				RISK OF BIAS ASSESSMENT	
Potent	ial bias (ciro	cle one)	Items considered for assessment of potential opportunity for bias	Yes response	
Study population The study sample represents the population of interest on key characteristics sufficient to limit potential bias to the results.			The source population or population of interest is adequately described for key characteristics and the study setting supports the applicability of results. Eligibility criteria and recruitment are adequately described and the inclusion/exclusion criteria applied uniformly to all screened for eligibility. There is adequate participation in the study by eligible participants, and was sufficient information given about those who did not participate. The baseline characteristics of participants included in the study sample is adequately described for key characteristics and representative of the population of interest. Cases and controls drawn from same population and participation rate similar in both groups.	Prospective cohort of all live births AND multicentre (3 or more) AND sample size alive at discharge >200 AND no major exclusions (unless focus of study is children free of major disability) AND sufficient information provided about flow of participants from recruitment to discharge.	Single centre N OR sample size OR major exclu disability).
Yes	Partly	No		Yes response	
Study attrit Loss to follo study popu with key ch study data the sample potential bi	tion ow-up (from lation) is not aracteristics adequately r), sufficient t ias.	sample to associated (i.e. the epresent o limit	Study design was prospective. The completeness of follow-up was sufficiently high. Attempts to collect information on participants lost to follow-up are described. Reasons on lost to follow-up are provided. Participants lost to follow-up are adequately described for key characteristics. There are no important differences between key characteristics and outcomes in participants who completed follow-up and those who did not. If the risk of bias due to study attrition was moderate or high, measures taken to address this in the analysis, e.g. multiple imputation.	Number seen at assessment: >80% (up to 5 years) or >70% (over 5 years) AND reasons lost to follow-up reported with numbers AND comparison of lost versus not lost to follow-up with no important differences if response rate <90%, OR if importance differences found addressed in the analysis.	Number seen
Yes	Partly	No		Yes response	
Prognostic factor measurement The prognostic factors of interest are adequately measured in study participants to sufficiently limit potential bias.			Clear definitions of the prognostics factors were provided and measurements described in sufficient detail to allow replication. Prognostic factors measured prior to outcomes occurring. Continuous variables are treated appropriately and rationale provided for cut-off values if analysed as categorical. Methods of measurement were accurate, valid, consistent and reliable, e.g. blinded or objective assessment, validated scales used, not prone to recall bias. Adequate proportion of the study sample has complete data for prognostic factors.	Data collection is prospective and risk factors recorded prior to outcome AND clear definition of risk factors provided AND clear rationale for candidate risk factors, or a very wide coverage AND method of measurement a validated scale or strict diagnostic criteria AND continuous variables left as continuous or rational provided for cut-offs AND number in final model with complete data on risk factors reported.	Definition of ri OR use of non- OR diagnostic (OR inadequate
Yes Partly No			Appropriate methods were used to account for missing prognostic data in the analysis.	Yes response	
Outcome measurement The outcomes of interest are adequately measured in study participants to sufficiently limit potential bias.			Clear definitions of the outcomes of interest were provided, including duration of follow-up. Methods of measurement were accurate, valid, consistent and reliable, e.g. blinded or objective assessment, validated scales used, strict diagnostic criteria. The method and setting of measurement was the same for all participants.	Evaluated prospectively AND comprehensive well-validated test with suitable norms/reference group or strict diagnostic/standard published criteria used. AND performed by a small number of qualified study paediatricians/neurologists (or if assessed in local centres, all trained according to central protocol) AND blinded to previous medical history.	Mark down if: General or rou with potential Short form or Parent report Reliability acro NO if 2 or mor
Yes	Partly	No		Yes response	
Confounding measurement andaccount Important potentialconfounders are appropriatelyaccounted for, limiting potentialbias with respect to the prognosticfactor of interest.YesPartlyNo			Important potential confounders are accounted for in the study design (e.g. matching, stratification) or in the analysis (adjustment). All important confounders, including treatments are measured. Clear definitions of the important confounders measured are provided. Methods of measurement were accurate, valid, consistent and reliable, e.g. blinded or objective assessment, validated scales used, not prone to recall bias. The method and setting of measurement was the same for all participants. Appropriate methods were used to account for missing confounder data in the analysis	List of candidate factors includes: 1) Gestational age or birth weight, 2) Sex, 3) Multiple pregnancy, 4) Socio-economic status or education. Mark down if: One or more of these factors is not considered (unless multiples are excluded or very restricted GA/BW population) Population is from an RCT and trial arm is not adjusted for.	None of these considered, ar
103	. areiy		There is sufficient presentation of the data to assess the adequacy of the analysis.	Statistical model used appropriate for the study design and type of data	Mark down if:
Analysis and reporting The statistical analysis is appropriate for the design of the study, limiting potential for presentation of invalid results.			The strategy for model building was reported and acceptable. The analysis is appropriate for the design of the study. There is no selective reporting of results. Confidence intervals were provided for estimates of association.	AND a model building strategy used, e.g. stepwise, forward, backward selection AND strategy and results clearly reported AND completeness of reporting of results in final multivariable model with point estimates and measures of variance.	Statistical moc No model built Unclear report Selective repo
Yes	Partly	No]		

No response

e NICU. size alive at discharge <50 clusions (unless focus of study is children free of major

No response

en at assessment: <65% (up to 5 years) or <50% (over 5 years). nominators not reported.

No response

f risk factors not clear

on-validated scales

tic criteria not well-defined

ate proportion of those assessed included in final model.

No response

routine clinical exam with no protocol/strict diagnostic criteria ial for misclassification

or brief version of a more comprehensive test

rt or assessors not blinded

cross assessors questionable.

nore of the above.

No response

se factors are considered as candidate factors, or if they are are eliminated without statistical testing.

No response

nodel not appropriate uilding strategy, e.g. all candidates included without screening orting of strategy or results porting of results.

nore of the above.