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	A	D	C	U	E	F	6	п
1	Quality	of evidence is a continuum; any discrete categorisation involves	some deg	ree of	Table 5.2: Factors that can reduce the	quality of the evidence		VOOR REVIEWS
2	arbitrar	iic.ss.			Factor	Consequence	toelichting	
3	While fa each indi	tors influencing the quality of evidence are additive – such that the vidual factor is added together with the other factors to reduce or in	reduction	or increase in quality of	Limitations in study design or execution (risk of bias)	↓ 1 or 2 levels	zie linksonder Study Design en volgend tabblad voor Risk of Bias.	
	evidence	for an outcome - grading the quality of evidence involves judgeme	ents which	are not				
	exclusive	. Therefore, GRADE is not a quantitative system for grading the quantitative system for grading the quantitative system of the s	uality of ev	idence. Each	Inconsistency of results	↓ 1 or 2 levels	Niet teopolishte beteregeniteit van resultaten (veeral bij syst reviews als er	
4	category	and among the categories. When the body of evidence is intermedi	ate with re	spect to a		57 	veel verschillende bevindingen zijn, gemengd bewijs).	
	particula downgra	factor, the decision about whether a study falls above or below the ling the quality (by one or more factors) depends on judgment.	threshold	for up- or	Indirectness of evidence	↓ 1 or 2 levels	Bijvoorbeeld gemeten met een surrogaat maat (niet gedrag, maar intentie of zelfgerapporteerd gedrag) Of nt andere interventie (niet thuisblijven bij	
5							klachten maar thuisbiljven in het algemeen).	
6					Imprecision	↓ 1 or 2 levels	Kleine steekproef of kleine hoeveelheid events, dus wijd confidence interval	
7	Table 5.1:	Quality of Evidence Grades			Publication bias	↓1 or 2 levels	resultaten niet zijn gepubliceerd en dus niet zijn opgenomen. Vooral voor syst reviews relevante factor. Bij losse studies gaat het om reporting bias (zijn er	
8	Grade	Definition			Table 5.3: Factors that can increase th	ne quality of the evidence		
9	High	We are very confident that the true effect lies close to that of the estimate of the effect.			Factor	Consequence		
10	Moderate	We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different			Large magnitude of effect	† 1 or 2 levels	Als or oon groot effect wordt gevonden. For simple regression $\beta$ is like R. Thus I would use R rules of thumb I use the following with my Psychology students: $\beta \approx 0.1 - Small effect size [E] = 0.3 - Largeeffect size. For multiple regression these rules are not that straightforward, butof Social Sciences they seem to hold (also following Cohen's d suggestions).$	
11	Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.			All plausible confounding would reduce the demonstrated effect or increase the effect if no effect was observed	† 1 level	ls er gecontroleerd voor plausibele confounders?	
12	Very Low	We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect			Dose-response gradient	†1 level		
13								
14		Stude Desire						
16		Study Design Study design is critical to judgments about the quali	ty of avide	000				
17		For recommendations regarding management strategies	- as oppose	ed to establishing prognosis or th	e accuracy of diagnostic tests -			
18		randomized trials provide, in general, far stronger evider	nce than ob:	servational studies, and rigorous	observational studies provide stronger evi	dence than uncontrolled case series.		
19		In the GRADE approach to quality of evidence:						
20		randomized trials without important limitations provide	high quality	evidence				
21		observational studies without special strengths or import	ant limitati	ons provide low quality evidence				
22		The back of the second of the second designs the second second second second second second second second second	La c	a	landalar and a kanana dia ang dia ang dia			
23		Limitations or special strengths can, however, modify th Note:	e quality of	the evidence of both randomized	a triais and observational studies.			
25		Non-randomised experimental trials (quasi-RCT) without important limitations also provide high quality evidence, but will automatically be downgraded for limitations in design (risk of bias) – such as lack of concealment of allocation and tie with a provider (e.g. chart number).						
26		Case series and case reports are observational studies that investigate only patients exposed to the intervention. Source of control group results is implicit or unclear, thus, they will usually warrant downgrading from low to every low quality evidence.						
27		Expert opinion is not a category of quality of evidence. Expert opinion represents an interpretation of evidence in the context of experts' experiences and knowledge. Experts may have expine a busine widence that may be based on interpretation of studies ranging from uncontrolled case series (e.g. observations in expert's som practice) to randomized trials and systematic reviews known to the expert. It is important to describe what type of evidence (whether published or upublished) is for its used as the busis for interpretation.						

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						y dmit	in r		Ex	planation				
				Ī	ack of allo	cation conc	calment	-	The	ose enrollin	g patients are av	vare of the group		
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1				- Pr	ack of blin	dine			cha	ient care	etc.).	ding outcomes		
-					or orin				tho	se adjudica	ting outcomes, o	or data analysts		
									alle	cated (or t	he medication cu	irrently being		
				Ī	complete a	accounting	of patients	and outcor	me Los	erved in a c ss to follow	rossover trial).	o adhere to the		
2				e	vents		10		inte	ention-to-tr	eat principle in s	uperiority trials; to follow-up and		
									fail	lure to cond	luct both analyse	s considering		
	RISK OF BLAS = Limitations in the study design and ex	erution may blac the estimates of the treatment effect. Our confidence in the							pat	ients for wh	hom outcome da	ta are available.		
	estimate of the effect and in the followin grecommend	lation decreases if studies suffer from major limitations. The more serious the							The	e significan low-up, hoy	ice of particular i wever, varies wis	rates of loss to delv and is		
	limitations are, the more likely it is that the quality of ev	idence will be downgraded. Numerous tools exist to evaluate the risk of bias in activities and observational studies.							dep	sendent on	the relation betw	een loss to		
	tancomo	eutrais and objet validital scoures							pro	portion los	t to follow-up in	relation to		
3									diff	ferences be	nd control group tween interventi-	on and control		
				s	elective ou	tcome repo	rting		gro	omplete or	eater the threat o absent reporting	f bias.		
									out	comes and	not others on the	e basis of the		
				ō	ther limita	tions			Sto	opping trial	early for benefit	Substantial		
									ove	n 500 even	are likely in tria ts and that large	ls with fewer overestimates are		
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4	Risk of blas	Uitleg							sto	pping rules	do not reduce th	is bias.		- <u>2</u> -11-11-11-11-11-11-11-11-11-11-11-11-11
									pat	ient-reporte	ed outcomes)	and the form		
									Re	cruitment b	ias in cluster-rar	trial domized trials		
						1	1		_		- 1			
5	None													
	Due to confounding	Baseline confounding occurs when one or more prognostic variables (factors that predict the												
		ourcome of interest) also predicts the intervention received at baseline. ROBINS-I can also address time-varying confounding, which occurs when individuals switch between the												
6		interventions being compared and when post-baseline prognostic factors affect the intervention received after baseline.												
-														
	In participant selection	When exclusion of some eligible participants, or the initial follow-up time of some participants, or some outcome events is related to both intervention and												
		association between interventions and outcome even if the effects of the interventions are												
7		Identical. This form of selection bias is distinct from confounding—A specific example is bias due to the inclusion of prevalent users, rather than new users, of an intervention												
	Due to missing data													
		Bias that arises when later follow-up is missing for individuals initially included and followed												
		(such as differential loss to follow-up that is affected by prognostic factors); bias due to exclusion of individuals with missing information about intervention status or other variables												
8		such as confounders.												
							- 1							
	In measurement of predic/outcome													
		Bias introduced by either differential or non-differential errors in measurement of ourcome												
		Bas introduced by ether differential or non-differential errors in measurement of outcome data. Such bas can arise when outcome assessors are aware of intervention status, if different herbods are used to asses outcomes in different intervention mousp, or if measurement												
9		Bus introduced by ether differential or non-differential errors in measurement of outcome data. Such bia can arise when outcome successors are aver of intervention status, all different methods are used because successors of intervention groups, or if measurement errors are intervention status or effects.												
9	In selection of reported result	But is included by softward the softward of an of differential errors in measurement of concern data. Such that can arise when prictime execution are exact of intervention years. If different methods are not for assess extremes in different intervention groups, or if measurement errors are related of interventions status or effect to the folding and prevents the estimate biomotion program of an exact solution is not an folding and prevents the estimate the most provided are not solving to order the folding and prevents the estimate the most provided are not solving in order to prevent.												
9	In selection of reported result	Bia introduced by ether differential or non-office ential errors in measurement of outcome data. Set bias can are a wine outcome instances are easier of intervention status, of Birters and a set bias of the set of the many set related of the set of the set of the set of the set of the Settors representing are reads in a set of the set of the set of the many set of the set of the set of the set of the set of the set of the many challenges and set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set o												
9	In selection of reported result In misclassification of intervention (randomization)	Bis introduced by ether differential or non-differential errors in masurement of outcome data. Such takes an arrise outcome extensions are saver of intervention status, if different data data data data and data data data d												
9	In selection of reported result	But is brocked by table differential or non-differential errors in measurement of eccession methods are write a value occurse areas are a ware of intervention status. If different methods are write to assess existences in different threewise property, or if measurement from home or related on thermoremous status or relation. The measurement from home or observations are an or relation for interpretion of prevents the excitation from home or observation status or relation. The method is an observation from home or observations intervention intervention intervention from home or observation intervention intervention intervention intervention intervention intervention is survival for each filterment in intervention is easiend for each filterment in intervention is easiend for each												
9 10	In selection of reported result	In a tendencity setter differential or con-differential errors in measurement of opcom- date. Such that are mine-when outcome streams are supported by the support of the support methods are not to assess outcomes in different transmission are used and the support errors are related at the support of the support of the support of the support and the support of the support of the support of the support of the support to hence exclude an area support of the support of the support to hence excludes are sub-sub-size for the functional action of the support to the support of the support of the support of the support of the support to the support of the support of the support of the the support of the support												
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2	1. Were the criteria for Inclusion in the sample clearly defined?	The authors should provide clear inclusion and exclusion oriteria that they developed prior to recruitment of the study participants.
3	2.Were the study subjects and the setting described in detail?	The study sample should be described in sufficient detail so that other researchers can determine if it is comparable to the population of interars to them. The authors should provide a clover description of the more study of the study of the study of the study of the rescribed, including demographics, location, and time period.
4	3.Was the exposure measured in a valid and reliable way?	The study should clearly describe the method of measurement of exposure. Assessing welfold yrequines that is good standards is available measurement clearly related to whether a current measurement appropriate or whether a measure of past approach is medical. Relationity methods the processor included in an egidemethod part duty usually include intra-observer reliability usually include intra-observer reliability.
5	4.Were objective, standard criteria used for measurement of the condition?	It is useful to determine if patients were included in the study based on either a specified diagnosis or definition. This is more likely to decrease the risk of bias. Characteristics are another useful approach to matching groups, and studies that did not use specified diagnostic metiods or definitions should provide evidence on matching by key characteristics.
6	5.Were confounding factors identified?	Typical confounders include baseline characteristics, prognostic factors, ar concombinit reposures (e.g. smaking). A confounder is a difference baseline for comparison groups and it filtences for and a strain the strain of the strain strain strain and design will identify insplantial confounders and measure them (where possible). This difficult of states where behavioral, attudinal or lifestyle factors may impact on the results.
7	6. Were strategies to deal with confounding factors stated?	Strategies in clear with effects of confounding factors may be deait within the study design or in data analysis. By matching or stratilying sampling of patropants, effects of conduncing factors can be adjusted for. When dealing with adjustment in data analysis, assess the statistics used in the study, location being factors measured regression analysis to account for the confounding factors measured
8	7.Were the outcomes measured in a valid and reliable way?	Importantly, determine if the measurement tools used were validated instruments as it is tare a significant impact on subcome assessment valid ty kakey established the objectivity of the outcome measurement (e.g., lung cance/instrument, it is inportant to establish how the measurement associatizated. Were those involved in obliciting data reducing the value of the table of the table is the objective table reducing the table of the table of the table of the table of the reducing table of the table of the table of the table of the reducing table of the table of the table of the table of the reducing table of the table of the table of the table of the reducing table of the table of the table of the table of the reducing table of the table of the table of the of level of responsibility in the piece of research being appraised?
9	8.Was appropriate statistical analysis used?	As with any consideration of statistical analysis, consideration should be given to whether there was a more appropriate attende statistical method that could have been used to the inhibition should be detailed enough for reviewers to identify which analysis at lechniques were used (in periodular, regression of statistication) and the periodular analysis of the staty identified which variables were included and how they veilable of workcome. If statistication was the analysical approach usey were the statist dentified analysis defined by the analysical approach used where the statistication analysis defined by the analysical approach used where the statistication and the analysical approach used where the statistication and the analysical approach and strength where the statistication measurement of the statistication of the statistication and the associated with the approach as different end of an analysis as basedon differing assumptions about the data and how it will respond
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Sheet1

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	Land / culturala	Б	L	U	E.	Г	G	п	1	,
	Lanu/ culturele									
	context									
	(vergelijkbaar									
1	met NL?)				VS	3				
2	UK				ик	4				
3	VS				Finland	1				
1	Polen	-			China	1				
	Finland					1				
5		-			italie	1				
6	USA				Japan	1				
7	China	_			Internationaal	2				
	UK, Ireland. In									
8	Apri 2020.				Noorwegen	1				
9	Italië				Polen	1				
10	Japan				Israel	1				
		-							Als zij waren getraceerd door de nationale	Factoren geasscoeerd
									gezondheidsdienst omdat zij in contact	met alle nalevings
									waren geweest met iemand die COVID-19	uitkomsten: lage
									bleek te hebben, gaf 10.9% aan dat zij	naleving was
	Internal I								gedurende twee weken hun huis niet uit	geassocieerd met
	international:								waren geweest. De enige factor die sterk	man zijn, jonger zijn,
	The majority								samenning met niet-naleving was het	een athankelijk kind
	currently lives in								hebben van een arnankelijk kind in net	huisbouden het
	North America								quarantaine niet na te leven waren:	moeilijker hebben
	(48.1%),								denken dat het niet nodig is om weg te	lagere socio
	followed by								blijven van mensen buiten je eigen	economische status,
	narticipants in								huishouden als je niet kan wegblijven van	minder geinformeerd
									mensen in je eigen huishouden (14.3%),	zijn over covid 19 en
	Europe or								geen symptomen ontwikkelen (11.9%),	informatie over
	transcontinental								om boodschappen te doen (10.9%),	voorkomen
	countries with								omdat je net klaar was met een andere	verspreiding virus
	territory in both								quarantaine periode (10.9%).	(zodis key symptomen
	Europe and Asia								hing niet-naleving samen met man zijn	overheidsbegeleiding
	(38,5%) and								jongere leeftijd, een afhankelijk kind in	weten als je
	Australia or New								het huishouden hebben, lagere socio	symptomen
	Australia Of New								economische status, het lastiger hebben	ontwikkelt, en het
	Zealand (5.5%).								tijdens de pandemie en in een belangrijke	niet eens zijn met
									sector werken. Praktische hulp en	kans op besmetting
									financiële vergoedingen zullen,	als geen symptomen.
									verwachten zij, de naleving verhogen.	
11						16				
	Het betreft data									
	uit verschillondo									
	un verschillende									
	landen, veel uit									
	UK, maar ook									
	aantal reviews									
	met meerdere									
	studies.									
12		-				-				
	UK in begin mei									
13	2020									
14	UK									
15	nvt									
16	Noorwegen									
17	USA.	-								
10	Israel					-				
18	Israel									