

**WORKSHEET FOR THE CRITICAL APPRAISAL OF AN ARTICLE ON THERAPY OR PREVENTION
(A) Are the Results of this article valid?**

Citation: _____

GUIDE	COMMENTS
Primary Guides	
1. Was the assignment of patients to treatment randomized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell	(Underlying severity of illness? Presence of comorbid conditions? Other prognostic factors?)
2. Were all patients who entered the trial properly accounted for and attributed at its conclusion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell	(Was follow-up complete? Were patients analyzed in the groups to which they were randomized?)
Secondary Guides	
3. Were all patients, their clinicians, and study personnel "blind" to treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell	
4. Were the groups similar at the start of the trial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell	(Documentation of similarity for relevant baseline characters? An analysis that adjusted for those differences?)
5. Aside from the experimental intervention, were the groups treated equally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell	(One group receive closer follow-up? Interventions other than the treatment under study?)

(B) What were the results and will they help me in caring for my patients?

GUIDE	COMMENTS
<p>1. How large was the treatment effect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell</p>	<p>(Absolute risk reduction, Relative risk? Relative risk reduction?)</p>
<p>2. How precise was the estimate of treatment effect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell</p>	<p>(Confidence intervals?)</p>
<p>3. Can the results be applied to my patient care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell</p>	<p>(Inclusion criteria? Exclusion criteria? Subgroups?)</p>
<p>4. Were all clinically important outcomes considered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell</p>	<p>(Outcomes that are important to patients? No deleterious effects on other outcomes?)</p>
<p>5. Are the likely treatment benefits worth the harms and costs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell</p>	<p>(“Number needed to treat” – NNT?)</p>

Conclusion: