

Appendix S6: AACODS Checklist and NIH Quality Assessment Tool for Observation Cohort and Cross-Sectional Studies

AACODS		YES	NO	?
Authority	Identifying who is responsible for the intellectual content. Individual author: <ul style="list-style-type: none"> • Associated with a reputable organisation? • Professional qualifications or considerable experience? • Produced/published other work (grey/black) in the field? • Recognised expert, identified in other sources? • Cited by others? (use Google Scholar as a quick check) • Higher degree student under “expert” supervision? Organisation or group: <ul style="list-style-type: none"> • Is the organisation reputable? (e.g. W.H.O) • Is the organisation an authority in the field? In all cases: <ul style="list-style-type: none"> • Does the item have a detailed reference list or bibliography? 			
Accuracy	<ul style="list-style-type: none"> • Does the item have a clearly stated aim or brief? • Is so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If No, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? • If item is secondary material (e.g. a policy brief of a technical report) refer to • the original. Is it an accurate, unbiased interpretation or analysis? 			

Coverage	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 			
Objectivity	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 			
Date	<p>For the item to inform your research, it needs to have a date that confirms relevance</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: have key contemporary material been included? 			
Significance	<p>This is a value judgment of the item, in the context of the relevant research area</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? • Would the research area be lesser without it? • Is it integral, representative, typical? • Does it have impact? (in the sense of influencing the work or behaviour of others) 			

NIH Quality Assessment Tool for Observation Cohort and Cross-Sectional Studies

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?			

2. Was the study population clearly specified and defined?			
3. Was the participation rate of eligible persons at least 50%?			
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?			
5. Was a sample size justification, power description, or variance and effect estimates provided?			
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?			
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?			
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)?			
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			
10. Was the exposure(s) assessed more than once over time?			

11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			
12. Were the outcome assessors blinded to the exposure status of participants?			
13. Was loss to follow-up after baseline 20% or less?			
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?			