

ADAPTED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE COHORT STUDIES

Selection

1. Representativeness of the patient cohort *
 - a) truly representative of the corresponding patient cohort in the general community (e.g. multi center trial with different types of hospitals) *
 - b) somewhat representative of the corresponding patient cohort (e.g. single center study in only hospital of the catchment area) *
 - c) selected group of patients
 - d) no or unclear description of the derivation of the patient cohort
2. Selection of the healthy control cohort^{[1][2]} (if applicable)
 - a) drawn from the same community as the patient cohort *
 - b) drawn from a different source^{[1][2]}
 - c) no description of the derivation of the healthy cohort
3. Ascertainment of exposure^{[1][2]} (not applicable)
4. Demonstration that outcome of interest was not present at start of study (not applicable)

Comparability

1. Comparability of cohorts on the basis of the design or analysis^{[1][2]} (if applicable)
 - a) study controls for age differences between cohorts (e.g. by matching or statistical adjustment for potential confounding) *
 - b) study does not control for age differences between cohorts

Outcome

1. Assessment of outcome
 - a) independent assessment (e.g. by nurses or researchers not involved in the study) *
 - b) assessment by member of the research team
 - c) no information given
2. Was follow-up long enough for patients to recover?
 - a) yes (follow up at least 12 months) *
 - b) no (follow up less than 12 months)

3. Adequacy of follow up of cohorts^[17]
- a) complete follow up - all subjects accounted for *
 - b) subjects lost to follow up unlikely to introduce bias (e.g. drop out because of medical complications) or at least 90% *
 - c) follow up rate < 90 % or no description of those lost or description suggests bias
 - d) no statement