are generally appropriate for basic qualitative analyses, such as key word searches, sorting, filtering and creating visual representations and graphs. More advanced software packages include additional functionality that can create linkages among the data based on common themes, record audio memos as notes to remind the evaluator of important concepts, or create network diagrams. The choice of the computer software depends upon the requirements of the data plan and the complexity of the data analyses. Software packages may intend to make qualitative analyses easier to perform, but keep in mind that more sophisticated packages will require more training and technical support (Rogers & Goodrick, 2010).

Ensuring Quality in Results

The quality of a program evaluation effort is determined by the degree to which it generates useful results that address evaluation questions. Validity and reliability are terms typically used to describe the accuracy and precision of results in quantitative evaluation methods. Qualitative researchers and evaluators often use slightly different terms to describe aspects of quality in program evaluation efforts. As described below and in Table 2, there are four major dimensions of quality used to describe the results of qualitative evaluation efforts: credibility, transferability, dependability and confirmability (see also Patton, 2014).

Credibility: Much like internal validity in quantitative methods, credibility refers to the extent to which the data collected accurately reflects the views of the participants or whether the findings hold true. For example, an explanation for non-participation in a program due to deployment may be more credible than one due to temporary amnesia. One way to

determine the credibility of findings is to have participants verify or validate them. This approach is known as a member check.

Transferability: Transferability is similar to external validity in quantitative analyses in that it refers to the extent to which the findings of a program evaluation are applicable to other programs and settings. For example, transferability determines whether the findings or lessons learned from a focus group conducted among newly recruited soldiers in a resilience program in Oklahoma also apply to newly recruited sailors in Illinois. One method for establishing transferability is to meticulously document or provide detailed descriptions of contextual information about participants as well as the setting of the evaluation. This information might also help explain possible differences in findings across the different programs and/or settings.

Dependability: Dependability is a measure of reliability in qualitative methods because it refers to the extent to which data collection and analyses can be replicated or repeated. The ability to replicate evaluation methods allows comparison of findings across multiple program evaluations, assuming data collection and analyses are equal. One method for establishing dependability is to carefully document each aspect of the evaluation process and to provide clear linkages between raw data (e.g., quotes) and the manner in which it is interpreted (e.g., codes).

Confirmability: Confirmability is the extent to which the findings can be corroborated, or confirmed, by others. Findings generated from qualitative methods are inherently subjective or influenced by the unique perspectives of the evaluator interpreting the conclusions. Therefore, confirmability is a measure of objectivity ensuring that the conclusions drawn are as free from individual biases as possible. One method for enhancing confirmability is to use multiple evaluators in the data analysis and interpretation of the evaluation findings and to measure the degree of intercoder agreement as described above.

Table 2. Dimensions of Quality in Qualitative Program Evaluation Methods

Term	Definition	Evaluation Tactic
Credibility	Extent to which data fit views of the participants or whether the findings hold true	Member check - verify interpretations with participants
Transferability	Extent to which findings are applicable to other populations and settings	Provide detailed descriptions about participants as well as the setting for the program evaluation
Dependability	Extent to which data collection and analysis processes are logical and repeatable	Maintain or document detailed accounts of the program evaluation process
Confirmability	Extent to which data support the findings	Use multiple evaluators and examine potential biases

Conclusion

At the conclusion of this module, Analyzing Qualitative Data, program evaluators should know how to organize and reduce qualitative data by developing and applying codes and be able to describe results or findings from qualitative data analyses including use of visual displays. Program evaluators should also seek to maintain high quality in their findings by attending to key dimensions such as credibility, transferability, dependability and confirmability.

Key Takeaways

- Choose qualitative methods that match the evaluation questions designed for the program
- Organize qualitative data efforts by first reading, interpreting and then re-reading the data in order to develop a logical, coherent coding scheme
- Apply the codes to identify patterns among the data; check the reliability of codes when feasible by assessing the intercoder agreement
- Describe the results of qualitative analyses by composing compelling stories or creating visual displays from data
- Enhance the quality of the results by monitoring and seeking to maximize credibility, transferability, dependability and confirmability

References

- Krueger, R. A. (2010) Using stories in evaluation. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer (Eds.) *Handbook of practical program evaluation* (3rd ed., pp. 404-423). San Francisco: Jossey-Bass.
- Rogers, P. J., & Goodrick, D. (2010) Qualitative data analysis. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer (Eds.) *Handbook of practical program evaluation* (3rd ed., pp. 429-453). San Francisco: Jossey-Bass.
- Patton, M.Q. (2014). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.) Thousand Oaks, CA: SAGE.

Selected Resources for Additional Study

- Administration for Children and Families, Office of Planning, Research and Evaluation (2010). *The program manager's guide to evaluation* (2nd ed.). Retrieved from U.S. Department of Health and Human Services website:
<http://www.acf.hhs.gov/programs/opre/resource/the-program-managers-guide-to-evaluation-second-edition>
- Centers for Disease Control and Prevention (2011a). *Introduction to program evaluation for public health programs: A self-study guide*. Retrieved from: <http://www.cdc.gov/eval/guide/>
- Centers for Disease Control and Prevention (2011b). *Developing an effective evaluation plan*. Retrieved from: <http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>
- DCoE Program Evaluation Guide and Program Evaluation Webinar Series:
http://www.dcoe.mil/About_DCoE/Program_Evaluation/Resources_and_Training.aspx
- U.S. Army Public Health Command, Behavioral and Social Health Outcomes Program (BSHOP): <https://phc.amedd.army.mil/organization/hq/deds/Pages/BSHOP.aspx>
- Medicine Sans Frontiers (Doctors Without Borders), A Guide to Using Qualitative Research Methodology:
<http://fieldresearch.msf.org/msf/bitstream/10144/84230/1/Qualitative%20research%20methodology.pdf>
- University of Georgia Qual Page,: <http://www.qualitativeresearch.uga.edu/QualPage/index.html>
- University of Kentucky – Extension, Using Focus Groups in Program Development and Evaluation: <http://www2.ca.uky.edu/AgPSD/Focus.pdf>
- Centers for Disease Control and Prevention, Program Performance and Evaluation Office:
<http://www.cdc.gov/eval/index.htm>
- National Network of Libraries of Medicine, Evaluation Guides from the Outreach Evaluation Resource Center: <http://nnlm.gov/evaluation/guides.html>
- University of Kansas, The Community Tool Box,: <http://ctb.ku.edu/en>
- Minnesota Department of Health, Quality Improvement Toolbox:
<http://www.health.state.mn.us/divs/opi/qi/toolbox>
- Deployment Health Clinical Center, Standard Health Assessment Tools:
http://www.pdhealth.mil/clinicians/assessment_tools.asp

Defense and Veterans Brain Injury Center, Diagnosis and Assessment:
[http://dvbic.dcoe.mil/diagnosis-assessment?audience\[0\]=3](http://dvbic.dcoe.mil/diagnosis-assessment?audience[0]=3)

National Center for Telehealth and Technology: <http://t2health.dcoe.mil/>

Appendix A. Codebook Example

This table is an example of an excerpt from a coding scheme used for focus groups or interviews with a clinical program focused on substance abuse for the evaluation question “How do program activities benefit participants?”

Code Name	Code Definition	Inclusion	Exclusion	Example Text
Logging substance use	Service member descriptions of logging use of substances to determine quantity and frequency of substance use	Apply to reports of service member using provided log or other means of documenting quantity and frequency of substance use during treatment period	Do not apply to reports of substance use before treatment period or cases in which participants reported he or she did not use any formal log or documentation process	“My therapist asked me to keep a diary of times when I drink alcohol.”
Helping activities	Service member descriptions of therapeutic activities that support reduction of substance use and/or risky behavior associated with substance use	Apply to reports of service member using skills during treatment period that helped to reduce substance use (e.g., alternative coping strategies) or risky behaviors (e.g., driving while intoxicated)	Do not apply if skill or activity did not reduce substance use or risky behavior, or if skill or activity occurred before treatment period	“I thought about having a drink, but used cognitive rehearsal to remind me what has happened in the past.”
Ineffective activities	Service member descriptions of therapeutic or non-therapeutic activities that did not support reduction in substance abuse or risky behavior	Apply to reports of service member using substances or engaging in risky behavior, despite use of skills or activities during the treatment period, or times in which skills or activities were not applied	Do not apply if skill or activity did reduce substance use or risky behavior, or if skill or activity appeared before the treatment period	“I thought about calling my sponsor, but I had just had a really bad day and wanted a drink, and nobody was gonna keep me from doing it.”

Template A. Codebook Template

Use the template to document coding categories identified by each evaluator. Evaluators may also wish to record notes while applying codes to document and refine important themes.

Code Name	Code Definition	Inclusion	Exclusion	Example Text