**Appendix B: Quality Assessment Tool**

**Effective Public Health Practice Project – modified from intervention to observation focussed**

1. **SELECTION BIAS**
2. Are the individuals selected to participate in the study likely to be representative of the target population?
   1. Very likely
   2. Somewhat likely
   3. Not likely
   4. Can’t tell
3. What percentage of selected individuals agreed to participate?
   1. 80-100% agreement
   2. 60-79% agreements
   3. Less than 60% agreement
   4. Not applicable
   5. Can’t tell
4. Are the characteristics of the patients included in the study clearly described?

*In cohort studies and trials, inclusion and/or exclusion criteria should be given. In case-control studies, a case-definition and the source for controls should be given.*

1. Yes
2. No
3. Were there important differences between those who did and did not participate?
   1. Yes
   2. No
   3. Can’t tell

(Examples of confounders: race, sex, marital status/family, age, SES (income or class), education, health status)

1. **STUDY DESIGN**
   1. Indicate the study design.
      1. Randomized controlled trial
      2. Controlled clinical trial
      3. Cohort analytical (two group pre + post)
      4. Case-control
      5. Cohort (one group pre + post – before and after)
      6. Interrupted time series
      7. Other. Specify .................
      8. Can’t tell
   2. Was exposure biologically verified?
      1. Yes
      2. No
   3. Was apriori/theoretical justification of predictors described, and then also mirrored in results section?
      1. Yes
      2. No
      3. Can’t tell
2. **CONFOUNDERS**
   1. Were there important differences between cases and non-cases when outcome was measured?
      1. Yes
      2. No
      3. Can’t tell

(Examples of confounders: race, sex, marital status/family, age, SES (income or class), education, health status, pre-intervention score on outcome measure)

* 1. If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis).
     1. 80-100% (most)
     2. 60-79% (some)
     3. Less than 0% (few or none)
     4. Can’t tell

1. **BLINDING**
   1. Was (were) the outcome assessor(s) aware of the exposure status of participants?
      1. Yes
      2. No
      3. Can’t tell
   2. Were the study participants aware of the research question?
      1. Yes
      2. No
      3. Can’t tell
2. **DATA COLLECTION METHODS**
   1. Were data collection tools shown to be valid?
      1. Yes
      2. No
      3. Can’t tell
   2. Were data collection tools shown to be reliable?
      1. Yes
      2. No
      3. Can’t tell
   3. Was fatigue measured as the primary outcome?
      1. Yes
      2. No
      3. Can’t tell
   4. Was the follow-up time period adequately explained?
3. Yes .....................
4. No
5. **WITHDRAWALS AND DROPOUTS**
   1. Were withdrawals and dropouts reported in terms of numbers and/or reasons per group?
      1. Yes
      2. No
      3. Can’t tell
      4. Not Applicable (i.e. on time surveys or interviews)
   2. Indicate the percentage of participants completing the study (if the percentage differs by groups, record the lowest).
      1. 80-100%
      2. 60-79%
      3. Less than 60%
      4. Can’t tell
      5. Not Applicable (i.e. retrospective case-control)
   3. Were there important differences between completers and dropouts?
      1. Yes
      2. No
      3. Can’t tell

(Examples of confounders: race, sex, marital status/family, age, SES (income or class), education, health status, pre-intervention score on outcome measure)

1. **ANALYSES**
   1. Are the statistical methods appropriate for the study design?
      1. Yes
      2. No
      3. Can’t tell