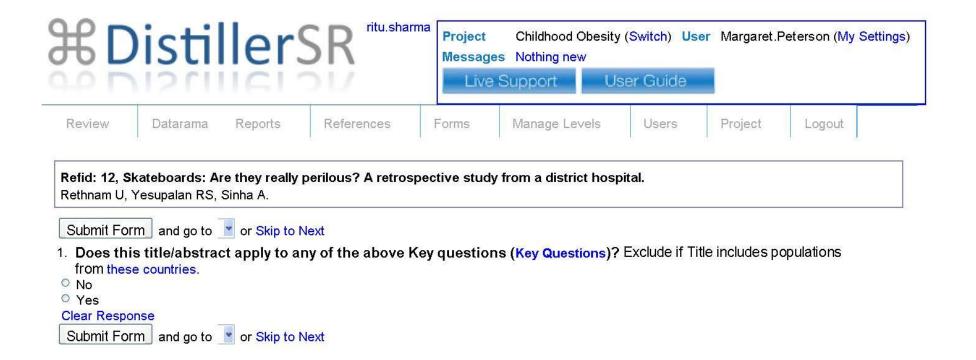
Appendix C. Screening and Data Abstraction Forms





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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital. Rethnam U, Yesupalan RS, Sinha A.

BACKGROUND: Skateboarding has been a popular sport among teenagers even with its attendant associated risks. The literature is packed with articles regarding the perils of skateboards. Is the skateboard as dangerous as has been portray ed?

Datarama Reports References

METHODS: This was a retrospective study conducted over a 5 year period. All skateboard related injuries seen in the Orthopaedic unit were identified and data collated on patient demographics, mechanism & location of injury, annual incidence, type of injury, treatment needed including hospitalisation.

RESULTS: We encountered 50 patients with skateboard related injuries. Most patients were males and under the age of 15. The annual incidence has remained low at about 10. The upper limb was predominantly involved with most injuries being fractures. Most injuries occurred during summer. The commonest treatment modality was plaster immobilisation. The distal radius was the commonest bone to be fractured. There were no head & neck injuries, open fractures or injuries requiring surgical intervention.

CONCLUSION: Despite its negative image among the medical fraterinty, the skateboard does not appear to be a dangerous sport with a low incidence and injuries encountered being not severe. Skateboarding should be restricted to supervised skateboard parks and skateboarders should wear protective gear. These measures would reduce the number of skateboarders injured in motor vehicle collisions, reduce the personal irrjuries among skateboarders, and reduce the number of pedestrians injured in collisions with skateboarders.

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Manage Levels

KEY QUESTIONS

- KQ 1: What is the comparative effectiveness of school-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 2: What is the comparative effectiveness of home-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 3; What is the comparative effectiveness of primary care-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 4: What is the comparative effectiveness of child-care setting-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 5: What is the comparative effectiveness of community-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 6: What is the comparative effectiveness of environment-level interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 7: What is the comparative effectiveness of consumer health informaticsapplications for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 8: Which multisetting interventions for the prevention of obesity or for preventing the progression of obesity in children?

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2. Does this title/abstract apply to any of the above Key questions? (see PICOTS)
No (answer reasons for exclusion)	
Exclude article from review	
O No original data	
O Does not measure weight as an outcome	
Study includes ONLY overweight or obese children	
Followup < 1 year (exception: school-based interventions must have at least 6 mor	nths follow
O Study of adults only	
O Study does not take place in a setting of interest (e.g., school, home, childcare set	ting, etc.)
Entire study population is defined by a disease (except obesity)	
O No intervention	
O No human data reported	
O Abstract only	
Qualitative study (focus group, directed interviews)	
O Does not apply to key questions	
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Yes (article may be eligible for review)	
Unclear (screen article)	
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- KQ 2: What is the comparative effectiveness of home-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 3: What is the comparative effectiveness of primary care-based interventions for the prevention of obesity or for preventing the progression of obesity in children?
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- KQ 6: What is the comparative effectiveness of environment-level interventions for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 7: What is the comparative effectiveness of consumer health informatics applications for the prevention of obesity or for preventing the progression of obesity in children?
- KQ 8: Which multisetting interventions for the prevention of obesity or for preventing the progression of obesity in children?

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Description of the intervention

Goal Intervention (see definitions)

Target of intervention

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Live Support User Duids Review Datarama Reports References Forms Manage Levels Users Project Logout Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital. Rethnam U, Yesupalan RS, Sinha A. Submit Form and go to or Skip to Next DESCRIPTION of INTERVENTIONS 1. If this article presents outcomes from multiple studies--IDENTIFY which study you are abstracting in this form. ARM 1--always use for control group 2. Control (Arm 1) No control/all arms were active Usual care/no intervention Other (define) Arm 2
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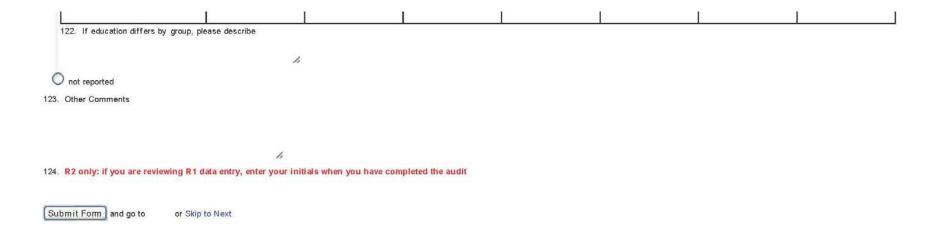
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106. Grades, or grade ranges of study populations	107.	108.	109.	110.	111.	112.	113.



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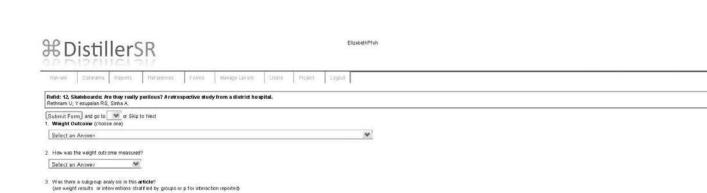
Project Childhood Obeeky (Switch) User Margaret.Peterson (My Settings)

Messages Nothing new

Live Support User Guide

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"
For all participant characteristics below: report numbers to a maximum of 3 significant digits
18. Sex
O reported
o not reported
27. Age
O reported
not reported
36. Race/ethnicity
Reported
not reported
97. Grade
Reported
not reported
123. Other Comments
h
124. R2 only: If you are reviewing R1 data entry, enter your initials when you have completed the audit
Submit Form and go to or Skip to Next



O Yes
No
Clear Response

Age Race

Other (define)
Other (define)

4. Is subgroup analysis data presented in this form?

yes

5. Identify subgroup analysis data presented in this form.

Family SES (e.g., parental education or family income)

Other (define)					
No. Clear Response					
Arm 1 (Control group) Lear e blank if there is no control group	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6
6. Basidine, n	7. Baseline, n	8. Baseline, n	9. Baseline, ri	10. Baseline, n	11. Baseline, n
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18. 1st follow-up, n (between 24 and 52 weeks) Follow-up (n weeks) n (check if this is the sast timepoint reported	19. 1st follow-up, n (both-con 24 and 52 weeks) Follow-up (in weeks) check if this is the last timepant reported	20. 1st follow-up, n (both-sem 24 and 52 weeks) Follow-up cm weeks) Check if this is the last timepoint reported	21. fat follow up, n (between 24 and 52 weeks) Fothwup (in weeks) check if the is the last temporal reported	22. fst followup, n (between 24 and 52 weeks) Followup (in weeks) Check if this is the last timepoint reported	23. 1st follow-up, n (between 24 and 52 weeks) Fathwup (n weeks) check if this is the last timepoint reported
24. First follow-up measure	25. First follow-up measure	26. First Yollow-up measure	27. First follow-up measure	28. First follow-up measure	29: First follow-up measure

Project Childhood Obesity (Switch) User Margaret Peterson (My Settings)

Messages Nothing new

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Mean change	Mean change	Mean change	Mean change	Mean change	Mean change
30. 2nd follow-up, n (between 52 and 104 weeks)	31. 2nd follow-up, n (between 52 and 104 weeks)	32. 2nd follow-up, n (between 52 and 104 weeks)	 2nd follow-up, n (between 52 and 104 weeks) 	34. 2nd follow-up, n (between 52 and 104 weeks)	35. 2nd fellow-up, n (between 52 and 104 week s)
Folly-up (in weeks)	Follwup (in veeks)	Folin-up (in neeks)	follwup (in weeks)	Folloup (in weeks)	Followup (in weeks)
check if this is the last timepoint reported	Check if this is the last timepoint reported	Check if this is the last timepoint reported	check if this is the last tim epoint reported	check if this is the last timepoint reported	check if this is the last timepoint reported
38. Second follow-up measure	37. Second follow-up measure	38. Second follow-up measure	39. Second follow-up measure	40. Second follow-up measure	41. Second follow-up measure
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42. Final follow-up, n (greater than 104 weeks)	43. Final follow-up, n greater than 104 weeks)	44. Final follow-up, n (greater than 104 weeks)	45. Final follow-up, n (greater than 104 weeks)	46 Final follow-up, n (greater than 104 weeks)	47 Final followup, n (greater than 104 weeks)
Folly-up (in weeks)	Followup (in weeks)	Folks-up (in works)	Folloup (in weeks)	Fallwup (in weeks)	☐ Fallwup (in weeks)
D n	Do	D _n	D o	D o	Do
check if this is the last timepoint reported	check if this is the last tim epoint reported	check if this is the last timepoint reported	check if this is the last tin epoint reported	check if this is the last timepoint reported	check if this is the last timepoint reported
48. Final measure	49. Final in easure	S0. Final measure	S1. Final measure	S2. Final measure	53. Final measure
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□ ci_ur	Ci_ui.				
	Ci_UL mean change	mean change	in ean change	mean change	mean change
in sen change 54. Describe test for frend or other comments	CI_UL mean change				mean change

Measure of Association/Counts/Percentages/Events/Rate

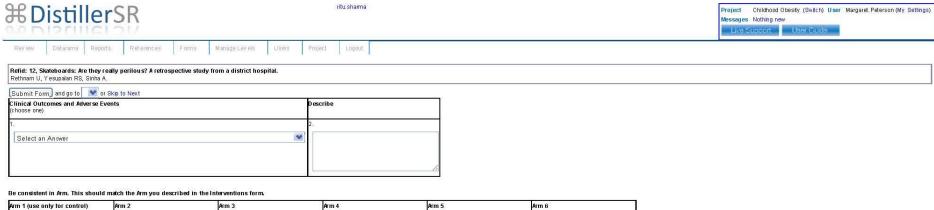
55. Did study report a measure of association (between group difference)?

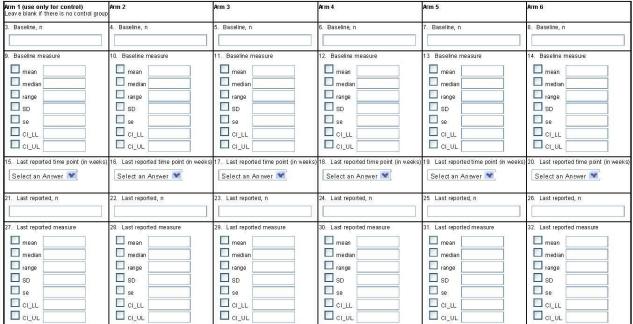
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Submit Form and go to 💌 or Skip to Next	
Intermediate Outcomes	
Identify ALL intermediate outcomes reported in the article	
□ None reported	
□ Nutrition-related knowledge, attitudes, beliefs, and self-efficacy	
□ Physical activity-related knowledge, attitudes, beliefs, and self-efficacy	
☐ Food purchasing behaviors (for children and/or caregivers)	
T Dietary intake (e.g. energy, nutrients, food groups)	
☐ Physical activity (e.g. more time spent on outdoor activities)	
☐ Sedentary behavior (e.g. reduce in screen time)	A CONTROLLER
Access to healthy foods (e.g. farmer's markets, supermarkets)	
☐ Access to PA and/or its tacilities (e.g. gym membership, school PE curriculum)	
Adherence to the intervention	
Other (describe)	

2. Comment		
Submit Form	and go to or Skip to Next	





33. Describe between group differences

7
Measure of Association/Counts/Percentages/Events/Rate
34 Did study report a measure of association?
● Yes
35.
Last reported time point
24 months
60 months
Other (in months)
O No
Clear Response
245. GENERAL COMMENTS
A)
246. R2 only: If you are reviewing R1 data entry, enter your initials when you have completed the au
Submit Form and go to Mext or Skip to Next

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Checklist for measuring study quality

Reporting

Question	Description	Answer
Is the hypothesis/aim/objective of the study clearly described?		1. O Yes O No
2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?	If the main outcomes are first mentioned in the Results section, the question should be answered no.'	2. O Yes No
3. Are the characteristics of the subjects included in the study clearly described?	in triais, inclusion and/or exclusion criteria should be given.	3. O Yes O No
4. Are the interventions of interest clearly described?	interventions and controls (where relevant) that are to be compared should be clearly described.	4. O Yes O No

5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?	A list of principal confounders is provided.	5. O Yes O Partially No
6. Are the main findings of the study clearly described?	Simple outcome data (including denominators and numerators) should be reported for all major tindings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).	6. O Yes O No
7. Does the study provide estimates of the random variability in the data for the main outcomes?	In non-normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered yes.	7. O Yes O No
8. Have all important adverse events that may be a consequence of the intervention been reported?	This should be answered yes if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).	8. O Yes O No
9. Have the characteristics of subjects lost to follow-up been described?	This should be answered 'yes where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered 'no' where a study does not report the number of patients lost to follow-up.	9. O Yes O No
10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?		10. O Yes O No

External Validity

Question	Description	Answer
11. Were the subjects asked to	The study must identify the source population for patients and describe how the patients were	11.

participate in the study representative of the entire population from which they were recruited?	selected. Subjects would be representative if they comprised the entire source population, an unselected sample of consecutive patients, or a random sample. Random sampling is only feasible where a list of all members of the relevant population exists. Where a study does not report the proportion of the source population from which the subjects are derived, the question should be answered unable to determine.	○ Yes ○ No ○ unable to determine
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?	The proportion of those asked who agreed should be stated. Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.	12. Yes No unable to determine
13. Were the staff, places, and facilities where the subjects were treated (or where the intervention was implemented) representative of the treatment the majority of subjects receive?	For the question to be answered 'yes' the study should demonstrate that the intervention was representative of that in use in the source population. The question should be answered no if, for example, the intervention was undertaken in a specialist center unrepresentative of the hospitals most of the source population would attend.	13. Yes No unable to determine

Internal Validity-bias

Question	Description	Answer
14. Was an attempt made to blind study subjects to the intervention they have received?	For studies where the subjects would have no way of knowing which intervention they received, this should be answered yes.'	14. Yes No unable to determine
15. Was an attempt made to blind those measuring the main outcomes of the intervention?		15. Yes No unable to determine
16. If any of the results of the	Any analyses that had not been planned at the outset of the study should be clearly indicated. If no	16.

study were based on "data dredging", was this made clear?	retrospective unplanned subgroup analyses were reported, then answer yes."	○ Yes○ No○ unable to determine
17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients?	Where tollow-up was the same for all study participants the answer should be yes. It different lengths of follow-up were acjusted, for example, by survival analysis, the answer should be yes. Studies where differences in follow-up are ignored should be answered no.'	17. O Yes O No O unable to determine
18. Were the statistical tests used to assess the main outcomes appropriate?	The statistical techniques used must be appropriate to the data. For example nonparametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered yes. If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered yes.'	18. O Yes O No O unable to determine
19. Was compliance with the intervention/s reliable?	Where there was non-compliance with the allocated treatment or where there was contamination of one group, the question should be answered no. For studies where the effect of any misclassification was likely to bias any association to the null, the question should be answered 'yes.'	19. Yes No unable to determine
20. Were the main outcome measures used accurate (valid and reliable)?	For studies where the outcome measures are clearly described, the question should be answered 'yes.' For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered 'yes.'	20. Yes No unable to determine

Internal Validity-confounding and selection bias

Question	Description	Answer
different intervention groups	For example, subjects for all comparison groups should be selected from the same school. The question should be answered unable to determine for cohort where there is no information concerning the source of subjects included in the study.	

22. Were study subjects in different intervention groups (trials and cohort studies) recruited over the same period of time?	For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.	22. Yes No unable to determine
23. Were study subjects randomized to intervention groups?	Studies which state that subjects were randomized should be answered yes except where method of randomization would not ensure random allocation. For example alternate allocation would score no because it is predictable.	23. O Yes O No O unable to determine
24. Was the randomized intervention assignment concealed from both subjects and those conducting the study until recruitment was complete and irrevocable?	All non-randomized studies should be answered no. It assignment was concealed from patients but not from staff, it should be answered no.	24. O Yes No unable to determine
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?	This question should be answered no for trials it: the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In non-randomized studies, if the effect of the main confounders was not investigated or confounding was demonstrated but no acjustment was made in the final analyses the question should be answered no.'	O Yes
26. Were losses of subjects to follow-up taken into account?	If the numbers of subjects lost to follow-up are not reported, the question should be answered unable to determine. If the proportion lost to follow-up was too small to affect the main findings, the question should be answered yes.'	26. O Yes O No O unable to determine

Power

Question	Description Answ	er
	<u> </u>	