Extraction Guide for Qualitative & Quantitative Observational Reports

General instructions:
Use Arial 11 font.
Use single space 0/0 throughout.

Items with no information offered should be marked as NR= not relevant or, if relevant, NI=no information.

In any section, if there appears to be an error in reporting or anything else you feel needs a comment that cannot wait until the comment section at the end of this extraction sheet *[place it in brackets and italics right next to the information this way]*.

For parts of the extraction (e.g., purpose, sample), it may be possible simply to copy block what has been reported. If the author's wording is especially awkward or difficult to understand or repetitive, it is acceptable to paraphrase as long as the original meaning is retained. The ultimate goal is to extract data from the report in a form that is comprehensible to anyone reading it.

Avoid the use of contractions and abbreviations; it is acceptable to use an abbreviation for a condition that is distinct and easily searchable such as CF or PKU but it would not be acceptable to use C for cancer.

Save in DOC (not DOCX).

Record id: All in lower case: 1 author, jones2006ext.doc; 2 or more authors, jonessmith2006ext.doc; 2 or more sets of reports with the same 2 or more authors in the same order and same year, jonesmith2007aext.doc, jonesmith2007bext.doc

Complete citation: APA 6th ed.; example: Prout, A., Hayes, L., & Gelder, L. (1999). Medicines and the maintenance of ordinariness in the household management of childhood asthma *Sociology of Health & Illness, 21*(2), *137–162.* doi:10.1111/1467-9566.00147

doi #s are only those numbers in a report with "doi" in front of it. If there is no number shown, go to http://sherman.library.nova.edu/doi/ or http://www.crossref.org/guestquery/ to find it. If there is no doi # at all, indicate on the extraction sheet "no doi."

Often there is no issue number shown in the report. Simply google by title and a source will come up with that issue #.

Author affiliations, including discipline and institution: (list the disciplines first, e.g., medicine, nursing, psychology, or NI; then copy the institution information. If one institution is repeated several times, list it only once)

Funding source(s) with grant #(s):

Citations to reports from the same parent study (copy those references that are cited in the report as coming from the same parent study or that have the same authors)**:**

Citations to potentially relevant reports from the reference list (copy those references 2000 or after that appear to meet our inclusion criteria)**:**

Period of data collection (inclusive years)**:**

Geographic location of study (Country; if US, city and state; if stated, specify rural &/or urban)**:**

Index child condition(s) (delete non-applicable entries)**:**
asthma
diabetes
epilepsy or seizure disorder
migraines or frequent headaches
head injury, concussion or TBI
heart problem, including congenital heart disease
blood problems such as anemia and sickle cell disease (not trait)
cystic fibrosis
cerebral palsy
muscular dystrophy
arthritis and other joint problems
allergies
Cancer
ESRD
Other single conditions (specify):
Multiple conditions (specify each condition):

Research purpose, questions, and/or hypotheses as stated in report: (statements of study purpose/aims/questions/hypotheses may be in several places throughout the report; list them all).

Theoretical framework (if not explicitly stated code as NI)**:**

Study design (delete non-applicable entries)**:**
Qualitative cross sectional
Qualitative longitudinal
Quantitative cross sectional
Quantitative longitudinal

Power analysis (delete non-applicable entries)**:**
Power not addressed
Reported Power >80%
Reported power <80%
Other (specify details)

When extracting demographic information, IF THERE ARE NO OR FEW SIGNIFICANT DIFFERENCES BETWEEN OR AMONG GROUPS OF CHILDREN, MOTHERS, FATHERS, etc.—as shown in the following example—you MAY GIVE ALL THE INFORMATION ACROSS GROUPS WITHIN EACH CATEGORY. INDICATE THOSE ITEMS THAT WERE STATISTICALLY SIGNIFICANT. When there is considerable variation across groups, give

demographic information for each group (e.g., intervention, control) separately, e.g., Demographics of index children: Intervention; Demographics of index children: Control.

> **Demographics of index children:**
> N: 100 (50 arthritis; 50 CF)
> % Male (across groups): 75% arthritis; 25% CF, significant difference
> % Female (across groups): 25% arthritis; 75% CF, significant difference
> Age range (across groups): 6-13
> Mean age (range of means across groups): 7.2-8.1
> Race/ethnicity (specify % each category; across groups): 25-30% African American, 70-75% White

Demographics of index children:
N:
% Male:
% Female:
Age range:
Mean age:
Race/ethnicity (specify % each category):
Disease severity (any indicator):
ADD any additional demographics or clinical information here, including key descriptive findings located in the findings section that are not family-related

Demographics of mothers:
N:
Age range:
Mean age:
Race/ethnicity (specify % each category):
Education:
Income:
Employment:
Marital status:
ADD any additional demographics here, including descriptive data located in the findings section that are not family-related

Demographics of fathers:
N:
Age range:
Mean age:
Race/ethnicity (specify % each category):
Education:
Income:
Employment:
Marital status:
ADD any additional demographics here, including descriptive data located in the findings section that are not family-related

Other family members (specify sibling, grandmother, other):
For each category specify:
N:

Age range:
Mean age:
Race/ethnicity (specify % each category):
Education:
Income:
Employment:
Marital status:
ADD any additional demographics here, including descriptive data located in the findings section that are not family-related

ADD sections on **family/parent demographics** if the data are reported that way instead of by, for example, child/mother/father

Family structure:
% 1-parent:
% 2-parent:
% other:

Demographics of other study participants (e.g., providers):
Inclusion criteria (state concisely):

Exclusion criteria (state concisely):

Recruitment site(s) (delete non-applicable entries)**:**
Inpatient setting
Outpatient primary care setting
Outpatient specialty care setting
Home
School
Other (specify):

Data collection site(s) (delete non-applicable entries)**:**
Inpatient setting
Outpatient primary care setting
Outpatient specialty care setting
Home
School
Other (specify):

Data Collection:

For each measure or technique:
Name followed by citation to first author and year; what it assesses (e.g., depression); the domains assessed if stated (e.g., physical and emotional symptoms)
Family member(s) responding (e.g., parents, children, siblings), or source of information (e.g., medical record)
Timing of measure (e.g., in relation to illness trajectory, or in relation to other measures or data collection time points, or when each category of participant completed it)

Results

Write results in stand-alone statements beginning with the population studied.
Statements must be complete but concise, and intelligible to anyone reading them.
Check both text and tables for results.
Include only statements that address a family-related finding (e.g. related to family system functioning, family roles and processes such as problem solving or decision making, and relationship of family to other systems such as health care or education).
Always state results in plain English, not in method talk (e.g., do not state "Hypothesis 1 was not supported," or "There was a group X time interaction effect," or "There was a significant negative correlation between maternal depression and family cohesion," rather state exactly what was found so that anyone could understand the result; it is permissible to state that "In families with children with CF, there was a significant negative correlation between maternal depression and family cohesion such that the more depressed the mother the less cohesive the family."

Anchor findings to relevant information about:

Sample

The specificity of these designations is dependent on the variation in the sample and on whether these variations were addressed in the findings. Whenever variations in the sample are the targets of analysis or the sample is largely homogeneous on one or more parameters, give more sample detail (e.g., low-income mothers of adolescents with cystic fibrosis. . .)

Source of Information

Findings in which persons other than or in addition to the index participants are sources of information about the index participants should be anchored to their sources (e.g., in children with traumatic brain injury, more parent-reported behavior problems were significantly associated with more sibling-reported conflict and rivalry . . .)

Time

Include the anchor of time whenever any factor of time related to the research design itself or to the persons, conditions, or events studied was a key element in a study, as, for example, in longitudinal studies, baseline and follow-up data collection in intervention studies, or such factors as time since diagnosis or in treatment, and time in caregiving (e.g., in children with traumatic brain injury an average of four years after injury. . .)

Comparative Reference Point

Include the between-group or between-theme comparative reference point (e.g., Children younger than 6 years old with cystic fibrosis whose primary caregivers (mostly mothers) reported harsh parenting were almost four times more likely to display internalizing problem behaviors such as anxiety, depression, and withdrawal than children whose caregivers did not report harsh parenting; Adaptive mothers of children with end-stage renal disease, unlike trapped mothers, rarely described feeling cheated). If a comparative reference point is suggested by words such as *more/less, better/worse,* or *higher/lower*, but not discernible from the information given in the report, this is indicated (e.g., mothers of children with HIV/AIDS reported better [comparison reference not evident] social support.

Magnitude and significance (including statistically non-significant findings):

If numbers/per cents are given for descriptive information, include them in the statements. When words such as *few, most,* or *some* are used, if there is information available in a table on how much *few, most,* or *some* is, use the number (e.g., Most (70%) parents of children with cystic fibrosis most frequently used as coping strategies acceptance, active coping, planning, and emotional support, and least frequently used substances, behavioral disengagement, denial, and religion; Siblings of children with

severe and moderate traumatic brain injury reported significantly more conflict and rivalry with siblings of the opposite sex than siblings of children with orthopedic injury an average of four years after the injury, but there were no significant differences in conflict and rivalry with siblings of the same sex, or in closeness to and respect for siblings of the same and opposite sex).

Study-specific conceptions

Anchor findings to information indicating as precisely but as concisely as possible to how common constructs such as family functioning were conceived. For example, DeLambo et al. (2004) defined family functioning as family problem-solving ability, while White et al. (2009) defined it as the balance between family cohesion and adaptability. So state for DeLambo: In families of older children and adolescents with cystic fibrosis, the better the family functioning (problem solving) the better was mother-reported adherence to the prescribed airway clearance/aerosol regimen. State for White: Families with children with cystic fibrosis demonstrating better family functioning in more balance between cohesion and flexibility (neither overly rigid nor flexible) had higher rates of child- and parent-reported adherence than families demonstrating functioning in less balance between cohesion and flexibility (overly rigid or overly flexible).

Write the phrase *ES comment* only after findings requiring ES calculation, as follows**:**

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.
ES comment:

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxx.
ES comment:

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxx.
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Overall appraisal: Use criteria below to indicate only those study features undermining credibility of findings.

Qualitative

Findings are demonstrably plausible and/or sufficiently substantiated with data.
Sample size and configuration are sufficient to support the findings.
Features of the sample critical to the understanding of findings are described.
Variations in findings by relevant sample and event characteristics are addressed.

Quantitative

Internal validity threats
Confounding: differences between comparison groups exist that could bias results (or differences not assessed)
Reporting bias: selective reporting of results

Missing data: significant amounts of missing data

External validity threats
Low participation rate
Participants not representative of target population

Primary reviewer (initials) & review date:

Secondary reviewer (initials) & review date: