**Project/Topic of your Clinical Question:**

**Reviewer:**

**Today's Date:**

**Final Evidence Level:**

**Article Title:**

**Year:**

**First Author:**

**Journal:**

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Do the study aim/purpose/objectives and inclusion/exclusion criteria assist in answering your clinical question?

- [ ] Yes
- [ ] No
- [ ] Unknown

- **Study Aim/Purpose/Objectives:**

- **Inclusion Criteria:**

- **Exclusion Criteria:**

Is a cohort study congruent with the author's study aim/purpose/objectives above?

- [ ] Yes
- [ ] No
- [ ] Unknown

**Comments:**

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When reading the bolded questions, consider the bulleted questions to help answer the main question.

If you are uncertain of your skills in evidence evaluation, please consult a local evidence expert for assistance:

- CCHMC Evidence Experts: [http://groups/ce/NewEBC/EBDMHelp.htm](http://groups/ce/NewEBC/EBDMHelp.htm)

Unfamiliar terms can be found in the LEGEND Glossary: [http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf](http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf)

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**VALIDITY: ARE THE RESULTS OF THE COHORT STUDY VALID OR CREDIBLE?**

1. Were the study methods appropriate for the question?

   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   - Were the study methods clearly described (e.g., setting, sample population)?
   - Were the instruments clearly described?
   - Were the interventions clearly described?

   **Comments:**

2. Were the participants recruited prospectively with a comparison group?

   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   **Note:** If no comparison group was studied, consider using the Longitudinal Appraisal Form.

   **Comments:**

3. Were instruments used to measure the outcomes valid and reliable?

   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   - Were the instruments tested to be valid and reliable?

   **Comments:**

4. Were all appropriate variables (e.g., potential confounders, exposures, predictors) and interventions clearly described?

   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   **Comments:**
5. Were all appropriate outcomes clearly described?  

☐ Yes  ☐ No  ☐ Unknown  

Comments:

6. Was the follow-up process described and complete?  

☐ Yes  ☐ No  ☐ Unknown  

- Was the follow-up long enough to fully study the effects of the intervention?  
- Was there a low rate of attrition?  

Note: If greater than 20% lost to follow up, bias may be of greater concern.  

Comments:

7. Was there freedom from conflict of interest?  

☐ Yes  ☐ No  ☐ Unknown  

- Sponsor/Funding Agency or Investigators  

Comments:

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**RELIABILITY: ARE THESE VALID STUDY RESULTS IMPORTANT?**

8. Were the statistical analysis methods appropriate?  

☐ Yes  ☐ No  ☐ Unknown  

- Were the statistical analysis methods clearly described?  

Comments:

9. Did the study have a sufficiently large sample size?  

☐ Yes  ☐ No  ☐ Unknown  

- Was a power analysis described?  
- Did the sample size achieve or exceed that resulting from the power analysis?  
- Did each subgroup also have sufficient sample size (e.g., at least 6-12 participants)?  

Comments:

10. What are the main results of the study? (e.g., Helpful data: Page #, Table #, Figures, Graphs)  

- What is the effect size? (How large was the treatment effect?)  

- What were the measures of statistical uncertainty (e.g., precision)?  
  (Were the results presented with Confidence Intervals or Standard Deviations?)

11. Were the results statistically significant?  

☐ Yes  ☐ No  ☐ Unknown  

Comments:
12. Were the results clinically significant?  
   • If potential confounders were identified, were they discussed in relationship to the results?  
   Comments:

13. Were adverse events assessed?  
   Comments:

**APPLICABILITY:** **CAN I APPLY THESE VALID, IMPORTANT STUDY RESULTS TO TREATING MY PATIENTS?**

14. Can the results be applied to my population of interest?  
   • Is the treatment feasible in my care setting?  
   • Do the patient outcomes apply to my population or question of interest?  
   • Are the likely benefits worth the potential harm and costs?  
   • Were the patients in this study similar to my population of interest?  
   Comments:

15. Are my patient’s and family’s values and preferences satisfied by the treatment and its consequences?  
   Comments:

16. Would you include this study/article in development of a care recommendation?  
   Comments:

**ADDITIONAL COMMENTS OR CONCLUSIONS (“TAKE-HOME POINTS”):**
QUALITY LEVEL / EVIDENCE LEVEL

- Consider each “No” answer and the degree to which this limitation is a threat to the validity of the results, then check the appropriate box to assign the level of quality for this study/article.
- Consider an “Unknown” answer to one or more questions as a similar limitation to answering “No,” if the information is not available in the article

THE EVIDENCE LEVEL IS:

- [ ] Good Quality Prospective Cohort Study [3a]
- [ ] Lesser Quality Prospective Cohort Study [3b]
- [ ] Good Quality Retrospective Cohort Study [4a]
- [ ] Lesser Quality Retrospective Cohort Study [4b]
- [ ] Not Valid, Reliable, or Applicable

Table of Evidence Levels

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Development for this appraisal form is based on: