APPENDIX 2: QUALITY CRITERIA CHECKLIST

Legenda:

Ran Roos

G Bosch

Smith, D. Loewenstein, G. Jepson, C. Jankovich, A. Feldman, H. Ubel, P. Mispredicting and Misremembering: Patients With Renal Failure Overestimate Improvements in Quality of Life After a Kidney Transplant. Health Psychology 2008, Vol. 27, No. 5, 653-658

National Heart, Lung, and Blood Institute, Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	X		
2. Was the study population clearly specified and defined?	X		
3. Was the participation rate of eligible persons at least 50%?	X		
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	X	X	
5. Was a sample size justification, power description, or variance and effect estimates provided?		X	
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	X		
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	X		

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?			NA
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
10. Was the exposure(s) assessed more than once over time?	X		
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
12. Were the outcome assessors blinded to the exposure status of participants?			NA
13. Was loss to follow-up after baseline 20% or less?		X	
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	X		

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: RAN ROOS: **predominantly GOOD**
Rater #2 initials: G BOSCH: **predominantly GOOD**
Additional Comments (If POOR, please state why):

Damsgaard, J.B. Jorgensen, L.B. Norlyk, A. Birkelund, R. Spinal fusion surgery: From relief to insecurity. International Journal of Orthopaedic and Trauma Nursing (2016). Doi: 10.1016/j.ijotn.2016.06.001

Quality assessment for the systematic review of qualitative evidence op basis van Hawker S, Payne S, Kerr C, Hardey M, Powell J. Appraising the evidence: reviewing disparate data systematically. Qual Health Res 2002;12:1284–99. 10.1177/1049732302238251.

1. *Abstract and title*. Did they provide a clear description of the study?

   Good: structured abstract with full information and clear title. Fair: abstract with most of the information. Poor: inadequate abstract. Very poor: no abstract.

   Good

2. *Introduction and aims*. Was there a good background section and clear statement of the aims of the research?

   Good: full but concise background to discussion/study containing up-to-date literature review and highlighting gaps in knowledge; clear statement of aim AND objectives including research questions. Fair: some background and literature review; research questions outlined. Poor: some background but no aim/objectives/questions OR aims/objectives but inadequate background. Very poor: no mention of aims/objectives; no background or literature review.

   Ran Roos: Good

   G Bosch: Fair (no objectives including research questions)

3. *Method and data*. Is the method appropriate and clearly explained?

   Good: method is appropriate and described clearly (e.g. questionnaires included); clear details of the data collection and recording. Fair: method appropriate, description could be better; data described. Poor: questionable whether method is appropriate; method described inadequately; little description of data. Very poor: no mention of method AND/OR method inappropriate AND/OR no details of data.

   Fair

4. *Sampling*. Was the sampling strategy appropriate to address the aims?

   Good: details (age/gender/race/context) of who was studied and how they were recruited and why this group was targeted; the sample size was justified for the study; response rates shown and explained. Fair: sample size justified; most information given but some missing. Poor: sampling mentioned but few descriptive details. Very poor: no details of sample.

   Ran Roos: Fair (small sample size)

   G Bosch: fair (small sample size, some information missing (oa time onset disease)

5. *Data analysis*. Was the description of the data analysis sufficiently rigorous?

   Good: clear description of how analysis was carried out; description of how themes derived/respondent validation or triangulation. Fair: descriptive discussion of analysis. Poor: minimal details about analysis. Very poor: no discussion of analysis.

   Fair

6. *Ethics and bias*. Have ethical issues been addressed and has necessary ethical approval been gained?Has the relationship between researchers and participants been adequately considered?

Good: ethics: when necessary, issues of confidentiality, sensitivity and consent were addressed; bias: researcher was reflexive and/or aware of own bias. Fair: lip service was paid to above (i.e. these issues were acknowledged). Poor: brief mention of issues. Very poor: no mention of issues.

Good

7. *Results*. Is there a clear statement of the findings?

Good: findings explicit, easy to understand and in logical progression; tables, if present, are explained in text; results relate directly to aims; sufficient data are presented to support findings. Fair: findings mentioned but more explanation could be given; data presented relate directly to results. Poor: findings presented haphazardly, not explained and do not progress logically from results. Very poor: findings not mentioned or do not relate to aims.

Fair (more explanation could be given)

8. *Transferability or generalisability*. Are the findings of this study transferable (generalisable) to a wider population?

Good: context and setting of the study are described sufficiently to allow comparison with other contexts and settings, plus high score in Q4 (sampling). Fair: some context and setting described but more needed to replicate or compare the study with others, plus fair score or higher in Q4. Poor: minimal description of context/setting. Very poor: no description of context/setting.

Ran Roos: Good

G Bosch: Fair

9. *Implications and usefulness*. How important are these findings to policy and practice?

Good: contributes something new and/or different in terms of understanding/insight or perspective; suggests ideas for further research; suggests implications for policy and/or practice. Fair: two of the above. Poor: only one of the above. Very poor: none of the above.

Fair

RAN ROOS: **Fair**

G BOSCH: **Fair**

Nan-hi Lee, C. Pignone, M.P. Deal, A.M. Blizard, L. Hunt, C. Huh, R. Liu, Y-J. Ubel, P.A. Accuracy of Predictions of Patients With Breast Cancer of Future Well-being AFter Immediate Breast Reconstruction. *JAMA Surg.* 2018 Apr;153(4):e176112.

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	X		
2. Was the study population clearly specified and defined?	X		
3. Was the participation rate of eligible persons at least 50%?	X		
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	X		
5. Was a sample size justification, power description, or variance and effect estimates provided?	X		
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	X		
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	X		

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	X		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
10. Was the exposure(s) assessed more than once over time?	X		
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
12. Were the outcome assessors blinded to the exposure status of participants?		X	
13. Was loss to follow-up after baseline 20% or less?	X		
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	X		

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: ROOS RAN: **GOOD**
Rater #2 initials: G BOSCH: **GOOD**
Additional Comments (If POOR, please state why):

Riis, J. Baron, J. Loewenstein, G. Jepson, C.: Ignorance of Hedonic Adaptation to Hemodialysis: A Study Using Ecological Momentary Assessment. Journal of Experimental Psychology: General 2005, Vol. 134, No. 1, 3-9

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	X	X	
2. Was the study population clearly specified and defined?	X		
3. Was the participation rate of eligible persons at least 50%?		X	
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	X		
5. Was a sample size justification, power description, or variance and effect estimates provided?		X	
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	X		
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		X	

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	X		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
10. Was the exposure(s) assessed more than once over time?	X		
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?		X	
12. Were the outcome assessors blinded to the exposure status of participants?		X	
13. Was loss to follow-up after baseline 20% or less?	X		
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?		X	

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: RAN ROOS: **FAIR**
Rater #2 initials: G BOSCH: **FAIR**
Additional Comments (If POOR, please state why):

Smith, D.M. Damschroder, L. Sherriff, R.L. Loewenstein, G. Misremembering Colostomies? Former Patients Give Lower Utility Ratings Than Do Current Patients. Health Psychology 2006, Vol. 25, No. 6, 688-695.

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	X		
2. Was the study population clearly specified and defined?	X		
3. Was the participation rate of eligible persons at least 50%?		X	
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	X	X	
5. Was a sample size justification, power description, or variance and effect estimates provided?		X	
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	X		
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	X		

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	X		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
10. Was the exposure(s) assessed more than once over time?		X	
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	X		
12. Were the outcome assessors blinded to the exposure status of participants?		X	
13. Was loss to follow-up after baseline 20% or less?			NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	X		

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: RAN ROOS: **FAIR**
Rater #2 initials: G BOSCH: **FAIR**
Additional Comments (If POOR, please state why):

Supplemental material

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BMJ Open

Peeters, Y. Vliet Vlieland, T.P.M. Stiggelbout, A.M. Focusing illusion, adaptation and EQ-5D health state descriptions: the difference between patients and public. Health Expectations, 15, pp.367-378. DOI:10.1111/j.1369-7625.2011.00667.x

Quality assessment for the systematic review of qualitative evidence op basis van Hawker S, Payne S, Kerr C, Hardey M, Powell J. Appraising the evidence: reviewing disparate data systematically. Qual Health Res 2002;12:1284–99. 10.1177/1049732302238251.

1. *Abstract and title*. Did they provide a clear description of the study?

    Good: structured abstract with full information and clear title. Fair: abstract with most of the information. Poor: inadequate abstract. Very poor: no abstract.

    GOOD

2. *Introduction and aims*. Was there a good background section and clear statement of the aims of the research?

    Good: full but concise background to discussion/study containing up-to-date literature review and highlighting gaps in knowledge; clear statement of aim AND objectives including research questions. Fair: some background and literature review; research questions outlined. Poor: some background but no aim/objectives/questions OR aims/objectives but inadequate background. Very poor: no mention of aims/objectives; no background or literature review.

    GOOD

    G Bosch: FAIR (research questions stated clearly in methods, but not in introductions)

3. *Method and data*. Is the method appropriate and clearly explained?

    Good: method is appropriate and described clearly (e.g. questionnaires included); clear details of the data collection and recording. Fair: method appropriate, description could be better; data described. Poor: questionable whether method is appropriate; method described inadequately; little description of data. Very poor: no mention of method AND/OR method inappropriate AND/OR no details of data.

    GOOD

4. *Sampling*. Was the sampling strategy appropriate to address the aims?

    Good: details (age/gender/race/context) of who was studied and how they were recruited and why this group was targeted; the sample size was justified for the study; response rates shown and explained. Fair: sample size justified; most information given but some missing. Poor: sampling mentioned but few descriptive details. Very poor: no details of sample.

    FAIR (why patients with RA?)

5. *Data analysis*. Was the description of the data analysis sufficiently rigorous?

    Good: clear description of how analysis was carried out; description of how themes derived/respondent validation or triangulation. Fair: descriptive discussion of analysis. Poor: minimal details about analysis. Very poor: no discussion of analysis.

    FAIR

6. *Ethics and bias*. Have ethical issues been addressed and has necessary ethical approval been gained?Has the relationship between researchers and participants been adequately considered?

Good: ethics: when necessary, issues of confidentiality, sensitivity and consent were addressed; bias: researcher was reflexive and/or aware of own bias. Fair: lip service was paid to above (i.e. these issues were acknowledged). Poor: brief mention of issues. Very poor: no mention of issues.

FAIR

7. *Results*. Is there a clear statement of the findings?

Good: findings explicit, easy to understand and in logical progression; tables, if present, are explained in text; results relate directly to aims; sufficient data are presented to support findings. Fair: findings mentioned but more explanation could be given; data presented relate directly to results. Poor: findings presented haphazardly, not explained and do not progress logically from results. Very poor: findings not mentioned or do not relate to aims.

RAN ROOS: GOOD

G BOSCH: FAIR (more explanation needed on the relation between EQ-5D and self-named aspects + ranking of EQ-5D aspects)

8. *Transferability or generalisability*. Are the findings of this study transferable (generalisable) to a wider population?

Good: context and setting of the study are described sufficiently to allow comparison with other contexts and settings, plus high score in Q4 (sampling). Fair: some context and setting described but more needed to replicate or compare the study with others, plus fair score or higher in Q4. Poor: minimal description of context/setting. Very poor: no description of context/setting.

GOOD

9. *Implications and usefulness*. How important are these findings to policy and practice?

Good: contributes something new and/or different in terms of understanding/insight or perspective; suggests ideas for further research; suggests implications for policy and/or practice. Fair: two of the above. Poor: only one of the above. Very poor: none of the above.

FAIR

RAN ROOS: FAIR

G BOSCH: FAIR

Goranson, A. Ritter, R.S. Waytz, A. Norton, M.I. Gray, K. Dying is Unexpectedly Positive. Psychological Science 2017, Vol. 28(7) 988-999 (Study I)

Quality assessment for the systematic review of qualitative evidence op basis van Hawker S, Payne S, Kerr C, Hardey M, Powell J. Appraising the evidence: reviewing disparate data systematically. Qual Health Res 2002;12:1284–99. 10.1177/1049732302238251.

1. *Abstract and title*. Did they provide a clear description of the study?

   Good: structured abstract with full information and clear title. Fair: abstract with most of the information. Poor: inadequate abstract. Very poor: no abstract.

   FAIR (no information about sampling, method i.e.)

2. *Introduction and aims*. Was there a good background section and clear statement of the aims of the research?

   Good: full but concise background to discussion/study containing up-to-date literature review and highlighting gaps in knowledge; clear statement of aim AND objectives including research questions. Fair: some background and literature review; research questions outlined. Poor: some background but no aim/objectives/questions OR aims/objectives but inadequate background. Very poor: no mention of aims/objectives; no background or literature review.

   FAIR (no clear research questions /objectives)

3. *Method and data*. Is the method appropriate and clearly explained?

   Good: method is appropriate and described clearly (e.g. questionnaires included); clear details of the data collection and recording. Fair: method appropriate, description could be better; data described. Poor: questionable whether method is appropriate; method described inadequately; little description of data. Very poor: no mention of method AND/OR method inappropriate AND/OR no details of data.

   FAIR

4. *Sampling*. Was the sampling strategy appropriate to address the aims?

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   FAIR

5. *Data analysis*. Was the description of the data analysis sufficiently rigorous?

   Good: clear description of how analysis was carried out; description of how themes derived/respondent validation or triangulation. Fair: descriptive discussion of analysis. Poor: minimal details about analysis. Very poor: no discussion of analysis.

   FAIR

6. *Ethics and bias*. Have ethical issues been addressed and has necessary ethical approval been gained?Has the relationship between researchers and participants been adequately considered?

   Good: ethics: when necessary, issues of confidentiality, sensitivity and consent were addressed; bias: researcher was reflexive and/or aware of own bias. Fair: lip service was paid

to above (i.e. these issues were acknowledged). Poor: brief mention of issues. Very poor: no mention of issues.

POOR

7. *Results*. Is there a clear statement of the findings?

    Good: findings explicit, easy to understand and in logical progression; tables, if present, are explained in text; results relate directly to aims; sufficient data are presented to support findings. Fair: findings mentioned but more explanation could be given; data presented relate directly to results. Poor: findings presented haphazardly, not explained and do not progress logically from results. Very poor: findings not mentioned or do not relate to aims.

    GOOD

8. *Transferability or generalisability*. Are the findings of this study transferable (generalisable) to a wider population?

    Good: context and setting of the study are described sufficiently to allow comparison with other contexts and settings, plus high score in Q4 (sampling). Fair: some context and setting described but more needed to replicate or compare the study with others, plus fair score or higher in Q4. Poor: minimal description of context/setting. Very poor: no description of context/setting.

    FAIR

9. *Implications and usefulness*. How important are these findings to policy and practice?

    Good: contributes something new and/or different in terms of understanding/insight or perspective; suggests ideas for further research; suggests implications for policy and/or practice. Fair: two of the above. Poor: only one of the above. Very poor: none of the above.

    FAIR

RAN ROOS: FAIR

G BOSCH: FAIR