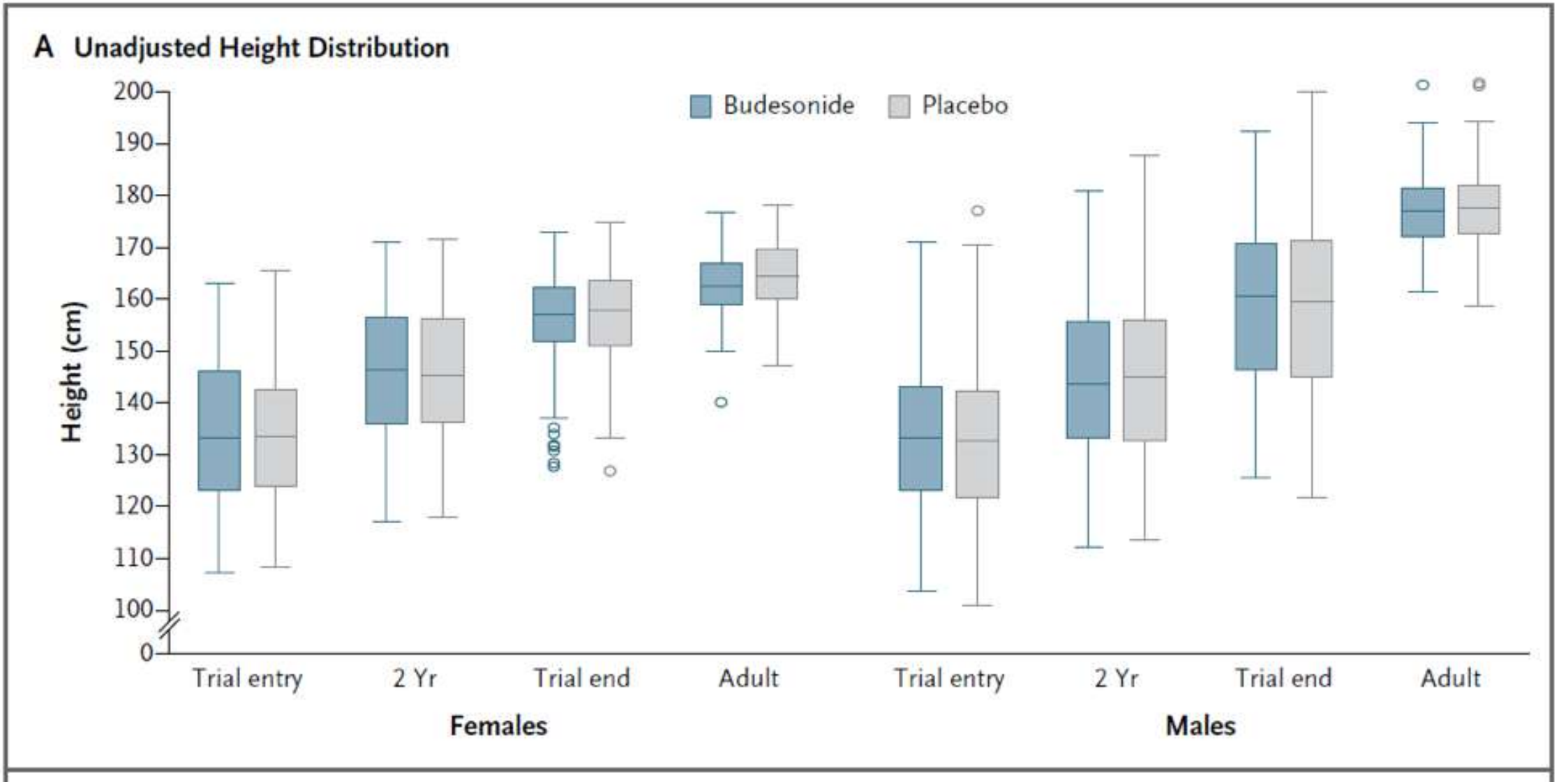

A Unadjusted Height Distribution
Budesonide
Placebo
Height (cm)
200
190
180
170
160
150
140
130
120
110
100
0
Trial entry
2 Yr
Trial end
Adult
Trial entry
2 Yr
Trial end
Adult
Females
Males

Based on the graphic, what is the approximate range of individual height values at trial entry for females in the Budesonide group?

- 133 cm to 163 cm
- 124 cm to 146 cm
- 108 cm to 133 cm
- 108 cm to 163 cm

Which of the following best describes the height variability patterns for males and females in this study?

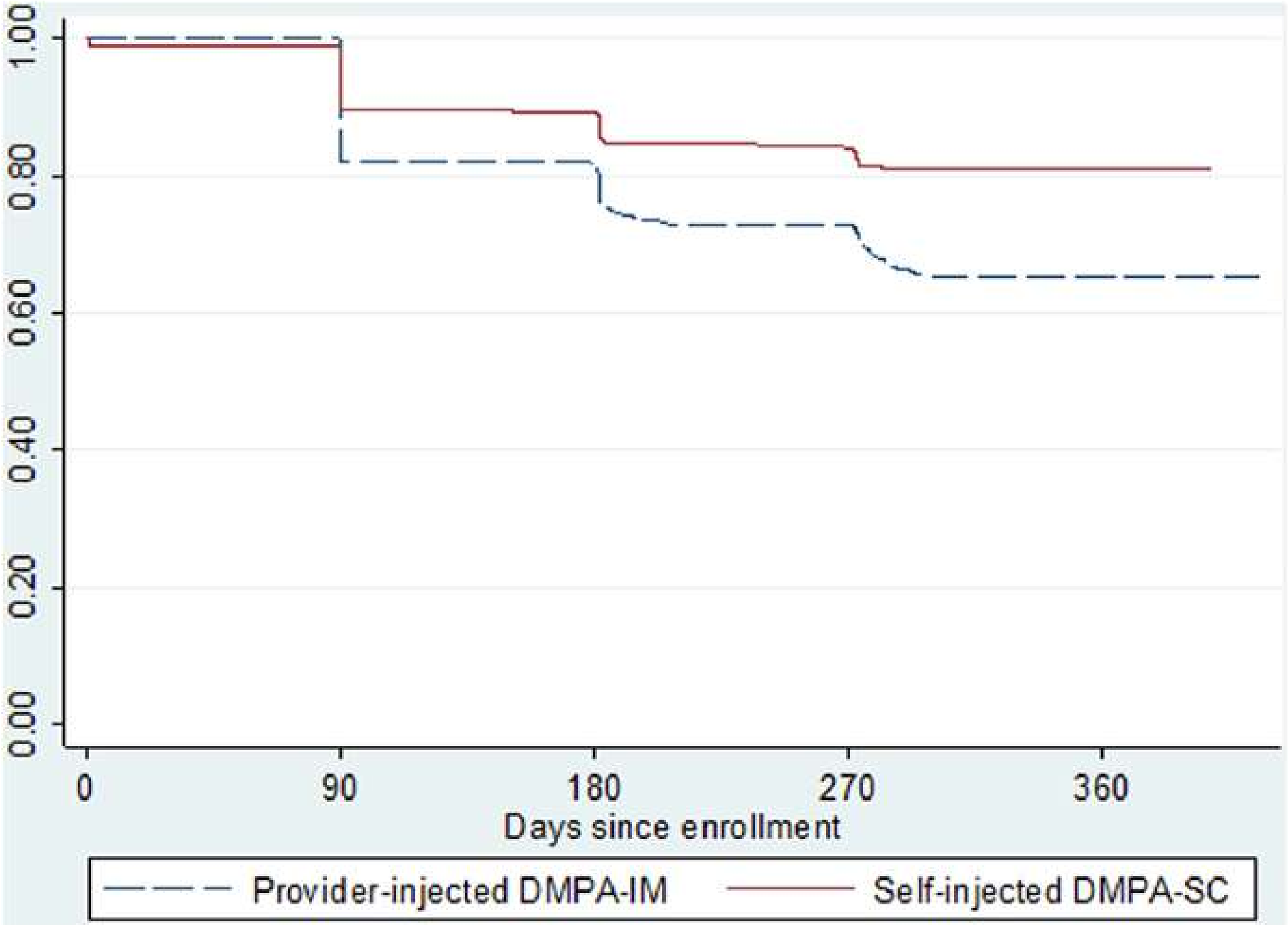
- (●) The height values are less variable for both female and male adults, as compared to their younger selves in the prior 3 measurement periods.
- ( ) Variability in the height values systematically increases for male heights across the follow-up period, and systematically decreases for females during the same time-period.
- ( ) The height values are more variable for both female and male adults, as compared to their younger selves in the prior 3 measurement periods.
- ( ) Variability in the height values systematically decreases for male heights across the follow-up period, and systematically increases for females during the same time-period.

The mean height of the 281 adult females in the Budenoside group is 163 cm, and the sample standard deviation is 10 cm. Which of the following is true about the sample standard deviation ?

- If the researchers had randomized 500 women to receive Budenoside, instead of 281 women, the resulting sample standard deviation of these 500 values would be larger than 10 cm.
- If the researchers had randomized 500 women to receive Budenoside, instead of 281 women, the resulting sample standard deviation of these 500 values would be smaller than 10 cm.
- 95% of the sample values for any sample of data are always within +/- 2 sample standard deviations from the sample mean.
- This estimates the variability in the 281 individual heights for the 281 adult females in this Budenoside sample.

What is the likely reason that the height distributions for the Budesonide and Placebo groups are similar at "Trial entry" (time of randomization) for both males and females?

- ○ Budesonide is not associated with growth in subjects with asthma.
- ◉ Subjects were randomized to the Budesonide and placebo groups.
- ○ Subjects chose whether to enroll in the Budesonide or placebo groups.
- ○ This is just a coincidence.


1.00
0.80
0.60
0.40
0.20
0.00
0
90
180
270
360
Days since enrollment
Provider-injected DMPA-IM
Self-injected DMPA-SC

Why do both curves start at 1 (100%) at 0 days of follow-up?

- ○ Because all of the study participants stopped using contraception by the end of the follow-up period.
- ○ Because there is no censoring in the data.
- ○ Because none of the study participants in both exposure groups (self-injection and provider injection) are using contraception at the start of the study (start of the follow-up period).
- ◉ Because all study participants in both exposure groups (self-injection and provider injection) are using contraception at the start of the study (start of the follow-up period).

Approximately what percentage of subjects in the "Provide-injected DMPA-IM" group were still using contraceptives at 360 days of follow-up?

- (●) 64%
- ( ) 0%
- ( ) 36%
- ( ) 100%

Approximately what percentage of subjects in the "Self-injected DMPA-SC" group had stopped using contraceptives at 360 days of follow-up?

- ○ 100%
- ○ 10%
- ○ 30%
- ◉ 20%

Based on the information in the Kaplan-Meier curves, what can be said about the estimated incidence rate ratio (IRR_hat) of discontinuing contraception for the "Self-Injected DMPA-SC" group compared to the "Provider Injected DMPA-IM" group?

- ○ IRR_hat should be similar to 1, but there is no way to predict whether it's larger or smaller than 1 in value.
- ◉ IRR_hat < 1
- ○ IRR_hat==1
- ○ IRR_hat >1

Participants in the study were able to choose between having a provider inject the contraceptive or self-injecting the contraceptive. What implication does this have for basing a conclusion about the differences, if any, with contraceptive continuation between these two groups?

- None. When given a choice of two options, people tend to pick one of the two at random.
- It is possible that some of the observed difference in contraceptive continuation between the two groups is because of other factors relative to both contraceptive continuation and choosing the type of delivery method (self-injection vs. provider injection).
- Researchers are less likely to measure the outcome of interest correctly in non-randomized studies.