

**Figure 2. Quality review form for literature**

**RAND EPC EPHEDRA PROJECT**

**QUALITY REVIEW FORM**

Article ID: _____ Reviewer: _____  First Author: _____ (Last Name Only)  Study Number: ___ of ___ Description: _____ (Enter '1 of 1' if only one) (If more than one study)
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1. Design: **CIRCLE ONE**
- RCT ..... 1
  - CCT ..... 2
  - Other ..... 3 (STOP)

**(IF NOT RCT OR CCT, CHANGE STUDY DESIGN ON COVER SHEET AND STOP)**

2. Were any adverse events mentioned?

**CHECK ALL THAT APPLY**

	CHECK OR CODE	CHECK IF SERIOUS
Cardiovascular .....	<input type="checkbox"/> (01)	<input type="checkbox"/>
Death.....	<input type="checkbox"/> (02)	<input type="checkbox"/>
Endocrine .....	<input type="checkbox"/> (03)	<input type="checkbox"/>
Neurologic.....	<input type="checkbox"/> (04)	<input type="checkbox"/>
Psychiatric.....	<input type="checkbox"/> (05)	<input type="checkbox"/>
Pulmonary.....	<input type="checkbox"/> (06)	<input type="checkbox"/>
Renal.....	<input type="checkbox"/> (07)	<input type="checkbox"/>
Other: .....	(_____, _____, _____)	
No adverse events .....	<input type="checkbox"/> (96)	
None mentioned.....	<input type="checkbox"/> (97)	
Mentioned but not described.....	<input type="checkbox"/> (98)	

3. For articles on weight loss, is there a follow up of at least 8 weeks?

**CIRCLE ONE**

- Yes ..... 1
- No..... 2 (STOP)
- Not applicable ..... 9

4. Is the study described as randomized? **CIRCLE ONE**

- Yes ..... 1
- No..... 2

5. If the study was randomized, was method of randomization appropriate?

**CIRCLE ONE**

- Yes ..... 1
- No..... 2
- Method not described ..... 8
- Not applicable ..... 9

**Figure 2. Quality review form for literature (continued)  
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6. Is the study described as: **CIRCLE ONE**  
 Double blind..... 1  
 Single blind, patient ..... 2  
 Single blind, outcome assessment ..... 3  
 Open ..... 4  
 Blinding not described ..... 8  
 Not applicable..... 9
7. If reported, was the method of double blinding appropriate? **CIRCLE ONE**  
 Yes..... 1  
 No ..... 2  
 Double blinding method not described ..... 8  
 Not applicable..... 9
8. If study was randomized, did the method of randomization provide for concealment of allocation? **CIRCLE ONE**  
 Yes..... 1  
 No ..... 2  
 Concealment not described ..... 8  
 Not applicable..... 9
9. Are withdrawals (W) and dropouts (D) described? **CIRCLE ONE**  
 Yes, reason described for **all** W and D ..... 1  
 Yes, reason described for **some** W and D ..... 2  
 Not described ..... 8  
 Not applicable..... 9
10. Is this a cross-over study design? **CIRCLE ONE**  
 Yes..... 1  
 No ..... 2  
 Not described ..... 8
11. Are outcome data reported separately for or primarily on over 75% of any of the following populations? **CHECK ALL THAT APPLY**  
 Race:  
     African-Americans.....  (01)  
     Hispanic .....  (02)  
     Asian .....  (03)  
 Gender:  
     Male .....  (04)  
     Female .....  (05)  
 Age:  
     Adolescents (12-17).....  (06)  
     Children (0-11) .....  (07)  
 Misc.:  
     Athletes .....  (08)  
     Military .....  (09)  
 Other:  
 (Enter code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

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12. What types of comorbidities are described in the groups?

**CHECK ALL THAT APPLY**

- Overweight/ Obesity (BMI > 27) .....  (01)
- Coronary Artery Disease .....  (02)
- Hypertension.....  (03)
- Neurological.....  (04)
- Psychiatric .....  (05)
- Asthma.....  (06)
- Gastrointestinal.....  (07)
- Diabetes.....  (08)
- Renal .....  (09)
- Other:  
(Enter code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)
- Not described .....  (98)

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Arm \_\_\_\_ of \_\_\_\_ Description \_\_\_\_\_

If the study has a control/usual care arm, enter that data in arm 1.  
Otherwise, enter data for the groups in order of first mention.

13. What type of arm is this? **CIRCLE ONE**
- Placebo..... 1
- Usual care..... 2
- Primary intervention..... 3
- Other active treatment..... 4

14. Is there a significant co-intervention?  
**CHECK ALL THAT APPLY OR ENTER CODE**
- Diet .....  (01)
- Exercise .....  (02)
- Education.....  (03)
- Other: (enter code \_\_\_\_ \_\_\_\_, \_\_\_\_ \_\_\_\_, \_\_\_\_ \_\_\_\_)
- No co-interventions.....  (97)

15. What was the sample size in this arm?
- \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_
- Entering                      Completing
- (ENTER 999,999 IF NOT REPORTED.)

16. What is the common, proprietary, and/or scientific (genus, genus/species) name of the product?  
**ENTER CODE OR CIRCLE ONE OF THE BELOW**
- Code: \_\_\_\_\_
- None ..... 97
- Not described ..... 98
- Not applicable ..... 99

17. Of which main constituents is the product made?  
**ENTER CODE OR CIRCLE ONE OF THE BELOW**
- Code: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_
- None ..... 97
- Not described ..... 98
- Not applicable ..... 99

18. Was chemical analysis performed on ephedrine alkaloids?  
**CIRCLE ONE**
- Yes..... 1
- No ..... 2
- Not described ..... 8
- Not applicable ..... 9

**Figure 2. Quality review form for literature (continued)**  
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19. Intervention:

INTERVENTION	TOTAL DAILY DOSE	AMOUNT PER DOSE	UNITS	ROUTE OF ADMINISTRATION	DURATION	UNITS	EPHEDRINE ALKALOIDS
1 _____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____
Enter code	Enter a number 998. ND 999. NA	Enter a number 998. ND 999. NA	1. µg 2. mg 3. gm 4. mg kg <sup>-1</sup> 8. ND 9. NA	1. PO 2. IV  8. ND 9. NA	Enter a number 998. ND 999. NA	1. Hour 2. Day 3. Week  8. ND 9. NA	1. Included in total ephedrine alkaloids 2. In addition to ephedrine alkaloids 3. Unclear 8. ND 9. NA

20. Type of outcomes measured:

**ENTER THE CODE FOR EACH OUTCOME MEASURED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. When, relative to the start of the intervention, were outcomes reported?

**ENTER THE NUMBER AND LETTERS IN THE APPROPRIATE BOX**

	NUMBER	UNIT
1 <sup>st</sup> follow-up		
2 <sup>nd</sup> follow-up		
3 <sup>rd</sup> follow-up		
4 <sup>th</sup> follow-up		
5 <sup>th</sup> follow-up		
6 <sup>th</sup> follow-up		
Additional follow-ups:		

Use the following

abbreviations for units:

- MI minute
- HR hour
- DY day
- WK week
- MO month
- YR year
- ND not described
- NA not applicable

**END**