

Group:

Paper:

<b>Assessment of quality of a cohort study – Newcastle Ottawa Scale</b>		
<b>Selection</b> (tick one box in each section)		
1. Representativeness of the intervention cohort		
a) truly representative of the <u>average, elderly, community-dwelling resident</u>	★	<input type="checkbox"/>
b) somewhat representative of the <u>average, elderly, community-dwelling resident</u>	★	<input type="checkbox"/>
c) selected group of patients, <u>e.g. only certain socio-economic groups/areas</u>		<input type="checkbox"/>
d) no description of the derivation of the cohort		<input type="checkbox"/>
2. Selection of the non intervention cohort		<input type="checkbox"/>
a) drawn from the same community as the intervention cohort	★	<input type="checkbox"/>
b) drawn from a different source		<input type="checkbox"/>
c) no description of the derivation of the non intervention cohort		<input type="checkbox"/>
3. Ascertainment of intervention		<input type="checkbox"/>
a) secure record (eg health care record)	★	<input type="checkbox"/>
b) structured interview	★	<input type="checkbox"/>
c) written self report		<input type="checkbox"/>
d) other / no description		<input type="checkbox"/>
4. Demonstration that outcome of interest was not present at start of study		<input type="checkbox"/>
a) yes	★	<input type="checkbox"/>
b) no		<input type="checkbox"/>
<b>Comparability</b> (tick one or both boxes, as appropriate)		
1. Comparability of cohorts on the basis of the design or analysis		<input type="checkbox"/>
a) study controls for <u>age, sex, marital status</u>	★	<input type="checkbox"/>
b) study controls for any additional factors ( <u>e.g. socio-economic status, education</u> )	★	<input type="checkbox"/>
<b>Outcome</b> (tick one box in each section)		
1. Assessment of outcome		<input type="checkbox"/>
a) independent blind assessment	★	<input type="checkbox"/>
b) record linkage	★	<input type="checkbox"/>
c) self report		<input type="checkbox"/>
d) other / no description		<input type="checkbox"/>
2. Was follow up long enough for outcomes to occur		<input type="checkbox"/>
a) yes, if median duration of follow-up $\geq$ 6 month	★	<input type="checkbox"/>
b) no, if median duration of follow-up $<$ 6 months		<input type="checkbox"/>
3. Adequacy of follow up of cohorts		<input type="checkbox"/>
a) complete follow up: all subjects accounted for	★	<input type="checkbox"/>
b) subjects lost to follow up unlikely to introduce bias: number lost $\leq$ 20%, or description of those lost suggesting no different from those followed	★	<input type="checkbox"/>
c) follow up rate $<$ 80% (select an adequate %) and no description of those lost		<input type="checkbox"/>
d) no statement		<input type="checkbox"/>

NB Underlined text 'customised' for the intervention being reviewed

## NOS – CODING MANUAL FOR COHORT STUDIES

### **SELECTION**

#### **1) Representativeness of the Exposed Cohort (NB exposure = intervention)**

Item is assessing the representativeness of exposed individuals in the community, not the representativeness of the study sample from some general population. For example, subjects derived from groups likely to contain exposed people are likely to be representative of exposed individuals, while they are not representative of all people the community.

*Allocation of stars as per rating sheet*

#### **2) Selection of the Non-Exposed Cohort**

*Allocation of stars as per rating sheet*

#### **3) Ascertainment of Exposure**

*Allocation of stars as per rating sheet*

#### **4) Demonstration That Outcome of Interest Was Not Present at Start of Study**

In the case of mortality studies, outcome of interest is still the presence of a disease/ incident, rather than death. That is to say that a statement of no history of disease or incident earns a star.

### **COMPARABILITY**

#### **1) Comparability of Cohorts on the Basis of the Design or Analysis**

Either exposed and non-exposed individuals must be matched in the design and/or confounders must be adjusted for in the analysis. Statements of no differences between groups or that differences were not statistically significant are not sufficient for establishing comparability. Note: If the relative risk for the exposure of interest is adjusted for the confounders listed, then the groups will be considered to be comparable on each variable used in the adjustment.

*A maximum of 2 stars can be allotted in this category.*

### **OUTCOME**

#### **2) Assessment of Outcome**

For some outcomes, reference to the medical record is sufficient to satisfy the requirement for confirmation. This may not be adequate for other outcomes where reference to specific tests or measures would be required.

- a) Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (health records, etc.) ☆
- b) Record linkage (e.g. identified through ICD codes on database records) ☆
- c) Self-report (i.e. no reference to original health records or documented source to confirm the outcome)
- d) No description.

#### **3) Was Follow-Up Long Enough for Outcomes to Occur**

An acceptable length of time should be decided before quality assessment begins.

#### **4) Adequacy of Follow Up of Cohorts**

This item assesses the follow-up of the exposed and non-exposed cohorts to ensure that losses are not related to either the exposure or the outcome.

*Allocation of stars as per rating sheet*