

**DATA EXTRACTION FORM: ASSESSMENT OF RISK OF BIAS IN SYSTEMATIC REVIEWS**

Study ID: Date of data extraction: Journal name: Title of article:	Extractor ID:
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**Systematic review type** Cochrane  Non Cochrane

**Cochrane Review Group** (Cochrane only) .....

**Disease speciality** (enter code number) .....

**Type of intervention**

Drug       Surgery/procedure       Counselling/lifestyle       Equipment   
 Other  (describe: ..... )

**Number of included studies** .....

**Number of randomized trials** .....

**Method of assessing risk of bias (methodological quality)**

Single components       Scale (score)       Checklist       Not reported

**Type of tool used**

Cochrane risk of bias tool       Modified Cochrane risk of bias tool       Jadad scale   
 Schulz scale       Not reported       Other

If other, give details .....

**How assessment was done reported in methods section** Yes  No

**Who did assessment** One person  Two people  Not reported

**Assessment used as eligibility criteria** Yes  No  Not reported

**Number of items assessed** .....

**Which items were assessed?**

Random sequence generation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Allocation concealment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Blinding of participants, personnel and outcome assessors (combined)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Blinding of participants and personnel (separate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Blinding of outcome assessors (separate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Assessed blinding for >1 outcome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Incomplete outcome data (loss to follow up)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Assessed incomplete outcome data for >1 outcome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Selective outcome reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>
Other sources of bias	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>

If other sources of bias / methodological quality (e.g. ITT, early stopping, baseline imbalance, funding) assessed, give details

**Presentation of risk of bias (methodological quality) assessment**

Table and description  Table only  Figure  Graph  Not reported

Other

If other, give details .....

**Abstract: assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Plain language summary (Cochrane only): assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Discussion: assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Conclusion (non Cochrane only): assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Implications for practice (Cochrane only): assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Implications for research (Cochrane only): assessment linked to interpretation of results**

Specifically mentioned  General comment  Not reported  N/A

Amount of space allocated (lines) .....

**Assessment incorporated into GRADE summary**

Yes  Not applicable (GRADE not used)

**How was assessment incorporated into the results**

Descriptive only  Meta-analysis only  Both

**If meta-analysis was done:**

Number of meta-analysis carried out .....

Number of meta-analysis where assessment incorporated into analysis .....

If assessment not incorporated into meta-analysis, give reason (e.g. lack of trials)

**Which meta-analysis was used**

Main (primary outcome)  Secondary outcome  Both  Unclear

**How was this assessment done**

Exploring heterogeneity  Meta regression  Sensitivity analysis

Subgroup analysis  Other

If other, give details .....

**Other comments**

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## Notes

**Disease specialty:** This item relates to the disease area reported in the systematic review and should be classified as either:

01 Alternative medicine	10 Haematology / Immunology	19 Paediatrics
02 Anaesthesia	11 Infectious diseases	20 Pharmacology
03 Cardiology	12 Musculoskeletal	21 Physiology
04 Critical Care	13 Nephrology	22 Psychiatry / Psychology
05 Dentistry	14 Neurology	23 Radiology
06 Dermatology	15 Obstetrics / Gynaecology	24 Respiratory
07 Endocrinology	16 Oncology	25 Rheumatology
08 Gastroenterology	17 Ophthalmology	26 Surgery
09 Geriatrics	18 Otolaryngology (ENT)	27 Urology

**Type of intervention:** This item relates to the type of intervention assessed in the systematic review and should be classified as either:

Drug	Consisted of a chemical substance administered to study participants
Surgical / procedure	Involved a manual procedure being performed on the participants
Counselling / lifestyle	Consisted of modifications to participants lifestyles (including diet and exercise) or attendance of counselling / information sessions
Equipment	Applied to participants such as new type of ventilator