**Supplement 2**

**Newcastle-Ottawa Scale for quality assessment of selected studies**

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| Components | Newcastle-Ottawa Quality Assessment Scale for Cohort Studies [1] | Newcastle-Ottawa Scale adapted for cross-sectional studies [2] |
| Selection | 1) Representativeness of the exposed cohort  a) truly representative of the average (describe) in the community \*  b) somewhat representative of the average in the community \*  c) selected group of users eg nurses, volunteers  d) no description of the derivation of the cohort  2) Selection of the non-exposed cohort  a) drawn from the same community as the exposed cohort \*  b) drawn from a different source  c) no description of the derivation of the non-exposed cohort  3) Ascertainment of exposure  a) secure record (eg surgical records) \*  b) structured interview \*  c) written self-report  d) no description  4) Demonstration that outcome of interest was not present at start of study  a) yes \*  b) no | 1) Representativeness of the sample:  a) Truly representative of the average in the target population. \*  (all subjects or random sampling)  b) Somewhat representative of the average in the target population. \*  (non-random sampling)  c) Selected group of users.  d) No description of the sampling strategy.  2) Sample size:  a) Justified and satisfactory. \*  b) Not justified.  3) Non-respondents:  a) Comparability between respondents and non-respondents’ characteristics is established, and the response rate is satisfactory. \*  b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.  c) No description of the response rate or the characteristics of the responders and the non-responders.  4) Ascertainment of the exposure (risk factor):  a) Validated measurement tool. \*\*  b) Non-validated measurement tool, but the tool is available or described.\*  c) No description of the measurement tool.  (Maximum 5 stars) |
| Comparability | 1) Comparability of cohorts on the basis of the design or analysis  a) study controls for (select the most important factor) \*  b) study controls for any additional factor \* (This criteria could be modified to indicate specific control for a second important factor.) | 1) The subjects in different outcome groups are comparable, based on the study design or analysis. Confounding factors are controlled.  a) The study controls for the most important factor (select one). \*  b) The study control for any additional factor. \*  (Maximum 2 stars) |
| Outcome | 1) Assessment of outcome  a) independent blind assessment \*  b) record linkage \*  c) self-report  d) no description  2) Was follow-up long enough for outcomes to occur  a) yes (select an adequate follow up period for outcome of interest) \*  b) no  3) Adequacy of follow up of cohorts  a) complete follow up - all subjects accounted for \*  b) subjects lost to follow up unlikely to introduce bias - small number lost - > \_\_\_\_ % (select an adequate %) follow up, or description provided of those lost) \*  c) follow up rate < \_\_\_\_% (select an adequate %) and no description of those lost | 1) Assessment of the outcome:  a) Independent blind assessment. \*\*  b) Record linkage. \*\*  c) Self report. \*  d) No description.  2) Statistical test:  a) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p value). \*  b) The statistical test is not appropriate, not described or incomplete.  (Maximum 3 stars) |

References

1. Wells GA, Shea B, O’Connell D, Peterson J, Welch V, Losos M, et al. The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. Oxford; 2000.
2. Herzog R, Álvarez-Pasquin Maand D\’\iaz C, del Barrio JL, Estrada JM, Gil Á. Are healthcare workers’ intentions to vaccinate related to their knowledge, beliefs and attitudes? A systematic review. BMC Public Health. 2013;13: 1–17.