

REVIEWER ASSESSMENT TEMPLATE

Experimental

Intervention Research Article

(Rev. August 12, 2009)

1 Title/abstract

The following is an example of what should have been imported from RefWorks. Please type in the abstract from the article if this is missing. If you need to edit, please do, but correct only typo-graphical errors. This section should match what has been published.

Author:	Nikolaus, T.; SpechtLeible, N.; Bach, M.; et al
Article Title:	A randomized trial of comprehensive geriatric assessment and home intervention in the care of hospitalized patients.
Journal Name:	<i>Age and Ageing</i>
Year, Volume, Issue, Page #:	1999, Vol. 28, Iss. 6, p. 543

Author Abstract:

"Objective: to prove the effectiveness of geriatric evaluation and management for elderly, hospitalized patients, combined with post-discharge home intervention by an interdisciplinary team. Design: randomized controlled trial with outcome and costs assessed for 12 months after the date of admission. Setting: university-affiliated geriatric hospital and the homes of elderly patients. Subjects: 545 patients with acute illnesses admitted from home to the geriatric hospital. Interventions: patients were randomly assigned to receive either comprehensive geriatric assessment and postdischarge home intervention (intervention), comprehensive geriatric assessment alone (assessment) or usual care (control). Main outcome measures: survival, functional status, rehospitalization, nursing home placement and direct costs over 12 months. Results: the intervention group showed a significant reduction in length of hospital stay (33.49 days vs 40.7 days in the assessment group and 42.7 days in the control group; $P < 0.05$) and rate of immediate nursing home placement (4.4% vs 7.3% and 8.1%; $P < 0.05$). There was no difference in survival, acute care hospital readmissions or new admissions to nursing homes but the intervention group had significantly shorter hospital readmissions (22.2 days vs 34.2 days and 35.7 days; $P < 0.05$) and nursing home placements (114.7 days vs 161.6 days and 170.0 days; $P < 0.05$). Direct costs were lower in the intervention group [about DM 7000 (US \$4000) per person per year]. Functional capacities were significantly better in the intervention group. Conclusions: comprehensive geriatric assessment in combination with post-discharge home intervention does not improve survival, but does improve functional status and can reduce the length of the initial hospital stay and of subsequent readmissions. It can reduce the rate of immediate nursing home admissions and delay permanent nursing home placement. It may also substantially reduce direct costs of hospitalized patients."

Keywords: (author provided)

Activities of Daily Living/ev [Evaluation];After Care;Aged;Aged, 80 and Over;Analysis of Variance;Barthel Index;Chi Square Test;Clinical Assessment Tools;Cognition/ev [Evaluation];Community Living;Comparative Studies;Confidence Intervals;Descriptive Statistics;Female;Geriatric Assessment;Gerontologic Care;Home Health Care/ec [Economics];Home Health Care;Intervention Trials;Kaplan-Meier Estimator;Length of Stay;Male;Marital Status;Mortality/ev [Evaluation];Multidisciplinary Care Team;Power Analysis;Prospective Studies;Psychological Tests;Quality of Life;Questionnaires;Random Assignment;Regression;Repeated Measures;Self Report;Socioeconomic Factors;Treatment Duration;Treatment Outcomes;Two-Tailed Test;Wilcoxon Rank Sum Test;Mini-Mental Status Examination (MMSE) (Folstein et al);Lawton-Brody Questionnaire.

RefWorks ID: XXXX

2 Inclusion criteria (revised 8/12/09)

Page 1, electronic form:

The following screening questions will help direct you to use one of three forms to review an article examining **Topic 2: Care Coordination**. The review form you use will reflect the methodology of the article and can be either a **Synthesis, Experimental, or Non-Experimental review form**. (The electronic version of the review form will automatically direct you to the proper form depending upon your answers to the screening questions).

Please use SWLI's definition of Care Coordination (CC) to guide your assessment of whether to include a study.

Care Coordination can be defined as proactive, responsive, continuous, and consensual coordination of medical care, mental health, and social support services for an elder and family/caregivers. It is an assessment-based, interdisciplinary approach to integrating health care and social support services in which a care coordinator manages and monitors an individual's needs and preferences based on a comprehensive plan.

Additionally, please view the following criteria through the definition provided above to determine whether to include a study for review. Examples are provided in the manual, along with in-depth definitions of the types, components, and coordinators.

A) The article must report on an outcome of a Care Coordination intervention.

The study must contain **1 Type of CC from B** and **all of the Components of CC from C** to be accepted for review.

B) The study must involve Care Coordination, as defined above, and be described as 1 of the following Types:

- Case Management
- Care Management/Disease Management
- Care Coordination
- Transition in care services
- Transfer or discharge planning
- Patient Centered Medical Home

C) The study must contain all of these Components of Care Coordination:

- Coordination of health care and social support services
- Actions are based on an individualized comprehensive plan
- An individual or a team manages and/or monitors the plan

D) The study may, or may not, include the following components:

- Assessment based
- Multi-disciplinary approach

E) The study must include participants (those reported in the article who are receiving the intervention) who are 65 years of age or older. If the participant population is younger than 65 years of age but the care coordination intervention is particularly insightful then you may include the study.

F) The study must be published in a journal between the years 1995 and the present.

G) The study must be published in English.

OR

Include because the article offers the following unique information relating to the topic:

Exclude because the article does not meet the criteria listed above or because of another reason as follows: (Don't be uneasy about excluding a study. Although the abstracts were reviewed, if they were available, it is sometimes necessary to read the study. Additionally, your decision to exclude will be reviewed by a second reviewer).

3 Study Methodology

Page 1, electronic form:

Q2. Determine whether the article reports the results of a synthesis of research studies or reports a single research study.

Does the article report a **single research** study ?

- Yes, answer Q3. (the article reports a study that used either an experimental, quasi-experimental or non-experimental design to measure outcomes.)
- No. *Use the Synthesis Form.* (You can STOP here and press the continue button at the bottom of the page. The electronic version will automatically direct you to this form.)

Q3. If you answered Yes to Q2, determine whether the study reported in the article primarily used an experimental, quasi-experimental or non-experimental design to measure outcomes.

Was an experimental or quasi-experimental design used for all or part of the study (such as to examine at least one of the questions)?

- Yes, *use the experimental form.* (You can STOP here and press the continue button at the bottom of the page. The electronic version will automatically direct you to this form.)
- No, answer Q4.

Q4. If you answered No to Q3, determine if the study reported in the article used a non-experimental design.

Was a non-experimental design (e.g. survey, qualitative methods) used for all or part of the study (such as to examine at least one of the questions)?

- Yes, *use the non-experimental form.* (You can STOP here and press the continue button at the bottom of the page. The electronic version will automatically direct you to this form.)
- No, (this article should not be reviewed)

4 Evaluator's Addition to the Abstract

Page 2, electronic form:

Evaluator's addition to abstract to provide missing elements

If the author abstract does not include descriptions of the following elements, please provide an addition to the abstract which includes the elements missing from the author abstract.

Does the abstract include description of the following elements?

Elements Needed		Decision
<input type="checkbox"/> Program under investigation <input type="checkbox"/> Participants <input type="checkbox"/> Research method <input type="checkbox"/> Findings <input type="checkbox"/> Conclusions	→	<input type="checkbox"/> Yes, go to next question <input type="checkbox"/> No, go to reviewer abstract below to provide missing elements.

Reviewer's addition to abstract to provide needed elements:

5 *Selecting Topics*

Page 2, electronic form:

Reviewer topical keywords (check all that you think apply):

What are the author's stated, dominant issues, or focus of the research/intervention? Focus on the research questions and use the keywords that describe the elements of the question.

- | | |
|---|---|
| <input type="checkbox"/> Abuse/violence/neglect | <input type="checkbox"/> Healthcare professions (medicine, nursing, OT, PT) |
| <input type="checkbox"/> Adjustment to dialysis | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Adolescent services/health | <input type="checkbox"/> Housing and environment |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Home and community based services |
| <input type="checkbox"/> Alzheimer's disease/dementia | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Benefits and personal finance | <input type="checkbox"/> Identification of research priorities |
| <input type="checkbox"/> Care coordination | <input type="checkbox"/> Immigrants/immigration |
| <input type="checkbox"/> Caregiver stress/burden | <input type="checkbox"/> Instrumentation/tool development/measurement |
| <input type="checkbox"/> Case management/care management | <input type="checkbox"/> Interdisciplinary relationships/collaboration |
| <input type="checkbox"/> Child welfare/ children's services | <input type="checkbox"/> International approaches to population aging |
| <input type="checkbox"/> Chronic illnesses | <input type="checkbox"/> Long-term care |
| <input type="checkbox"/> Classification system for social work interventions | <input type="checkbox"/> Managed care |
| <input type="checkbox"/> Cost effectiveness | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Counseling/psychotherapy/ psychosocial services | <input type="checkbox"/> Management and organizational development |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Medical insurance |
| <input type="checkbox"/> Community development/organization | <input type="checkbox"/> Medical/clinical treatments/interventions |
| <input type="checkbox"/> Criminal justice | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Cultural competence | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Death and dying | <input type="checkbox"/> Methods |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Needs assessment |
| <input type="checkbox"/> Discharge planning/transitions between care settings | <input type="checkbox"/> Non-professional providers (aides, assistants) |
| <input type="checkbox"/> Educational issue | <input type="checkbox"/> Outcomes-based measurement |
| <input type="checkbox"/> Employment/workforce/staffing | <input type="checkbox"/> Patient and family education |
| <input type="checkbox"/> Evidence based practice | <input type="checkbox"/> Patient-provider communication |
| <input type="checkbox"/> Family/informal/unpaid care giving | <input type="checkbox"/> Poor/vulnerable populations |
| <input type="checkbox"/> Families, children and young people | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Government and social policy | <input type="checkbox"/> Program description |
| <input type="checkbox"/> Gay/lesbian issues | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Grandparents | |
| <input type="checkbox"/> Health and healthcare | |
| <input type="checkbox"/> Health insurance/managed care | |

- Program evaluation
- Public health
- Public policy
- Quality improvement/TQM
- Referrals
- Regulatory/legal issue
- Rehabilitation
- Research
- Research agenda
- Research capacity
- Respite care
- Risk assessment
- Risk management
- School social work
- Social services
- Social work practice patterns
- Social work profession
- Social work research
- Staff development
- Substance abuse/alcohol abuse
- Utilization of services
- Other, specify: _____

6 Research Question and Hypothesis

Page 2, electronic form:

The components that should be included in stating the major problem, posed in a question form, are: the intervention(s)/treatment(s) being tested/compared, the population, and the specific primary outcome variables.

Major problem under investigation (author stated problem abstracted in one sentence if possible):

Major hypotheses (if any):

7 Sample

Page 2, electronic form:

Sampling method (check all that apply):

Random sampling: An unbiased selection process conducted so that all members of a population have an equal chance of being selected to participate in a research study. (Grinnel, 2008)

Example of Random Sample (Probability): The sample in the study consisted of 50 Professors of Sociology randomly selected from all of the Professors of Sociology in every university/college in the United States.

Example of Non-Random Sample (Non-Probability): The sample in the study consisted of 5 Professors of Sociology chosen from all of the Professors of Sociology at Hunter College.

- Probability
- Nonprobability
- Multistage
- Not applicable

8a-e Sample

Page 2, electronic form:

8a Sample Size Breakdown

Sample size:

The total sample size corresponds to the number of participants who were enrolled (agreeing to participate) and randomized to the study, and the intervention(s) and comparison(s) sub-totals should add up to the total sample size (e.g., Intervention=50, Comparison=50, Total Sample Size=100).

- Total: _____
- Intervention/program/service
(_____(#); _____(#))
(list separately if necessary)
- Comparison/control group
(_____(#); _____(#))
(list separately if necessary)
- List other, specify: _____(#)
- Check if sample size is **Not Reported** and leave above boxes empty.

8b Age

Age (check all that apply)

- Children (0-17)
- Adults (18-64)
- Older Adults
 - 65-84
 - 85 and older
- Families (couples, parents, children, other relatives)
- Other, specify: _____
- Not Stated
- No exclusion (i.e. did not exclude or include based on group/age)

8c Gender

Gender

- Male
- Female
- Transgender
- Not Stated
- No exclusion (i.e. did not exclude or include based on group/age)

8d Racial/Ethnic Group

Primary racial/ethnic group (check all that apply)

- Aboriginal (e.g. American Indian, Alaska Native, etc.) descent
- Asian/Pacific Islander descent
- Black/African descent
- Latino/Hispanic descent
- Multi-ethnic descent
- White descent
- Not Stated/Specified
- No exclusion (i.e. did not exclude or include based on group/ag)

8e Recruitment Strategy

Recruitment strategy (check all that apply)

- Advertisements, notices, and/or media
- Random digital dialing
- Researcher recruited their own clients/patients
- Researcher provided a “Dear Client” letter to service providers (social workers, nurses, physicians, etc.)
- Service providers provided clients names to the researchers
- Researcher contacted previous research participants
- Researcher identifies potential subjects through medical records or other records
- Chart review in which researchers did not contact the participants directly
- Other, specify: _____

9 Research Strategy

Page 2, electronic form

Research Design and Type (check all that apply)

For determining the first level of design distinguish between:

Experimental Design: Intervention studies *use random allocation of participants* to assign research participants to experimental and control groups. They then compare the extent to which the experimental group and control group differ on the outcome measures. (Glossary on website)

or

Quasi-experimental Design: Intervention studies have comparison and experimental groups but are distinguished from experimental design because they *do not randomly assign participants* to experimental and comparison groups. (Glossary on website)

Then, if applicable,

For determining the second level of design please use the glossary for assistance. For complex designs pay close attention to what the author states, i.e., “difference-of-difference.”

- Not Applicable
- Experimental
- Quasi-experimental- Experimental Single Subject Design
 - Quasi-experimental-Multiple Time Series
 - Quasi-experimental-Non Equivalent Comparison
(including difference-of-differences, fixed effect, and propensity score methods)
 - Quasi-experimental-Single Simple Time Series
 - Quasi-experimental-Regression-Discontinuity
 - Quasi-experimental-Interrupted Time Series
 - Quasi-experimental-Other type
- Single Subject-Other
- Quasi-experimental-Other _____
- Single Subject-Other _____

10 Methods of Participant Assignment

Page 2, electronic form

Methods of assignment to intervention groups

Random assignment: The process of *randomly* assigning individuals to experimental or control groups so that the groups are equivalent. (Grinnel, 2008) *This does not mean that the sample was randomly selected.*

- Random assignment
- Non-random assignment
- N/A

11 Country Setting

Page 2, electronic form

Countries where the sample was studied? (check one)

- United States
- Not United States (specify) _____
- Multiple countries (specify) _____

12 Service Setting

Page 2, electronic form

Service setting(s) where the sample was studied? (check all that apply)

Institution

- | | |
|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Correctional facility |
| <input type="checkbox"/> Other, specify | <input type="checkbox"/> Dementia special care unit |
| <input type="checkbox"/> Acute care hospital/medical center | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Hospice or palliative care |
| <input type="checkbox"/> Board and care home/residential care facilities or group home | <input type="checkbox"/> Nursing home/skilled nursing facility |
| <input type="checkbox"/> Congregate housing | <input type="checkbox"/> Rehabilitation facility |

If "Other" selected, specify: _____

13 Community Setting

Page 2, electronic form

Community

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Own home |
| <input type="checkbox"/> Other | <input type="checkbox"/> Retirement community center/ senior residential community/ community care retirement community |
| <input type="checkbox"/> Adult day care center | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Adult family care | <input type="checkbox"/> Senior housing with services (e.g. NORC's, independent living programs, etc.) |
| <input type="checkbox"/> Adult foster care | <input type="checkbox"/> Social service agencies/multi-service agencies/department of social welfare |
| <input type="checkbox"/> Area agency on aging (AAA)/social service/health planning agency | <input type="checkbox"/> Substance abuse network |
| <input type="checkbox"/> Civic association | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Community health center | |
| <input type="checkbox"/> Community mental health center | |
| <input type="checkbox"/> Faith-based organization | |
| <input type="checkbox"/> Geriatric care management | |

If "Other" selected, specify: _____

14 Tools, Instruments, Measures

Page 2, electronic form

Was a standardized measure, tool, or Instrument used?

- Yes
- No

If yes, specify (one standard measure per box) _____

15a Outcomes (individual)

Page 2, electronic form

Primary Outcomes

Individual outcomes (check all that apply)

- Not Applicable
- Other
- Composite measure of outcome and time (e.g., quality adjusted life years, potential years of life lost, disability adjusted life years, health adjusted life expectancy)
- Experience in hospitals, prisons, other facilities/programs- Admissions/recidivism
- Experience in hospitals, prisons, other facilities/programs- Length of stay
- Experience in hospitals, prisons, other facilities/programs- Other, specify
- Health related quality of life measure (HRQL)- Experiences with care (e.g., patient/client satisfaction measure)
- Health related quality of life measure (HRQL)- Functional measures (e.g., SF36, social adjustment, psychosocial functioning)
- Health related quality of life measure (HRQL)- Symptoms (e.g., difficulty breathing)
- Mental health outcomes (e.g., depression, anxiety)
- Mortality
- Other health-related outcomes (alcohol, drug use, HIV, STDs)
- Physiologic measure -Medication adherence/compliance to treatment plan
- Physiologic measure -Physical health/medical outcomes (e.g., infection, skin breakdown, falls, etc.)
- Risk factors/assessment/screening
- Service utilization/access to care

If "Other" selected, specify: _____

If "Mental Health Outcomes" selected, please specify: _____

If "Other health-related outcomes" selected, please specify: _____

If "Experience in hospitals, prisons, other facilities/programs" selected, please specify _____

15b Outcomes (program)

Page 2, electronic form

Program-related outcomes

- Not Applicable
- Other
- Development of service or program, practice standard, guidelines, protocols

- Effectiveness (i.e., outcomes measured in routine practice)
- Efficacy (i.e., outcomes measured under highly controlled conditions)
- Efficiency (i.e., greatest improvement at the lowest cost)- Cost analysis (e.g. cost benefit , cost utility)
- Efficiency (i.e., greatest improvement at the lowest cost)- Cost effectiveness
- Equity (i.e., fairness of outcomes distributed across groups - according to some view of what is a fair share of benefits and burdens)
- Inter-professional collaboration (e.g., improve communication systems)
- Quality (i.e., goodness of outcomes as compared to some standard of desirability)
- Quality of care
- Service system-related barriers to care
- Staff satisfaction
- Utilization of EBP/ systematic review findings in practice/service settings

If Other selected, specify: _____

16a-d Types of Intervention

Page 2, electronic form

Types of Intervention (Check all those explicitly named in the article. Do not check if the author does not use the term to describe an intervention. Do not make inferences.)

The study tested _____ experimental condition(s); and _____ controlled condition.

16b Types of Intervention: Common

Page 2, electronic form

Common interventions (select all that you think apply— control-click to select multiple)

Interventions (if applied)

- | | |
|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Geriatric evaluation and management (GEM) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Healthcare assistance (e.g., acute care, rehabilitation) |
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> Homemaker services |
| <input type="checkbox"/> Adult family care | <input type="checkbox"/> Hospice or palliative care |
| <input type="checkbox"/> Adult foster care | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Information services |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Legal counseling or referral |
| <input type="checkbox"/> Care coordination | <input type="checkbox"/> Nursing home/skilled nursing services |
| <input type="checkbox"/> Care management | <input type="checkbox"/> Nutrition services (e.g., congregate meals, home delivered meals, nutrition counseling) |
| <input type="checkbox"/> Caregiver support services | <input type="checkbox"/> Ombudsman assistance |
| <input type="checkbox"/> Chore services | <input type="checkbox"/> Personal emergency response system provision |
| <input type="checkbox"/> Client representation | <input type="checkbox"/> Problem-solving |
| <input type="checkbox"/> Coping Skills | |
| <input type="checkbox"/> Education/training | |
| <input type="checkbox"/> Employment services | |
| <input type="checkbox"/> Financial assistance (e.g., assistance with budgeting, attaining Medicaid or Medicare coverage) | |

- Protective services
- Referrals
- Respite
- Risk management services
- Socialization services
- Support group
- Telephone reassurance
- Transitional services
(e.g., across care settings,
discharge planning)
- Transportation

If other selected, specify: _____

16c *Types of Intervention: Clinical*

Page 2, electronic form

Clinical interventions (*select all that you think apply— control-click to select multiple*)

Clinical Interventions (if applied)

- Not Applicable
- Other
- Behavior therapy
- Case management
- Cognitive behavior therapy (CBT)
- Couples therapy
- Dialectical behavior therapy (DBT)
- Existential psychotherapy
- Family therapy (general)
- Family therapy (manual-based)
- Forensic psychotherapy
- General psychotherapy (unspecified)
- Gestalt psychotherapy
- Group psychotherapy
- Humanistic psychotherapy
- Interpersonal psychotherapy (IPT)
- Milieu psychotherapy
- Multi-systemic therapy
- Parent training
- Psychoanalytic/ Psychodynamic psychotherapy
- Psychoeducation
- Reminiscence & life review
- Short-term/time-limited psychotherapy
- Social work counseling
- Spirituality counseling
- Substance abuse counseling
- Supportive psychotherapy

If other selected, specify: _____

16d *Types of Intervention: Who Performed?*

Page 2, electronic form

Who performed the intervention? (*check all that apply but check only those explicitly stated in the article using the specific term*)

- Not applicable (no Intervention)
- Other (specify)
- Unknown
- Caseworker
- Clergy
- Direct care provider or home health aide
- Informal/family caregiver
- Manager, administrator, supervisor
- Physical therapist, occupational therapist, or recreational therapist
- Physician/MD, DO
- Psychologist
- Registered nurse, nurse practitioner, or physician assistant
- Researcher/author
- Social service provider
- Social work student
- Social Worker (specify)
- Volunteer/peer leader

If "Social worker" selected, specify specialty: _____

If "Other" selected, please specify: _____

17a-c Randomization

Page 2, electronic form

17a Randomization Sequence Generation

Randomization:

Random sequence generation:

Not Stated

No

Yes, specify: _____

17b Allocation Concealment

Allocation concealment:

Not Stated

No

Yes, specify: _____

17c Implementation

Implementation: Are the random sequence generation and its implementation performed by different groups of people?

Not Stated

No

Yes, specify: _____

18 Blinding/Masking

Page 2, electronic form

Blinding/ masking

Not Stated

No

Yes

19a-c Participants

Page 3, electronic form

19a Participants: Total number

Participants

Total recruited: _____

19b *Participants: Participant Flow Available?*

Participant flow specified:

- No
- Yes (complete the forms below. Use one flow form for each intervention tested.)

19c *Participants: Participant Flow Chart*

The participant flow is used to provide information about who dropped out during the treatment, etc and the number analyzed. The total participants recruited should therefore correspond to the number of participants initially approached to participate in the study.

Intervention (specify: _____) Participant Flow	
(1) Allocated to intervention group	n = _____
(2) Received intervention	n = _____
(3) Did not receive intervention If n > 0, specify reasons: _____	n = _____
(4) Lost to follow-up If n > 0, specify reasons: _____	n = _____
(5) Discontinued interventions, If n > 0, specify reasons: _____	n = _____
(5) Analyzed	n = _____
(6) Excluded from analysis: If n > 0, specify reasons: _____	n = _____
Control/Comparison (specify: _____) Participant Flow	
(1) Allocated to control group	n = _____
(2) Lost to follow-up If n > 0, specify reasons: _____	n = _____
(3) Analyzed	n = _____
(4) Excluded from analysis: If n > 0, specify reasons: _____	n = _____

20 *Periods of recruitment/follow-up*

Page 3, electronic form

Periods of recruitment and follow-up:

Periods specified:

- No
- Yes

Periods of Recruitment: (or Not Stated) _____

Periods of Follow-up: (or Not Stated) _____

21 Adverse Events

Page 3, electronic form

Adverse events:

- Not Stated
- No
- Yes, specify: _____

22 Findings with Associated Statistics

Page 4, electronic form

Findings, including statistical significance levels:

The intervention is found to be **effective/efficacious** in:

Findings	Statistical Levels (If Applicable)
<i>Example: "decreasing depression" (Please provide complete sentences)</i>	M=114 (101-127), $p < .001$
(1)	
(2)	
(3)	
(4)	

The intervention studied is found to be **ineffective/inefficacious** in:

Findings	Statistical Levels (If Applicable)
<i>Example: "decreasing re-hospitalization" (Please provide complete sentences)</i>	RR (and 95% CI) 0.5 (0.3-0.9), $p < .05$
(1)	
(2)	
(3)	
(4)	

23 *Conclusions, Implications, and/or Applications*

Page 4, electronic form

Conclusions and implications or applications:

24 *Study Limitations*

Page 4, electronic form

Study limitations:

25 *Reviewer's Notes (public)*

Page 4, electronic form

Reviewer's notes:

26 *Reviewer's Notes (private)*

Page 4, electronic form

Internal Reviewer's notes: (Private)

27 *Link(s) to Synthesis paper, if applicable*

Page 4, electronic form

Link to the research synthesis in which this article was reviewed (if applicable):
