

Inverse probability of treatment weighting involves weighting the data by:

**1 point**

- ☐ 1 divided by the propensity score for treated subjects and 1 divided by 1 minus the propensity score for control subjects
- ☐ 1 divided by the propensity score for controls and 1 divided by 1 minus the propensity score for treated subjects
- ☒ 1 divided by the propensity score for all subjects

**2.****1 point**

Among control subjects, would someone with a high value of the propensity score get more or less weight than someone with a low value of the propensity score?

- ☒ Less weight
- ☐ More weight

3. Marginal structural models are used to model:

1 point

- ☒ causal effects of treatment on the treated
- ☐ average causal effects

4. The pseudo-population refers to the population:

1 point

- ☐ before weighting
- ☒ after weighting

5. Compared with situations where weights are small, large weights lead to causal effect estimates that are:

1 point

- ☒ more variable
- ☐ less variable

6. Near violation of the positivity assumption occurs when there are some weights that are very large.

1 point



False

☒ True

7. Weight truncation is the same as trimming the tails.

1 point

☒ True

☐ False

8.

1 point

Weight truncation, compared with no weight truncation, will likely lead to causal effect estimates:

- ☐ that have more bias and more variance
- ☐ that have less bias, but more variance
- ☒ that have more bias, but less variance
- ☐ that have less bias and less variance

9.

1 point

Doubly robust estimators require that:

- ☐ both the propensity score and outcome models are correctly specified
- ☒ either the propensity score model or outcome model are correctly specified

Coursera Honor Code [Learn more](#)

☒ I, **Jonathan Maxion Presto**, understand that submitting work that isn't my own may result in permanent failure of this course or deactivation of my Coursera account.