APPENDIX 16:

COMPLETED METHODOLOGY CHECKLISTS

1.1 EXPERIENCE OF CARE

1.1.1 Qualitative studies

Study ID	BEMPORAD1979	
Bibliographic reference: Bemporad, J. R. (1979) Adult recollections of a formerly autistic child. *Journal of Autism and Developmental Disorders, 9*, 179–197.		
Guideline topic: autism in adults	**Key research question/aim:** experience of care (no key research question/aim reported)	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate	Unclear	Comments: The aims/objectives/research questions were not reported.

reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: There were no clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used, and the selection of cases/sampling strategy did not seem to be theoretically justified.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/inadequately reported	Comments: Beyond the reporting that interview techniques were used, no further information was given on the data collection techniques, for instance, the questions asked and the verbatim answers given. There was also insufficient information to ascertain whether the data collection and record keeping was systematic.

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: Relationship between the researcher and the participants was not adequately considered, and the paper did not describe how the research was explained and presented to the participant.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Only the participants' age and gender were reported, and no detail was provided with regard to the settings. It was not clear that observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: Data were collected from the participant and their parents, as well as via interview, over the phone and from past records. However, no justification was given for these multiple methods and it was not clear whether the methods investigated what they claimed to.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: The data analysis procedure was not reported, and thus it is unclear how the data were analysed to arrive at the results. It was also not possible to judge whether the analysis was systematic or reliable/dependable, and no information was given on how the themes and concepts were derived from the data.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data were poorly described. Detail and depth was not demonstrated and responses were not compared and contrasted across groups/sites.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences	Unreliable	Comments: Double-coding of transcripts/ data was not reported. The authors also did not state whether the participants gave feedback on the transcripts/data and, if so, how negative/

resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		discrepant results were dealt with.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Not sure	Comments: Extracts from the original data were not included.
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant insofar as the aim of the study was presumed to be reaching a greater understanding of the experience of autism; however, the aims of the study were not reported.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions	Inadequate	Comments: Because only the conclusions and none of the original data were presented, the links between data, interpretation and conclusions were not clear.

plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: This study did not report if it was approved by an ethics committee, and ethical issues were not discussed adequately.

Study ID	BLACHER2010	
Bibliographic reference: Blacher, J., Kraemer, B. R. & Howell, E. J. (2010) Family expectations and transition experiences for young adults with severe disabilities: does syndrome matter? *Advances in Mental Health and Learning Disabilities, 4*, 3–16.		
Guideline topic: autism in adults	**Key research question/aim:** three central questions were addressed: Do parent expectations and actual post-school outcomes vary by diagnostic group?; Do parent knowledge of, and satisfaction in, transition planning differ by diagnostic group?; Do parent worries about transition planning vary by diagnostic group?	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: This study used a quantitative approach to explore the experiences of parents of young adults with autism. However, a qualitative approach could have illuminated subjective experiences.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research	Clear	Comments: N/A

question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: A quantitative was appropriate to addressing the research questions. However, qualitative data would have given greater detail and rich data with regard to the experience of parents of young adults with autism.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data	Appropriate	Comments: N/A

collected to address the research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments: The characteristics of the participants and settings were clearly defined. However, observations were only made in one set of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method?	Not sure	Comments: The methods investigated what they claim to. However the data were only collected by one method and no justification was given for not triangulating.

• Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared across groups.
5.3 Is the analysis reliable?	Reliable	Comments: Two researchers were involved in data

For example: • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		collection, and data analysis was quantitative and based on responses to Likert scales.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions	Adequate	Comments: N/A

plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments: The process of obtaining informed consent was described. However, the authors did not report whether the study was approved by an ethics committee.

Study ID	CEDERLUND2010	
Bibliographic reference: Cederlund, M., Hagberg, B. & Gillberg, C. (2010) Asperger syndrome in adolescent and young adult males. Interview, self- and parent assessment of social, emotional, and cognitive problems. *Research in Developmental Disabilities, 31,* 287–298.		
Guideline topic: autism in adults	**Key research question/aim:** how young adult males with Asperger's sndrome look upon themselves in relation to their clinically diagnosed problems; to what extent they agree with their parents on these core features of their diagnosis; and whether or not they recognise other psychological/ cognitive problems not specifically included in the diagnostic algorithm for Asperger's sndrome	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was adopted. However, a qualitative approach may have been more appropriate to addressing the key research aims.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed –	Clear	Comments: N/A

aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A quantitative approach was adopted. However, a qualitative approach may have been more appropriate to addressing the key research aims.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the	Appropriate	Comments: N/A

research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the setting were not clearly described, it was not clear whether observations were made in more than one setting and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

triangulation, or for not triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared across groups.
5.3 Is the analysis reliable?	Unreliable	Comments: Double-coding of the data was not reported.

For example: • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		However, these were standardised scales and not transcripts from in-depth interviews so there may have arguably been slightly less risk of bias.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions	Adequate	Comments: N/A

plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: This study had approval from an ethics committee

Study ID	CESARONI1991	
Bibliographic reference: Cesaroni, L. & Garber, M. (1991) Exploring the experience of autism through firsthand accounts. *Journal of Autism and Developmental Disorders, 21*, 303–313.		
Guideline topic: autism in adults	**Key research question/aim:** experience of care (no key research question/aim reported)	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Unclear	Comments: The research aim/question was not stated.

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: No rationale was given for the sampling, data collection or data analysis techniques used.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/inadequately reported	Comments: Very little detail was reported with regard to the data collection methods and record keeping.
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments: The

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		relationship between the researcher and the participant was not adequately considered and the paper did not describe how the research was explained and presented to the participant.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Very little information was reported with regard to participant characteristics or setting. Context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: Insufficient information was provided on data collection methods to enable a reliability judgement.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: The data analysis procedure was not explicit, nor did it appear to be systematic or reliable/dependable. It was not clear how the themes and concepts were derived from the data, and the papers appeared to be more of a summary of a personal account than a formal thematic analysis.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Not sure/not reported	Comments: Insufficient detail reported to judge whether the data were rich.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data?	Unreliable	Comments: It was not clear whether more than one researcher coded the data, but the implication is that this was not the case.

• If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: The findings were convincing in that this was more of a summarised reproduction of the personal account than an exploration of findings from a thematic analysis.
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant to the aims of the study insofar as it can be assumed that the aims were to increase understanding of the experiences of autism. However, the aims of the study were not explicitly outlined.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation	Inadequate	Comments: The links between data, interpretation and conclusions were not explicit.

and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: No mention was made of ethical considerations.

Study ID	CLARKE2008
Bibliographic reference: Clarke, J. & van Amerom, G. (2008) Asperger's syndrome: differences between parents' understanding and those diagnosed. *Social Work in Health Care, 46*, 85–106.	
Guideline topic: autism in adults	**Key research question/aim:** the purpose of the research was to investigate the portrayal of the salient issues in regard to dealing with the diagnosis/identity from the perspective of individuals with Asperger's syndrome
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature?	Clear	Comments: N/A

• Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: Rationale was given for the sampling, data collection and data analysis techniques used. However, not enough information was given – for instance, was double-coding independently conducted by the two authors? And how were the blogs from the initial search ordered, which would determine on what basis the first 30 accounts were reviewed and selected?
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments: Data collection methods were not clearly described.

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: No relationship between researcher and participants because data collected from blogs.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Information about the participants was very incomplete and the settings were not described at all.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Insufficient detail given with regard to data collection.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: Insufficient detail given with regard to how the themes and concepts were derived from the data
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: Contexts of the data were under-described.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved?	Not sure/not reported	Comments: Two researchers themed and coded data. However, whether this was done independently and the way in which differences were resolved was not reported.

• Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments: N/A

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: There was a fairly clear reporting of the ethical issues. However, this study was not approved by an ethics committee and the ethical issues were arguably not adequately addressed by the study.

Study ID	GRAETZ2010	
Bibliographic reference: Graetz, J. E. (2010) Autism grows up: opportunities for adults with autism. *Disability and Society, 25*, 33–47.		
Guideline topic: autism in adults	**Key research question/aim:** this study was aimed at exploring the needs of families supporting an adult with autism and the opportunities afforded them in socialisation, employment and residential living	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: A mixed quantitative and qualitative approach was adopted to analyse survey data, with the former approach used to analyse Likert-scale responses and the latter approach applied to analysing open-ended responses.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate	Clear	Comments: N/A

reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: Although defensible, there was not a clear account of the rationale/ justification for the sampling or data collection strategies
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: There was no direct relationship between the researcher and the participant because the participants completed online or postal surveys.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants and settings needed to be described in more detail; it was not clear whether observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: The quantitative analysis was quite explicit. However, further detail was needed for the explanation of the qualitative analysis because it was not clear how the themes and concepts were derived from the data.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data were not well described.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: The study did not report whether more than one researcher coded the data and whether participants gave feedback on

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		transcripts/data.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored	Adequate	Comments: N/A

and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The study reported that participants were informed that they would remain anonymous. However, the authors did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

Study ID	HARE2004	
Bibliographic reference: Hare, D. J., Pratt, C., Burton, M., *et al*. (2004) The health and social care needs of family carers supporting adults with autism spectrum disorders. *Autism, 8*, 425–444.		
Guideline topic: autism in adults	**Key research question/aim:** two main research aims: first, to explore the current support and service provision available to, and used by, families supporting adults with autism; and second, to examine the relationship between the level of support and the psychological wellbeing of the principal family carer, in this case the mother of the adult with autism.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: A mixed quantitative and qualitative approach was adopted to analyse data, with the former approach used to analyse responses to the structured interview schedule and the latter to analysing open-ended responses.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Clear	Comments: N/A

• Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Rigorous	Comments: Although rigorous, there was not a clear account of the rationale/justification for the sampling or data collection strategies.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and	Appropriate	Comments: N/A

record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the settings were not clearly defined and it was not clear whether observations were made in a sufficient variety of circumstances. Context bias was also not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Not sure	Comments: It seemed that data were collected by only one method and no justification was given for not triangulating. However, it appeared that the methods investigated what they claimed to.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: The quantitative analysis was quite explicit. However, further detail was needed for the explanation of the qualitative analysis because it was not clear how the themes and concepts were derived from the data.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data were not well described.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: The study did not report whether more than one researcher coded the data and whether participants gave feedback on

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		transcripts/data.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored	Adequate	Comments: N/A

and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The authors did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

Study ID	HURLBUTT2002	
Bibliographic reference: Hurlbutt, K. & Chalmers, L. (2002) Adults with autism speak out: perceptions of their life experiences. *Focus on Autism and Other Developmental Disabilities, 17*, 103–111.		
Guideline topic: autism in adults	**Key research question/aim:** investigate and describe the perceptions of life experiences of adults with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Clear	Comments: N/A

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: Rationale/justification for the sampling strategy was inadequate.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments: The

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		relationship between the researcher and the participants was not adequately considered.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: The characteristics of the participants and settings were clearly described; however, context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Data were collected by more than one method with themes identified from interviews and from pre-existing written materials.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Not sure/not reported	Comments: The description of the data analysis method was

For example: • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		not sufficiently detailed.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible	Unreliable	Comments: The data were not double-coded.

and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the	Adequate	Comments: N/A

research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: Ethical approval was not acquired for this study and ethical issues were not adequately considered.

Study ID	HUWS2008	
Bibliographic reference: Huws, J. C. & Jones, R. S. P. (2008) Diagnosis, disclosure, and having autism: an interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual and Developmental Disability, 33*, 99–107.		
Guideline topic: autism in adults	**Key research question/aim:** Service users perceptions of autism and diagnosis experiences	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Clear	Comments: N/A

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments: N/A

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments: N/A
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: N/A
Section 5: analysis		

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Not sure/not reported	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved?	Unreliable	Comments: Only one researcher themed and coded transcripts. The authors did report that an external auditor also made credibility checks to ensure that the analytic interpretations were identifiable from the data. However, no further information was

• Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		reported.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research	Adequate	Comments: N/A

subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: This study had ethical approval from the Ethics Committees at the School of Psychology, Bangor University, suggesting that ethical issues had been considered and addressed.

Study ID	JENNESCOUSSEN2006	
Bibliographic reference: Jennes-Coussens, M., Magill-Evans, J. & Koning, C. (2006) The quality of life of young men with Asperger syndrome: a brief report. *Autism, 10*, 403–414.		
Guideline topic: autism in adults	**Key research question/aim:** to compare the quality of life of young men with and without Asperger's syndrome; examine differences in the perceived support network; and describe independence, friendship and dating relationships, and leisure activities.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: This study used a quantitative approach to analyse questionnaire data. Structured interviews were conducted. However, no qualitative analysis of this data was presented and this would have been informative.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there	Clear	Comments: N/A

adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: Only quantitative data analysis was presented, although a qualitative approach may have been used to analyse the interview data. There was also no clear account of the rationale/justification for the sampling, data collection and data analysis techniques used.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and	Not sure/inadequately reported	Comments: The data collection for the quantitative questionnaire analysis was clearly described and appears to be systematic. However, more detail is required with regard to data collection for the interview.

record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the settings were not clearly defined and it did not seem that observations were made in a sufficient variety of circumstances. Context bias was also not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating?	Reliable	Comments: Data were collected by more than one method (questionnaires and interview).

• Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: It was not clear how data from the interviews was analysed and interpreted, and no qualitative analysis was reported.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared and contrasted across groups.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: 16% of interview transcripts were double-coded with high inter-rater reliability. However, it was not clear whether

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		this was a sufficient proportion of the data and no justification was given. The paper also did not report on whether participants were given the opportunity to give feedback on transcripts/data and how disagreements were dealt with.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Not sure	Comments: The quantitative data were convincing. However, extracts from the original interview data were not included.
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative	Adequate	Comments: N/A

explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: The Health Research Ethics Board approved the study and all participants gave consent.

Study ID	JONES2001	
Bibliographic reference: Jones, R. S. P., Zahl, A. & Huws, J. C. (2001) First-hand accounts of emotional experiences in autism: a qualitative analysis. *Disability and Society, 16*, 393–401.		
Guideline topic: autism in adults	**Key research question/aim:** emotional experiences of individuals with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Unclear	Comments: N/A

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: There were no clear accounts of the rationale/justification for the sampling, data collection or data analysis techniques used.

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments: Data collection methods were not adequately described.
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments: No relationship between researcher and participants because

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		websites of individuals with autism were analysed.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Only two participants (of five reported) included their age and gender, and no other demographic information was provided. There was also no information regarding settings reported.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data collected by one method and it was inadequately described.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Not rigorous	Comments: Insufficient detail given on how themes and concepts were derived from the

For example: • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		data.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: Very little detail was reported.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible	Unreliable	Comments: It appears from the report that only one researcher coded data and very little detail was given on data analysis techniques.

and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the	Adequate	Comments: N/A

research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: There was a fairly clear reporting of the ethical issues. However, this study was not approved by an ethics committee and the ethical issues were arguably not adequately addressed by the study.

Study ID	KRAUSS2005	
Bibliographic reference: Krauss, M. W., Seltzer, M. M. & Jacobson, H. T. (2005) Adults with autism living at home or in non-family settings: positive and negative aspects of residential status. *Journal of Intellectual Disability Research, 49*, 111–124.		
Guideline topic: autism in adults	**Key research question/aim:** how do mothers describe the positive and negative aspects of their son or daughter's current residential setting?	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning	Clear	Comments: N/A

values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: The role of the researcher was not clearly described.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: The characteristics of the participants and settings were clearly defined. However, observations were not made in a variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not	Unreliable	Comments: Data were only collected by one method. The paper mentioned an interview in addition to the open-ended questionnaire questions; however, data were not reported for this.

triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:*	Reliable	Comments: Transcripts were double-coded. However, it was not

• Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		clear whether this was done independently and no information was reported with regard to how any differences were resolved.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent?	Adequate	Comments: N/A

• Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report that the study was approved by an ethics committee, and ethical issues were not adequately discussed.

Study ID	KRAUSZ2005
Bibliographic reference: Krausz, M. & Meszaros, J. (2005) The retrospective experiences of a mother of a child with autism. *International Journal of Special Education, 20*, 36–46.	
Guideline topic: autism in adults	**Key research question/aim:** the purpose of this single case study was to record and understand the stages and characteristics of a parent adaptation to a child with autism, and to form implications that could be learned from the participant's experiences.
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Clear	Comments: N/A

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: The sampling strategy was not reported or justified.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship	Unclear	Comments: The relationship between the researcher and the participant was not adequately considered

between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants could have been described in more detail and the setting, for example even the country, were not reported. Context bias was also not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: After the identification of the dominant discourses, the last interview was conducted as a final step of triangulation.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results?	Not sure/not reported	Comments: Insufficient detail given on how themes and concepts were derived from the data.

• How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Data were not double-coded. However, participants were given the opportunity to give feedback, but no details were reported on any differences and whether negative/discrepant results were addressed or ignored.
5.4 Are the findings convincing?	Convincing	Comments: N/A

For example: • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments: N/A

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: Approval by an ethics committee was not reported for this study and ethical issues were not adequately considered.

Study ID	LAU2011	
Bibliographic reference: Lau, W. & Peterson, C. C. (2011) Adults and children with Asperger syndrome: exploring adult attachment style, marital satisfaction and satisfaction with parenthood. *Research in Autism Spectrum Disorders, 5,* 392–399.		
Guideline topic: autism in adults	**Key research question/aim:** a key research question was: to what extent are relationship satisfaction and the emotional experiences associated with marriage and parenthood different for adults with Asperger's syndrome and/or for their spouses, as compared with the feelings and experiences of other couples without autism?	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was used. However, a qualitative approach to this research question would have been interesting.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate	Clear	Comments: N/A

reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: A quantitative approach is used; however, a qualitative approach may have been more suitable to the research question. There were also no clear accounts of the rationale/ justification for the sampling, data collection and data analysis techniques used.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the settings were not clearly defined. It did not seem to be the case that observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared and contrasted across groups.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: It was not clear whether more than one researcher was involved in data analysis, but because it was quantitative data this may not have such

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		a great impact on reliability.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored	Adequate	Comments: N/A

and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not discussed adequately.

Study ID	MACLEOD2007	
Bibliographic reference: MacLeod, A. & Johnston, P. (2007) Standing out and fitting in: a report on a support group for individuals with Asperger syndrome using a personal account. *British Journal of Special Education, 34*, 83–88.		
Guideline topic: autism in adults	**Key research question/aim:** to use a personal account to examine the experiences of a discussion and support group for individuals with autism.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Clear	Comments: N/A

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: Rationale for research design/methodology was under-specified.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments: The paper did

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		not describe how the research was explained and presented to the participant.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Country of study not reported.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data only collected by one method.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: The procedure for data analysis was not explicit.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data?	Unreliable	Comments: The analysis methods were under-specified and there was no mention of more than one researcher coding data.

• If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Partially relevant	Comments: Findings were relevant to the aims of the study in that they shed some light on one person's subjective experiences of a discussion and support group for adults with autism. However, the experiences of this individual may not be representative of other members of the group or other groups like it, due to important differences in participant characteristics between this participant (a middle-

		aged woman) and the more typical member of such groups (18- to 35-year-old males).
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Inadequate	Comments: The links between the data, interpretation and conclusions were plausible and coherent. However, these links needed to be made more explicit.
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered;	Not sure/not reported	Comments: Ethical considerations were not reported.

for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	MAGANA2006	
Bibliographic reference: Magana, S. & Smith, M. J. (2006) Psychological distress and well-being of Latina and non-Latina white mothers of youth and adults with an autism spectrum disorder: cultural attitudes towards coresidence status. *American Journal of Orthopsychiatry, 76*, 346–357.		
Guideline topic: autism in adults	**Key research question/aim:** how mothers experienced co-residing with their son or daughter with autism, and potential cultural differences in these experiences between Latina and non-Latina white mothers	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate	Clear	Comments: N/A

reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: There was not a clear account of the rationale/ justification for the sampling, data collection and data analysis techniques used.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments: The characteristics of the participants and settings were clearly defined. However, observations were not made in a variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Unreliable	Comments: Data were collected by only one method.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: These responses were not the result of in-depth interviews but were short responses to open-ended questions.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Reliable	Comments: Transcripts were double-coded. However, no explanation of how disagreements were resolved was reported.

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored	Adequate	Comments: N/A

and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

Study ID	ORSMOND2007A
Bibliographic reference: Orsmond, G. I. & Seltzer, M. M. (2007) Siblings of individuals with autism or Down syndrome: effects on adult lives. *Journal of Intellectual Disability Research, 51*, 682–696.	
Guideline topic: autism in adults	**Key research question/aim:** to examine whether the type of disability (autism or Down's syndrome) has a differential effect on the sibling relationship during adulthood, and explore whether the same factors are associated with positive as well as negative aspects of the sibling relationship for adults with a brother or sister with autism and Down's syndrome.
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was used. However, a qualitative approach may have been informative.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Clear	Comments: N/A

• Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: It was not clear that a qualitative approach would not have been more suited to answering this research question.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the	Appropriate	Comments: N/A

research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between researcher and participant because questionnaires were mailed.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants could have been described in more detail and no information was reported with regard to the settings.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for	Unreliable	Comments: Data were collected using only one method and no justification was given for not triangulating.

triangulation, or for not triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared and contrasted across groups.
5.3 Is the analysis reliable?	Not sure/not reported	Comments: It seems that only one researcher coded data. However,

For example: • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		because this was a quantitative data analysis this might not pose as large a problem for reliability as if the data analysis was qualitative.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation	Adequate	Comments: N/A

and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

Study ID	ORSMOND2009
Bibliographic reference: Orsmond, G. I., Kuo, H-Y. & Seltzer, M. M. (2009) Siblings of individuals with an autism spectrum disorder: sibling relationships and wellbeing in adolescence and adulthood. *Autism, 13*, 59–80.	
Guideline topic: autism in adults	**Key research question/aim:** four research questions were posed: Do adolescent siblings of individuals with autism differ from adult siblings with respect to engagement in shared activities and reported positive affect in the sibling relationship?; Do adolescent siblings of individuals with autism differ from adult siblings in psychological wellbeing, coping and social support?; How does gender influence the relationship and well-being of adolescent and adult siblings?; and, How do the characteristics of the brother or sister with autism (for example, age and behaviour problems), family characteristics (for example, family size) and sibling resources (for example, coping, support and psychological wellbeing) predict engagement in shared activities and positive affect in the sibling relationship?
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research	N/A	Comments: A quantitative approach was used. Qualitative analysis may have been informative, particularly analysis of the interview with adolescent siblings, which was not reported.

question?		
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments: N/A
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: It was not clear that a qualitative approach would not have been more suited to answering this research question.

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between researcher and participant because questionnaires were mailed or participants were interviewed over the telephone.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in	Unclear	Comments: No information was reported with regard to the settings.

a sufficient variety of circumstances? • Was context bias considered?		
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected using only one method and no justification was given for not triangulating.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described?	Rich	Comments: Responses were compared and contrasted across groups.

• Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: It seems that only one researcher coded data. However, because this was a quantitative data analysis this might not pose as large a problem for reliability as if the data analysis was qualitative.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and	Convincing	Comments: N/A

coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments: N/A
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered;	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	PUNSHON2009	
Bibliographic reference: Punshon, C., Skirrow, P. & Murphy, G. (2009) The 'not guilty verdict': psychological reactions to a diagnosis of Asperger syndrome in adulthood. *Autism, 13*, 265–283.		
Guideline topic: autism in adults	**Key research question/aim:** to identify the experiences of adults with Asperger's sndrome relating to their diagnosis, whether these experiences can be accounted for using stage and/or cognitive models of adjustment to diagnosis, and how services might help individuals negotiate the diagnostic process and adjust to their diagnosis.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there	Clear	Comments: N/A

adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: The role of the researcher was not clearly described or considered in the paper.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: N/A
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Reliable	Comments: Only one method of data collection, but this was based on a reliable approach.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: Transcripts and themes were discussed with each participant to check their reliability. However, all transcripts were not double-coded.

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		A second researcher analysed a sample of the data, compared their themes to those suggested by the first researcher and confirmed that their original themes were well supported by the participants' discourse. However, the paper did not report if there were differences and how these were resolved.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions	Adequate	Comments: N/A

plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: This study received approval from university ethics committees.

Study ID	ROBLEDO2008	
Bibliographic reference: Robledo, J. A. & Donnellan, A. M. (2008) Properties of supportive relationships from the perspective of academically successful individuals with autism. *Intellectual and Developmental Disabilities, 46*, 299–310.		
Guideline topic: autism in adults	**Key research question/aim:** to explore and describe properties of supportive relationships identified by individuals with autism.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature?	Clear	Comments: N/A

• Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: Greater detail was required for the rationale/ justification for the sampling strategy.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: N/A
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: N/A
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Data were collected by more than one method and triangulation was justified.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved?	Reliable	Comments: Participants gave feedback on the data. However, if double-coding was employed it was not described here and no account is given of how negative/ discrepant results (discrepancies between participant and researcher account)

• Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		were dealt with.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research	Adequate	Comments: N/A

subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: Consent and anonymity were addressed by the study. However, the study did not have approval by an ethics committee and the consequences of the research were not considered.

Study ID	RYAN2009	
Bibliographic reference: Ryan, S. & Runswick Cole, K. (2009) From advocate to activist? mapping the experiences of mothers of children on the autism spectrum. *Journal of Applied Research in Intellectual Disabilities, 22*, 43–53.		
Guideline topic: autism in adults	**Key research question/aim:** not reported.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments: N/A

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:*	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered

• Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants and settings were not described in adequate detail.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Two methods of interviewing were used to collect data.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments: N/A

For example: • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible	Unreliable	Comments: Transcripts were not double-coded and participants did not feedback on the transcripts/data.

and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Insofar as the aims were implied by the paper. However, research aims were described for the broader study from which this sample was drawn but were not explicitly described for this study.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative	Adequate	Comments: N/A

explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not discussed adequately.

Study ID	RYAN2010	
Bibliographic reference: Ryan, S. (2010) 'Meltdowns', surveillance and managing emotions: going out with children with autism. *Health and Place*, *16*, 868–875.		
Guideline topic: autism in adults	**Key research question/aim:** not reported	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments: N/A
Section 2: study design		

2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper did not describe how the research was explained and presented to the

• Does the paper describe how the research was explained and presented to the participants?		participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: N/A
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Two methods of interviewing were used to collect data.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the	Rigorous	Comments: N/A

results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: Transcripts were not double-coded and participants did not feedback on the transcripts/data.
5.4 Are the findings convincing?	Convincing	Comments: N/A

For example: • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Insofar as the aims were implied by the paper. However, research aims were described for the broader study from which this sample was drawn but were not explicitly described for this study.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments: N/A

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not discussed adequately.

Study ID	SELTZER2001	
Bibliographic reference: Seltzer, M. M., Krauss, M. W., Orsmond, G. I., *et al*. (2001) Families of adolescents and adults with autism: uncharted territory. *International Review of Research in Mental Retardation, 23*, 267–294.		
Guideline topic: autism in adults	**Key research question/aim:** not reported	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was adopted.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/	Unclear	Comments: The purpose of the study was not discussed.

theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A qualitative approach to analysing interview data may have allowed greater insight into the carer experience of autism.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/inadequately reported	Comments: The paper only reports that data were collected through multiple interviews with no further detail given on data collection methods.
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments: The

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		relationship between the researcher and the participant was not adequately considered and the paper did not describe how the research was explained and presented to the participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Further detail with regard to participant characteristics was needed and settings were not defined at all. It was not clear that observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: No information was given on how interview data were analysed to arrive at the results and it was therefore not clear how reliable/dependable the procedure was.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses were compared and contrasted across groups.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data?	Unreliable	Comments: Double-coding was not reported.

• If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: However, more extracts from the original data would have allowed greater insight.
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant insofar as the aims of the study were assumed to be greater understanding of the carer experience of autism because the research aim/question was not reported in the paper.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation	Not sure	Comments: Greater detail was needed with regard to data analysis to make clearer the links between data, interpretation and

and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		conclusions.
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not adequately considered.

Study ID	SHTAYERMMAN2007	
Bibliographic reference: Shtayermman, O. (2007) Peer victimization in adolescents and young adults diagnosed with Asperger's syndrome: a link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Issues in Comprehensive Pediatric Nursing, 30*, 87–107.		
Guideline topic: autism in adults	**Key research question/aim:** exploratory study to examine the level of peer victimisation, depressive symptomatology, anxiety symptomatology and level of suicidal ideation among adolescents and young adults diagnosed with Asperger's syndrome.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was adopted.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Mixed	Comments: The purpose of the study was inferred from the text rather than explicitly outlined.

• Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A qualitative approach may have allowed greater insight into the experience of autism.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the	Appropriate	Comments: N/A

research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between the researcher and the participant, and data were collected through postal and online questionnaires.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Further detail with regard to participant characteristics was needed and settings were not defined at all. It was not clear that observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

triangulation, or for not triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data were not described and detail and depth was not demonstrated.
5.3 Is the analysis reliable?	Not sure/not reported	Comments: Double-coding was not reported. However, because this was

For example: • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		quantitative data analysis a lesser impact on analysis reliability might have been expected.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant insofar as the aims of the study were assumed because the research aim/question was not explicitly stated in the paper.
5.6 Are the conclusions adequate?	Adequate	Comments: N/A

For example: • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: The institutional review board at Fordham University approved this study, and informed consents were obtained from each parent and each adolescent or young adult participating in the study.

Study ID	SHTAYERMMAN2009	
Bibliographic reference: Shtayermman, O. (2009) An exploratory study of the stigma associated with a diagnosis of Asperger's syndrome: the mental health impact on the adolescents and young adults diagnosed with a disability with a social nature. *Journal of Human Behavior in the Social Environment, 19*, 298–313.		
Guideline topic: autism in adults	**Key research question/aim:** exploratory study to examine how adolescents and young adults with Asperger's syndrome perceived their diagnosis and whether they felt stigmatised.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was adopted.
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate	Clear	Comments: N/A

reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A qualitative approach may have allowed greater insight into the experience of autism.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between the researcher and the participant and data collected through postal and online questionnaires.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Further detail with regard to participant characteristics was needed and settings were not defined at all. It was not clear that observations were made in a sufficient variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.

what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data were not described, and detail and depth were not demonstrated.
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code	Not sure/not reported	Comments: Double-coding was not reported. However, because this was quantitative data analysis a lesser impact on analysis reliability

transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		might be expected.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored	Adequate	Comments: N/A

and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments: The institutional review board at Fordham University approved this study, and informed consents were obtained from each parent and each adolescent or young adult participating in the study.

Study ID	SHU2006	
Bibliographic reference: Shu, B-C., Lo, L-H., Lin, L-L, *et al*. (2006) Process of self-identity transformation in women with autistic adolescent. *Journal of Nursing Research, 14*, 55–64.		
Guideline topic: autism in adults	**Key research question/aim:** To better understand the condition of mothers caring for adolescents with autism.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning	Clear	Comments: N/A

values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: Clear accounts were not given of the rationale/ justification for the sampling, data collection and data analysis techniques used.
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/inadequately reported	Comments: More detail could be reported about the content of the in-depth interviews – for instance, were they semi-structured?
Section 4: validity		
4.1 Is the role of the researcher clearly described?	Not described	Comments: The relationship between the researcher and the participants was not

For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?		adequately considered and the paper did not describe how research was explained and presented to participants.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: While the context was clearly described, context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: More than one interview session for the majority of participants. However, without more detail on the content of these interview sessions it was not possible to judge whether this could be regarded as more than one method or whether each interview session was conducted in a similar fashion.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: More detail was required on how the themes and concepts were derived from the data.
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: N/A
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences	Not sure/not reported	Comments: Only two interviews (12% of data) were double-coded and, although agreement was high (95%), this was only a small subsection of the data; participants did not feedback on the data, and there was no detail

resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		as to whether negative/discrepant results were addressed or ignored.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance	Adequate	Comments: N/A

understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not considered adequately.

Study ID	SMITH2010A
Bibliographic reference: Smith, L. E., Hong, J., Seltzer, M. M., *et al*. (2010) Daily experiences among mothers of adolescents and adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*, 167–178.	
Guideline topic: autism in adults	**Key research question/aim:** three primary aims: compared mothers of a son or daughter with autism with mothers of children without disabilities on four outcomes reflecting daily psychological, physical and economic well-being: (a) negative affect, (b) positive affect, (c) fatigue and (d) work intrusions; examined differences in the daily experiences of both groups of mothers in terms of their (a) time use, (b) stressful events, (c) positive events and (d) giving and receiving emotional support; evaluated the impact of daily time use, stressful events, positive events, giving and receiving support, and parenting a child with autism on maternal wellbeing.
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	N/A	Comments: A quantitative approach was adopted.
1.2 Is the study clear in what it seeks to do?	Clear	Comments: N/A

For example: • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A qualitative approach may have allowed greater insight into carer experience of autism, especially because data were collected through interview.

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between the researcher and the participant, and data collected by telephone interview.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings	Unclear	Comments: Further detail with regard to participant characteristics was needed and settings were not defined at all. It was not clear that observations were made in a sufficient

clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?		variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of	Rich	Comments: Responses were compared and contrasted across groups.

the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Double-coding was not reported. However, because this was quantitative data analysis a lesser impact on analysis reliability might be expected.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced?	Convincing	Comments: N/A

• Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments: N/A
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of	Not clear	Comments: The paper did not report whether the study was approved by an ethics committee, and ethical issues were not considered adequately.

the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	SPERRY2005	
Bibliographic reference: Sperry, L. A. & Mesibov, G. B. (2005) Perceptions of social challenges of adults with autism spectrum disorder. *Autism, 9*, 362–376.		
Guideline topic: autism in adults	**Key research question/aim:** to examine perceptions of social challenges by adults with autism.	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: N/A
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning	Clear	Comments: N/A

values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments: N/A
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments: N/A

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: The paper describes how the research was explained and presented to participants. However, the relationship between the researcher and the participants was not considered.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: The characteristics of the participants and settings were clearly defined. However, observations were not made in a variety of circumstances and context bias was not considered.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate	Reliable	Comments: The meetings were tape recorded and audio data were transcribed and analysed along with the written data for the purpose of triangulation. A member check was also completed for the purpose of triangulation. The transcribed questions

what they claim to?		and solutions were sent to group members following the meeting and they were informed that changes could be made if transcripts were not an accurate reflection of the meeting.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments: N/A
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across	Rich	Comments: N/A

groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants give feedback on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments: The two investigators reviewed and analysed the data independently and participants were given an opportunity to give feedback on the transcripts. However, no information was reported regarding how any differences were resolved and whether negative/discrepant results were addressed or ignored.
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: N/A
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: N/A
5.6 Are the conclusions adequate? *For example:*	Adequate	Comments: N/A

• How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not clear	Comments: The process of acquiring informed consent was described. However, this study was not approved by an ethics committee, and ethical issues were not discussed adequately.

1.2 CASE IDENTIFICATION INSTRUMENTS

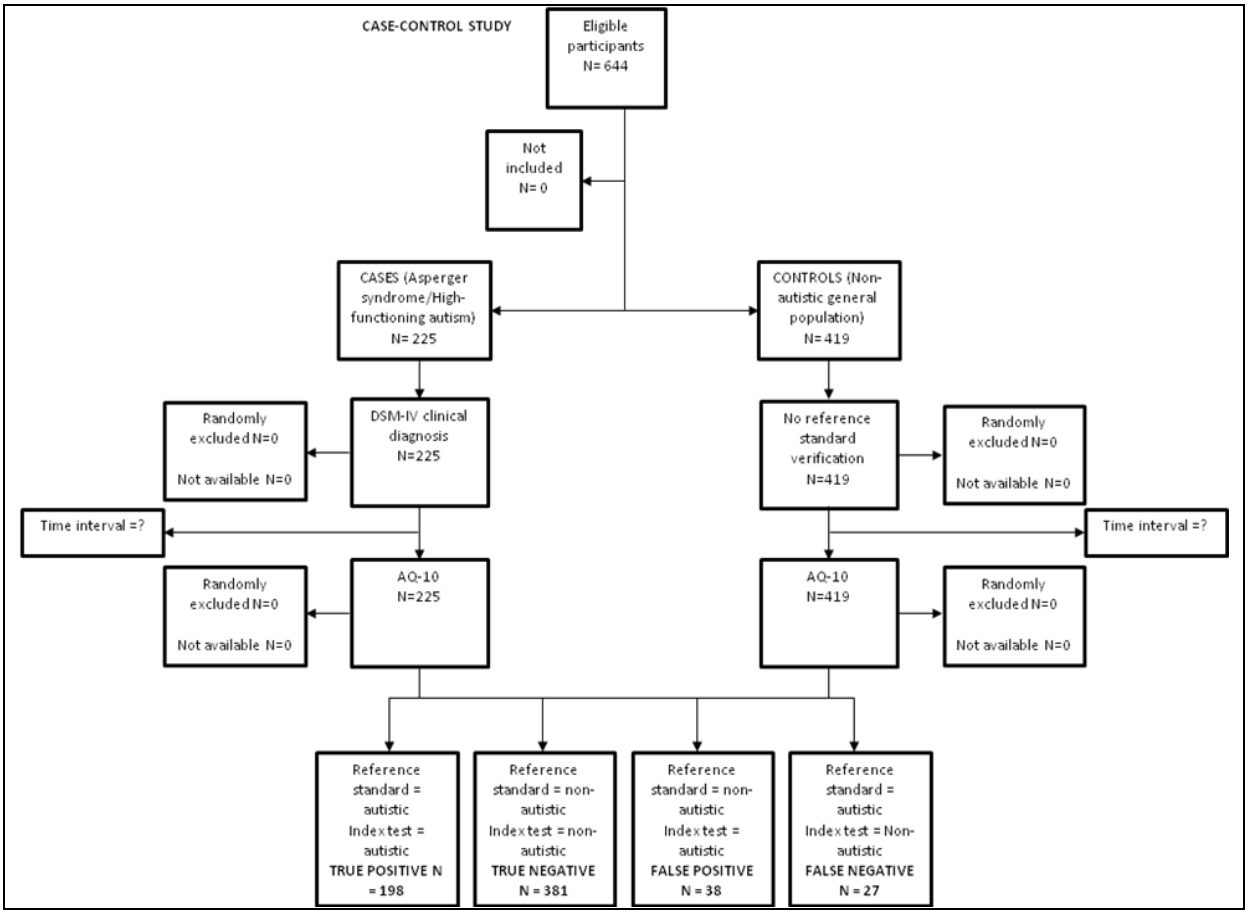
1.2.1 Diagnostic test accuracy studies

ALLISON2012

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	AQ-10
Reference standard and target condition	Reference standard was DSM-IV criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[1]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Adults with autism recruited from www.autismresearchcentre.com. Control data collected at the Cambridge Psychology website www.cambridgepsychology.com. Only half of the sample was recruited for the validation study (the other half were recruited for derivation study.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70, so it was not clear if the spectrum of participants was representative of the patients who would receive the test in practice. The control group may also have been unrepresentative of the target sample because the control participants were from the general population rather than participants for whom a suspicion of autism had already been raised. The case-control design also meant that more clinical data were available when the test results were interpreted than would be when the test was used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the AQ-10, a self-completed ten-item questionnaire. The AQ-10 was completed online. The cut-off point was not pre-specified but determined post hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard results.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No

[1] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Only autistic cases diagnosed at a recognised clinic by a recognised medic or clinical psychologist using DSM-IV criteria were included. Diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper there were no participants excluded from the study. However, only the autistic cases received the reference standard, and the same reference standard was not received by all autistic cases as different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No

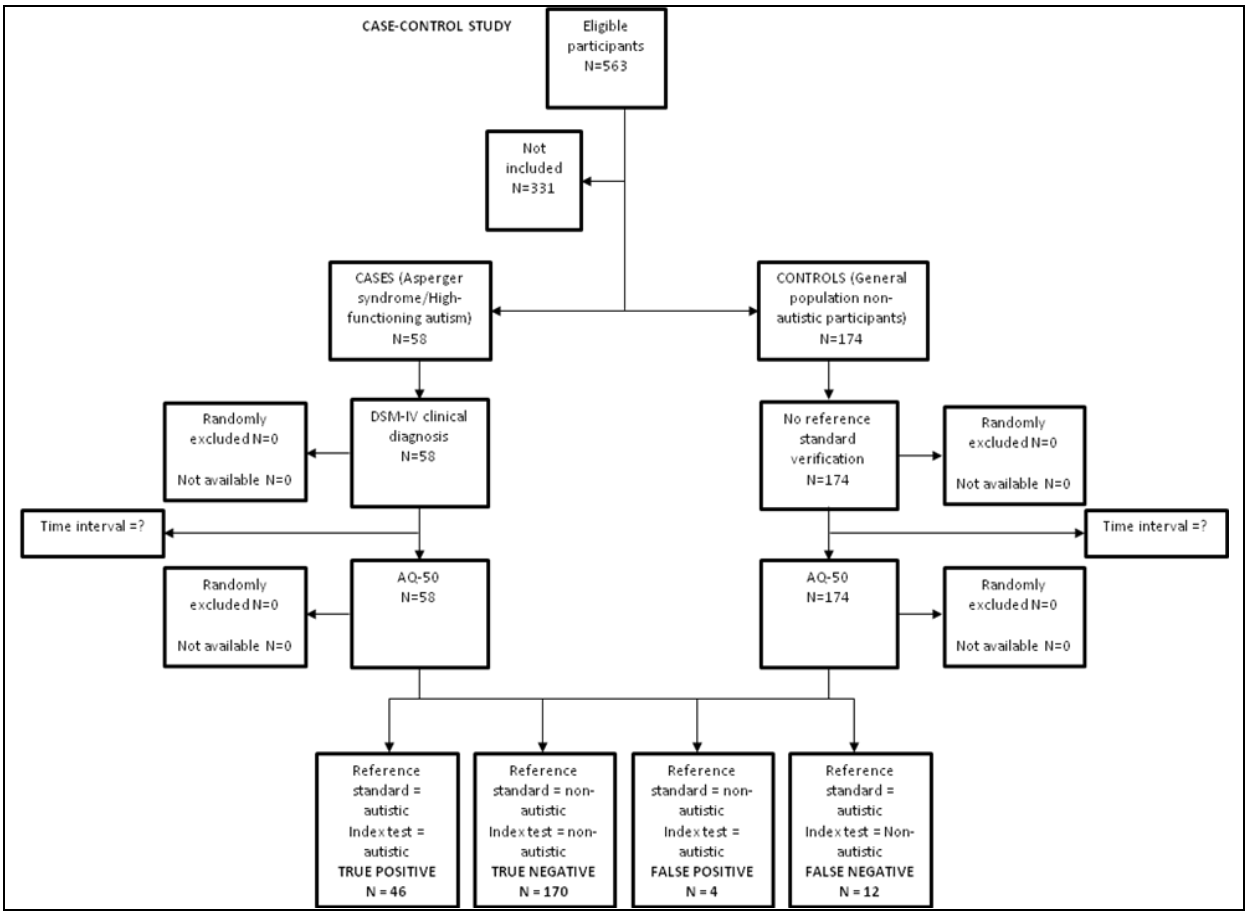
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BARONCOHEN2001

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	AQ-50
Reference standard and target condition	Reference standard was DSM-IV criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[2]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Autistic cases were recruited via National Autistic Society (UK), specialist clinics, and advertisements in newsletters and web pages. Controls were recruited from a random sample of adults living in the East Anglia region sent the AQ by post.	
Was a consecutive or random sample of patients enrolled?	No All participants who returned the AQ were included
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70, so it was not clear if the spectrum of participants was representative of the patients who would receive the test in practice. The control group may also have been unrepresentative of the target sample because the control participants were from the general population rather than participants for whom a suspicion of autism had already been raised. The case-control design also meant that more clinical data were available when the test results were interpreted than would be when the test was used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Self-report AQ-50 questionnaire was sent out by mail. The cut-off point was not pre-specified but determined post hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard results.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No

[2] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: All subjects in the autistic group had been diagnosed by psychiatrists using DSM-IV criteria. Diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Only participants who returned the AQ mail questionnaire were included. There was a 59% return rate across autistic and control cases, resulting in 331 eligible cases that were not included and 232 eligible cases that were included. Only autistic cases received the reference standard, and the same reference standard was not received by all autistic cases because different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear

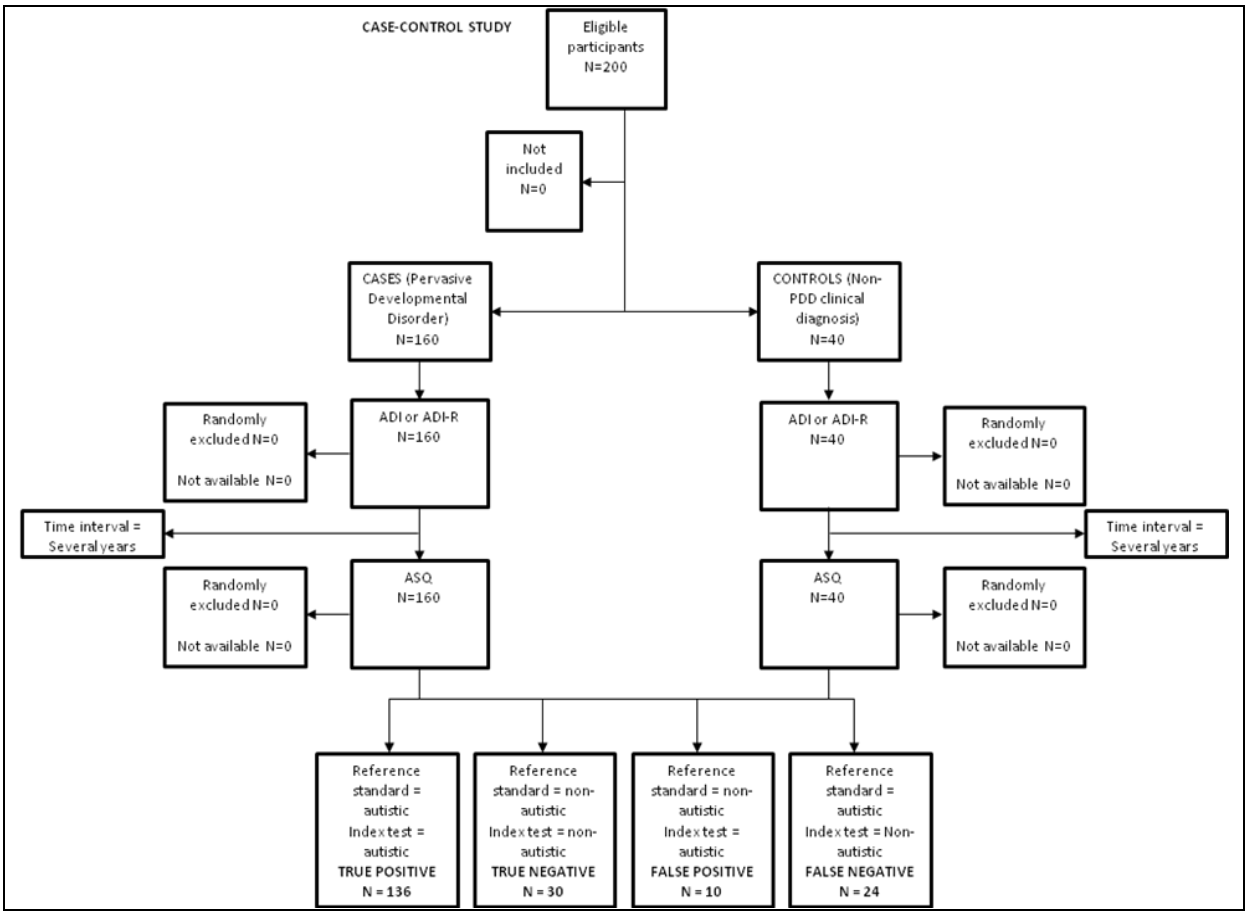
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BERUMENT1999

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	ASQ Note: Now named Social Communication Questionnaire (SCQ)
Reference standard and target condition	Reference standard was ADI or ADI-R and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[3]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: The sample consisted of individuals who had participated in previous studies. These studies included a family genetic study of autism (Bolton *et al.*, 1994), a study of adolescents with clinically diagnosed Asperger's syndrome or conduct disorder, a study of individuals with either the Fragile X anomaly or Rett syndrome and a study of the diagnosis of autism in young children presenting with developmental problems.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The sample consisted of adults and children (aged 4 to 40 years). The case-control design also meant that more clinical data were available when the test results were interpreted than would be when the test was used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The ASQ was sent as a postal questionnaire. The ASQ consists of 40 questions based on the ADI-R, but that have been modified into a form understandable by parents without further explanation. Therefore, the index and reference standard were not independent. The cut-off was also not pre-specified but based on examination of the receiver operating curves.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No

[3] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

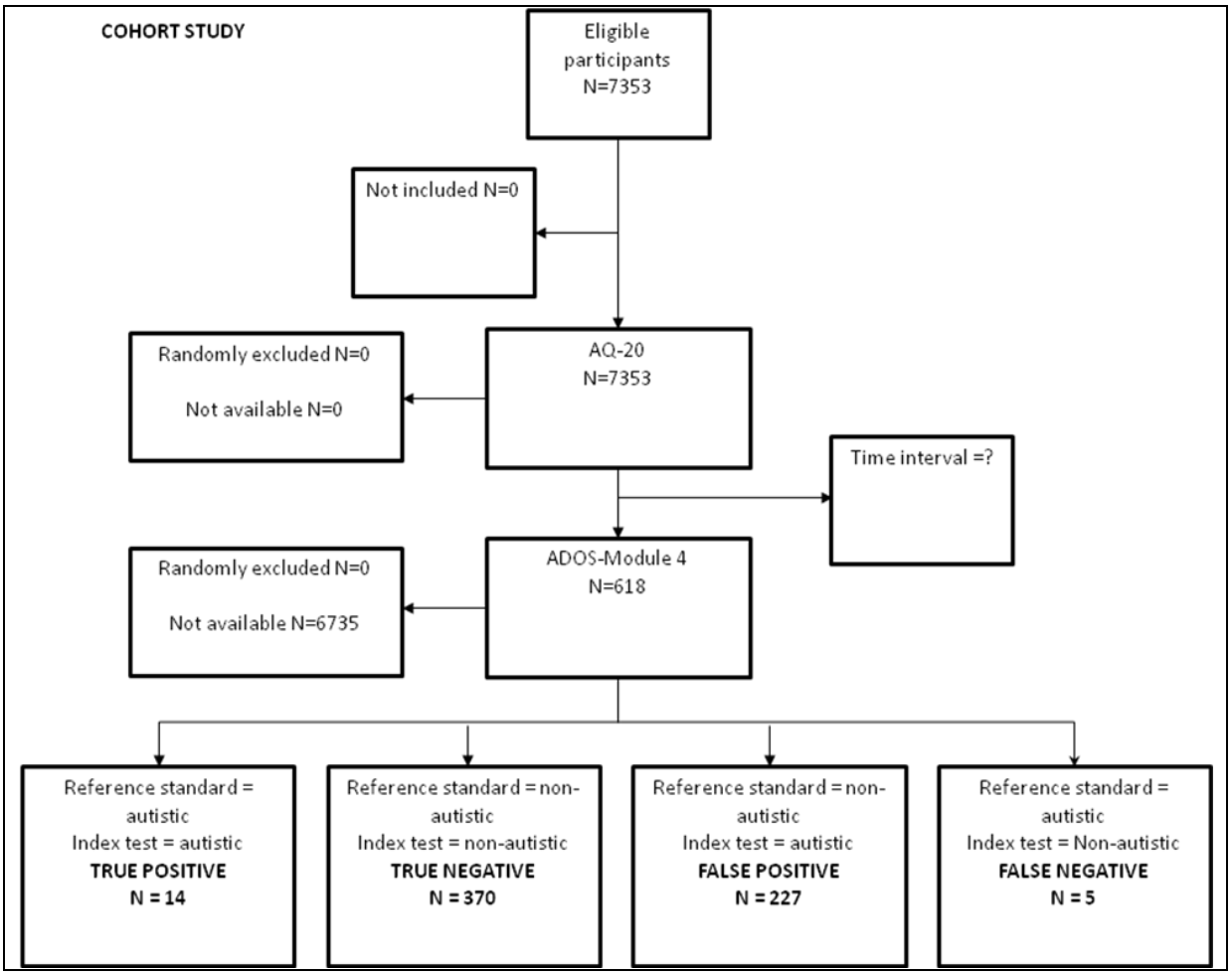
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The ADI and ADI-R is a diagnostic parental interview. However, it was not considered to be a gold standard.	
Is the reference standard likely to correctly classify the target condition?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper there were no participants excluded from the study. *Describe the time interval and any interventions between index test(s) and reference standard:* The paper does not report precise time intervals or any interventions between index test and reference standard. However, an estimate of several years was reported.	
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BRUGHA2012

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults ? [A2]
Index test(s)	AQ-20
Reference standard and target condition	Reference standard was the ADOS-4 and the target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[4]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Phase 1 data (AQ-20) were obtained from a random probability sample of the general population, phase 2 (AQ-20 and ADOS-4) were selected based on high levels of psychosis probability, autism probability, borderline personality disorder probability and antisocial personality disorder probability.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Self-reported postal questionnaire so could not be administered to adults with autism with learning disabilities. The threshold used was not pre-specified.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**

4 QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

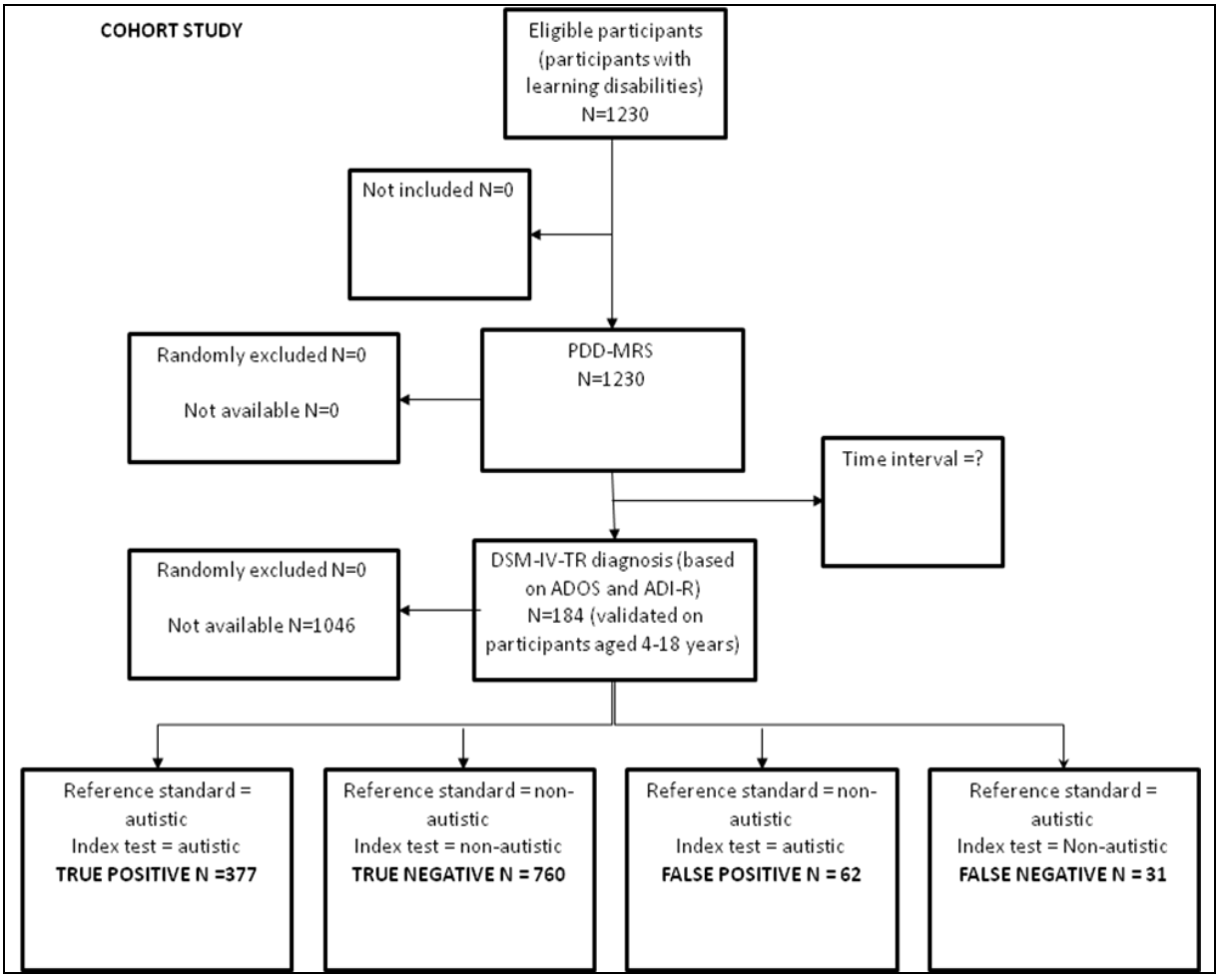
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the ADOS-4 conducted by research psychologists. The ADOS-4 is not the gold standard for diagnosis and the reference standard results were not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Results appear to be missing for two participants in Phase 2 because the flow diagram reports N = 618, the text states N = 617 and the true positive, false positive, true negative and false negative figures state N = 616. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

KRAIJER2005

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	PDD-MRS
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV-TR criteria (made on the basis of ADOS and ADI-R) and the target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[5]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants with learning disabilities were recruited from residential institutions and day care centres. No further details are reported.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The sample consisted of adults and children (aged 2 to 80 years), and in fact the validation sub-sample who received the reference standard was aged 4 to 18 years. Also, all participants had IQ <70, so it was not clear that the spectrum of participants was representative of the patients who would receive the test in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The PDD-MRS was the index test. However, no further details are reported with regard to assessors and/or scoring of the scale.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Unclear

[5] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

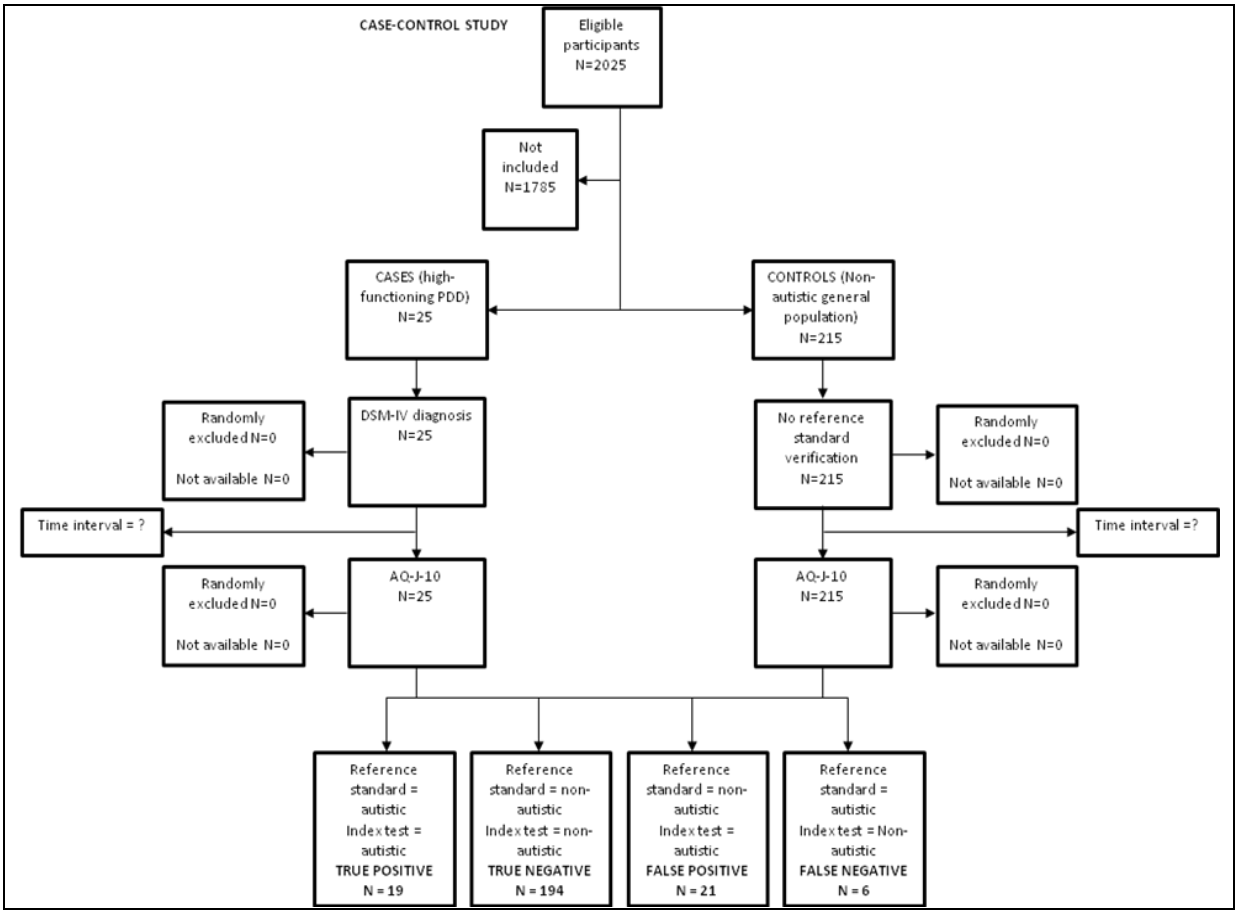
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the DSM-IV-TR diagnosis made by experts on the basis of the ADOS videotape and the (unscored) results of the ADI-R.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The reference standard was only verified on a sub-sample of 184 participants aged 4 to 18 years. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard was not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

KURITA2005

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	AQ-J
Reference standard and target condition	Reference standard was clinical diagnosis based on DSM-IV criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[6]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Autistic cases were outpatients at the Child Guidance Clinic in Tokyo (a leading clinic for developmental disorders). Controls were those who responded to a postal mental health survey which was sent out to 2,000 people aged 20 to 39 years who were selected by a stratified two-stage random sampling based on residential registers in 100 sites from all over Japan.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70, so it was not clear if the spectrum of participants was representative of the patients who would receive the test in practice. The control group may also have been unrepresentative of the target sample because the control participants were from the general population rather than participants for whom a suspicion of autism had already been raised. The case-control design also meant that more clinical data were available when the test results were interpreted than would be when the test was used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The AQ-J was a Japanese translation of the AQ-50. Based on AQ-J-50 data, short forms were obtained, for example, AQ-J-21 and AQ-J-10. The AQ-J was self-reported. The cut-off point was not pre-specified but determined post hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard results.	

[6] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was DSM-IV diagnosis of autism. At the clinic, a clinical team consisting of experienced clinicians (a child psychiatrist, paediatric neurologist, psychologist and social worker) made diagnoses.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Only control participants who returned the AQ-J mail questionnaire were included. There was an 11% response rate for intact data, resulting in 1,785 eligible cases which were not included, and 215 eligible cases which were included. The reference standard was not verified in the control group. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard were not reported.	

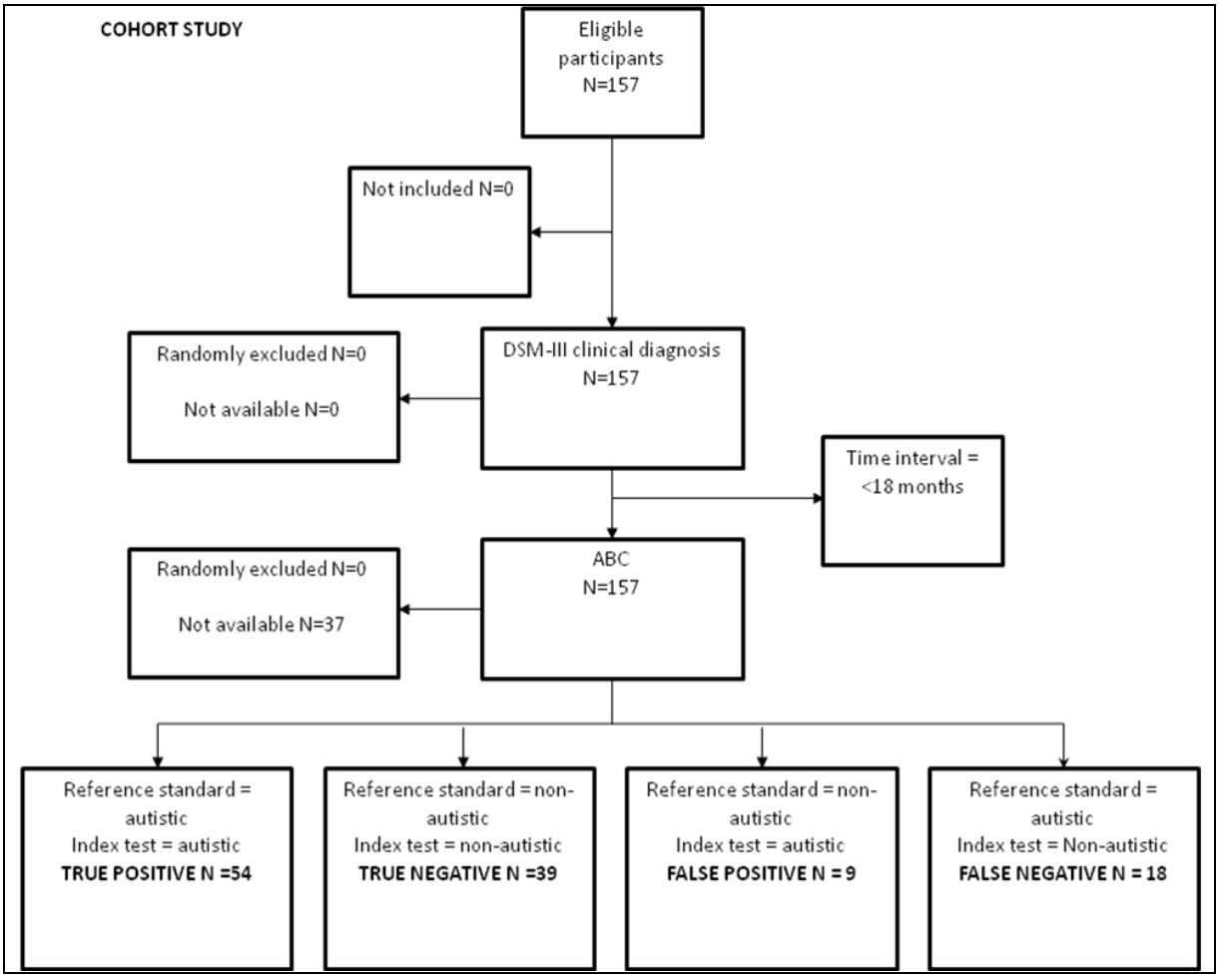
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

VOLKMAR1998

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	ABC
Reference standard and target condition	Reference standard was clinical diagnosis based on DSM-III criteria and the target condition was autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[7]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were selected from several sources, including a university-affiliated school for autistic individuals, a residential facility for individuals with learning disabilities and a clinic for children with developmental disabilities.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Unclear
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The sample included children and adults.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The ABC was completed by teachers and parents and consists of a series of 57 questions grouped into five areas (sensory, relating, body/object use, language, and social and self-help). The index test was not conducted blind to the reference standard results. The threshold used was not pre-specified. The 'Questionable' category also appears unsatisfactory with regard to a diagnostic test.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[7] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

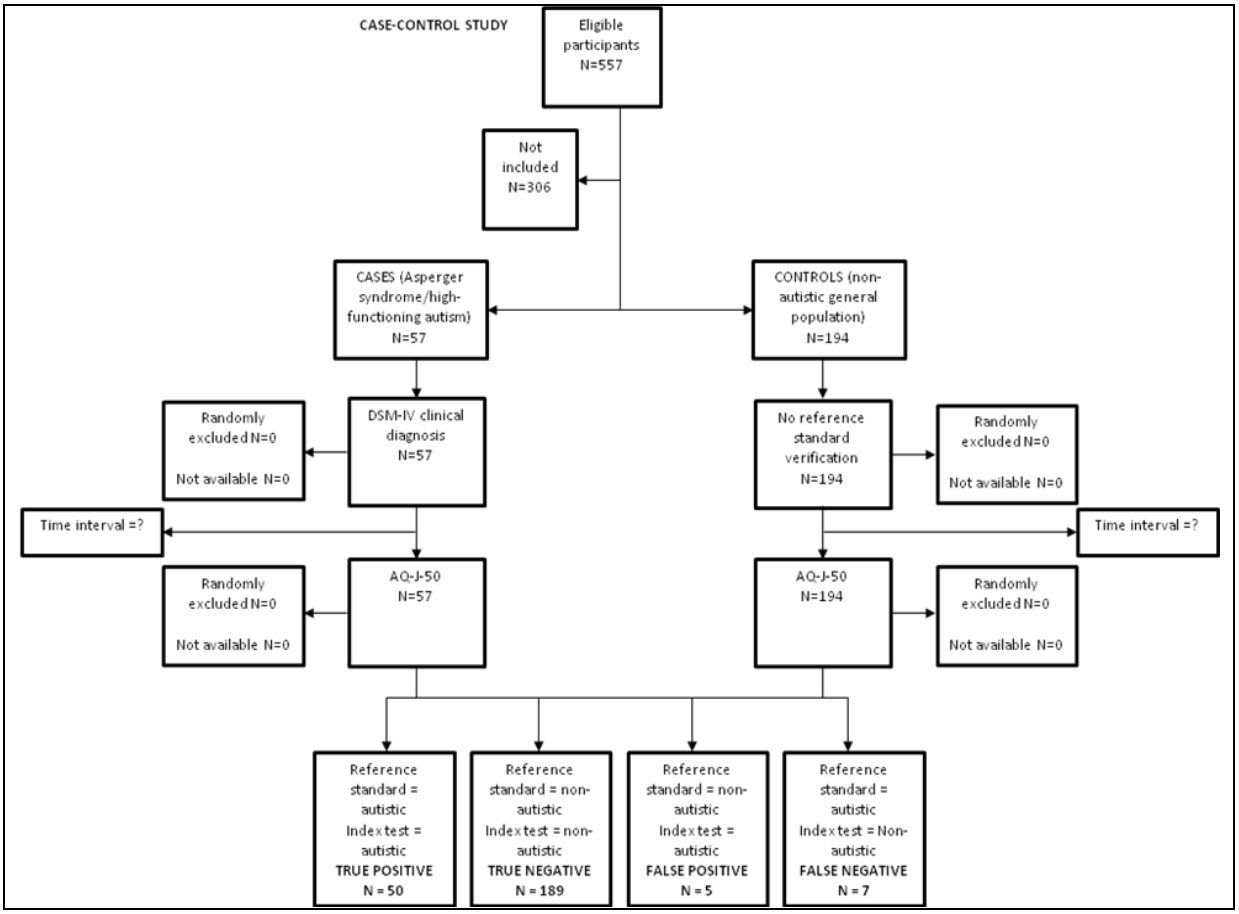
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical diagnoses were established using DSM-III criteria prior to scoring and analysis of ABC data. Diagnoses were assigned by experienced clinicians on the basis of clinical assessment and the analysis of available information other than the ABC.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Participants with intermediate ABC scores (N = 37) were classified as 'questionable' and were excluded from the sensitivity and specificity analysis. *Describe the time interval and any interventions between index test(s) and reference standard:* The exact time interval and any interventions between reference standard and index test are not reported. However, data were collected over a period of 18 months.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

WAKABAYASHI2006

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	AQ-J
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[8]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Individuals with autism were recruited via several sources, including the Japanese Autistic Society, specialist clinics carrying out diagnostic assessment and some self-help groups. General population controls were recruited through companies that were willing to participate in the study. The AQ was sent to 500 employees randomly and those who returned the postal questionnaire were included.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70, so it was not clear if the spectrum of participants was representative of the patients who would receive the test in practice. The control group may also have been unrepresentative of the target sample because the control participants were from the general population rather than participants for whom a suspicion of autism had already been raised. The case-control design also meant that more clinical data were available when the test results were interpreted than would be when the test was used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the AQ-50 translated into Japanese. The test is self-report. The index test results were not interpreted blind to the reference standard results. The threshold used was also not pre-specified.	
Were the index test results interpreted without knowledge of the results of the	No

[8] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: All of the individuals with autism were diagnosed by psychiatrists or psychologists using DSM-IV criteria for autism or Asperger's syndrome. The diagnosis for most of the autistic cases was confirmed by checking the clinical reports, or in some cases from parental report. However, diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Only the individuals with autism received the reference standard, and the same reference standard was not received by all individuals with autism because different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the reference standard and the index test were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear

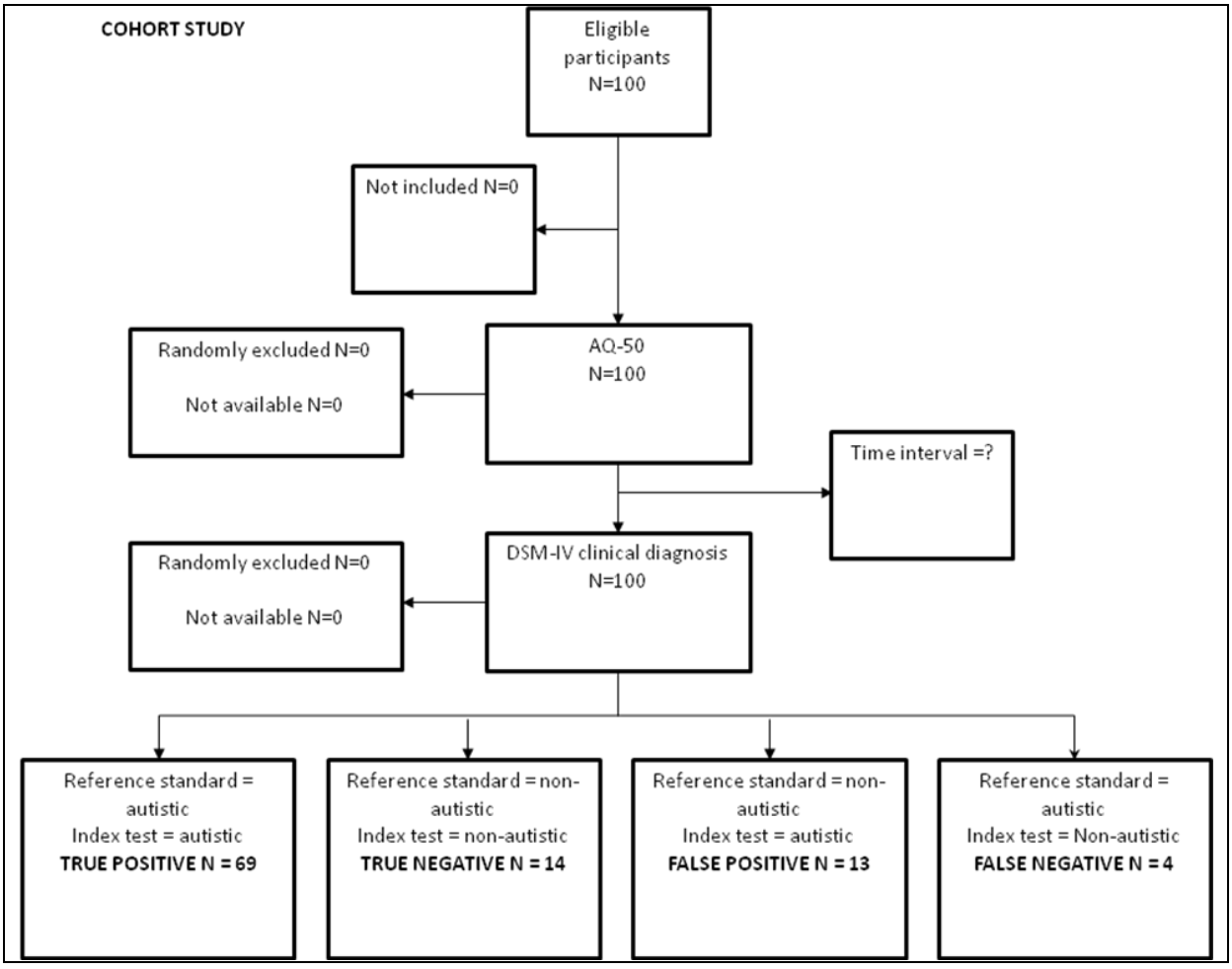
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

WOODBURYSMITH2005

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	What are the most effective methods/tools for case identification in autism in adults? [A2]
Index test(s)	AQ-50
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[9]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: The first 100 patients evaluated in the Cambridge Lifespan Asperger Syndrome Service, a diagnostic clinic for adults, aged 18 years and over, suspected of having Asperger's syndrome or high-functioning autism. Referrals are accepted from all healthcare professionals, with most referrals being from GPs.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70, so it was not clear if the spectrum of participants was representative of the patients who would receive the test in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the AQ-50 which is a self-completed 50-item questionnaire. The cut-off point was not pre-specified but determined post hoc as the cut-off that best balanced sensitivity and specificity.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**

[9] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: All participants were interviewed by two clinicians and with an informant. At the end of the clinical interviews, both clinicians independently rated the participants according to the DSM-IV diagnostic criteria for Asperger's syndrome. It was not clear that the reference standard results were not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper, all 100 consecutive referrals received both the index test and reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and the reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes

Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

1.3 ASSESSMENT INSTRUMENTS

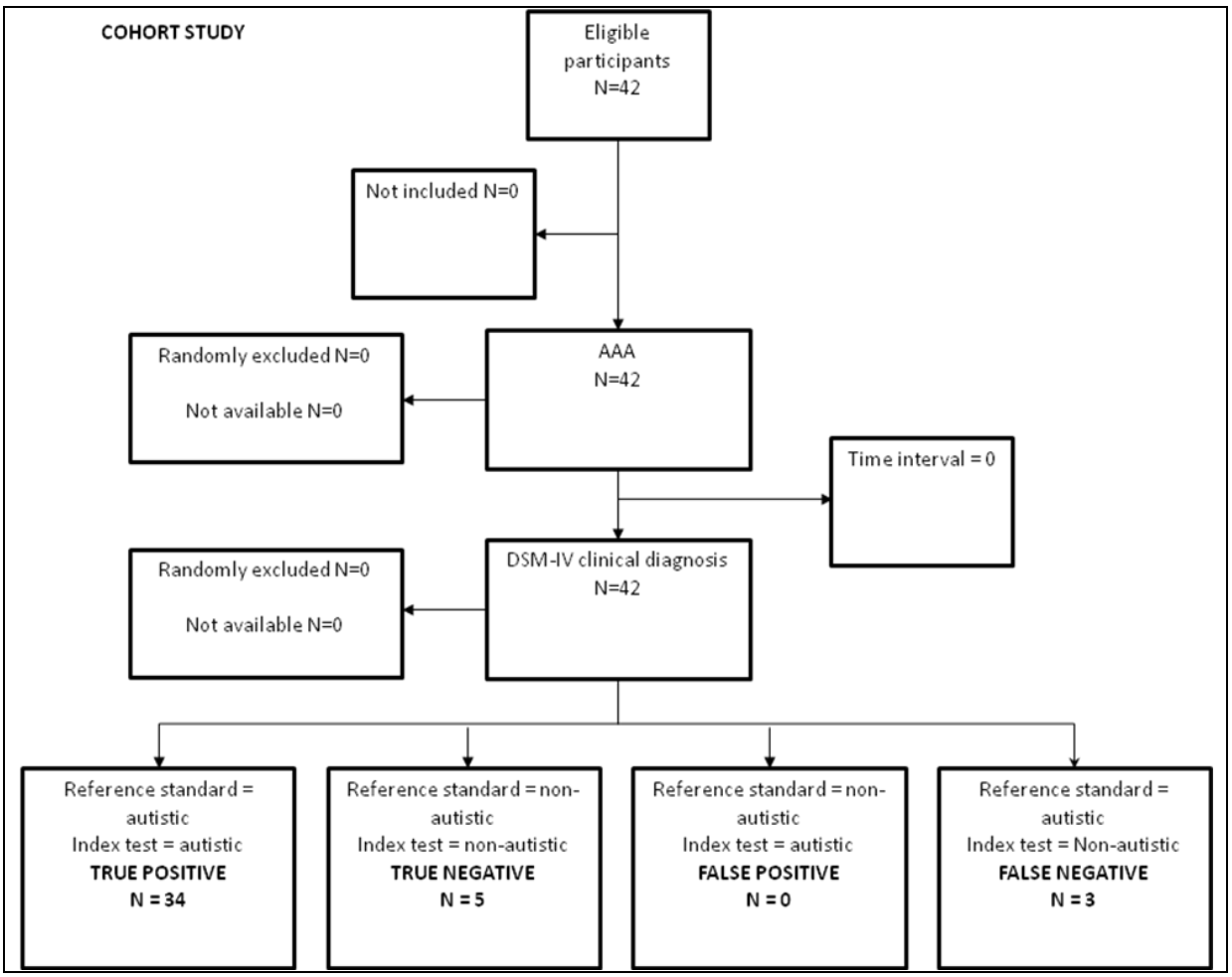
1.3.1 Diagnostic test accuracy studies

BARONCOHEN2005

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	AAA
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV criteria and target condition was Asperger's sndrome and high-functioning autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[10]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were consecutive referrals to the Cambridge Lifespan Asperger Syndrome Service, a national diagnostic clinic for adults with suspected Asperger's syndrome.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The AQ and EQ were self-report questionnaires sent by post in advance and the AAA consisted of interpretation of the AQ and EQ and clinical interview. The AAA was administered by a team comprising either a consultant clinical psychologist or consultant psychiatrist and a clinical psychologist in the team. Two professionals were involved in every assessment and each patient was accompanied by at least one parent as an informant. The team of two clinicians filled in the AAA independently. The same clinicians performed the index test and reference standard. The index test can only be administered to individuals with autism without a learning disability.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	Yes

[10] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

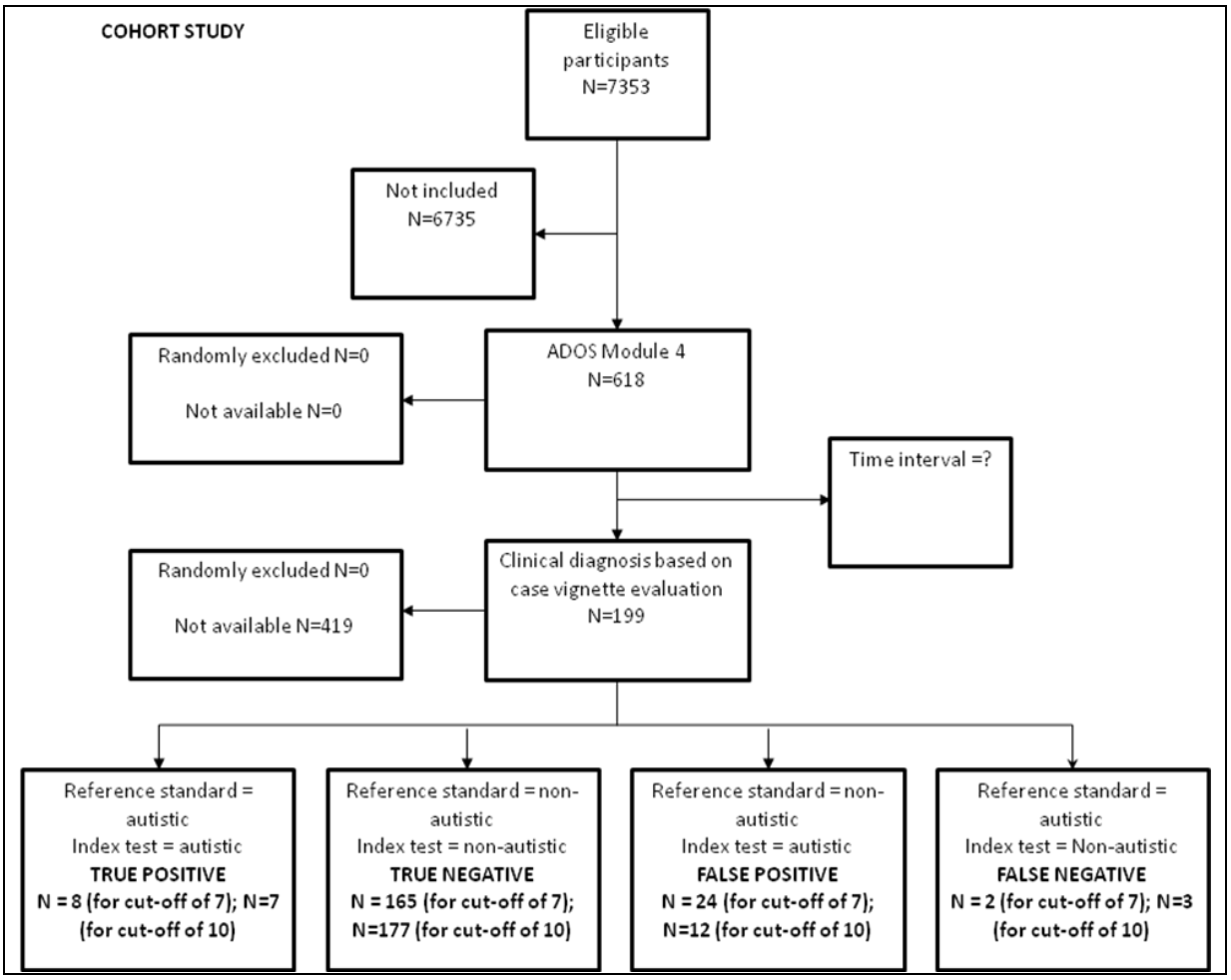
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the DSM-IV clinical diagnosis of Asperger's syndrome or high-functioning autism. The same clinicians performed the index test and reference standard.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper all participants were included in the analysis. *Describe the time interval and any interventions between index test(s) and reference standard:* The index test and reference standard were performed at the same time.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

BRUGHA2012

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	ADOS-4
Reference standard and target condition	Reference standard was diagnosis based on case vignette evaluation

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[11]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Sample was taken from a larger population screening study using the AQ-20 and then further restricted by participants who had complete index test and reference standard data.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Unclear
Could the selection of patients have introduced bias?	**RISK: UNCLEAR**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): IQ was not reported, but there is the assumption that all participants had IQ >70 as the original recruitment was based on completion of a self-report questionnaire.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the ADOS-4 conducted by research psychologists. The threshold used was not pre-specified.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	

[11] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

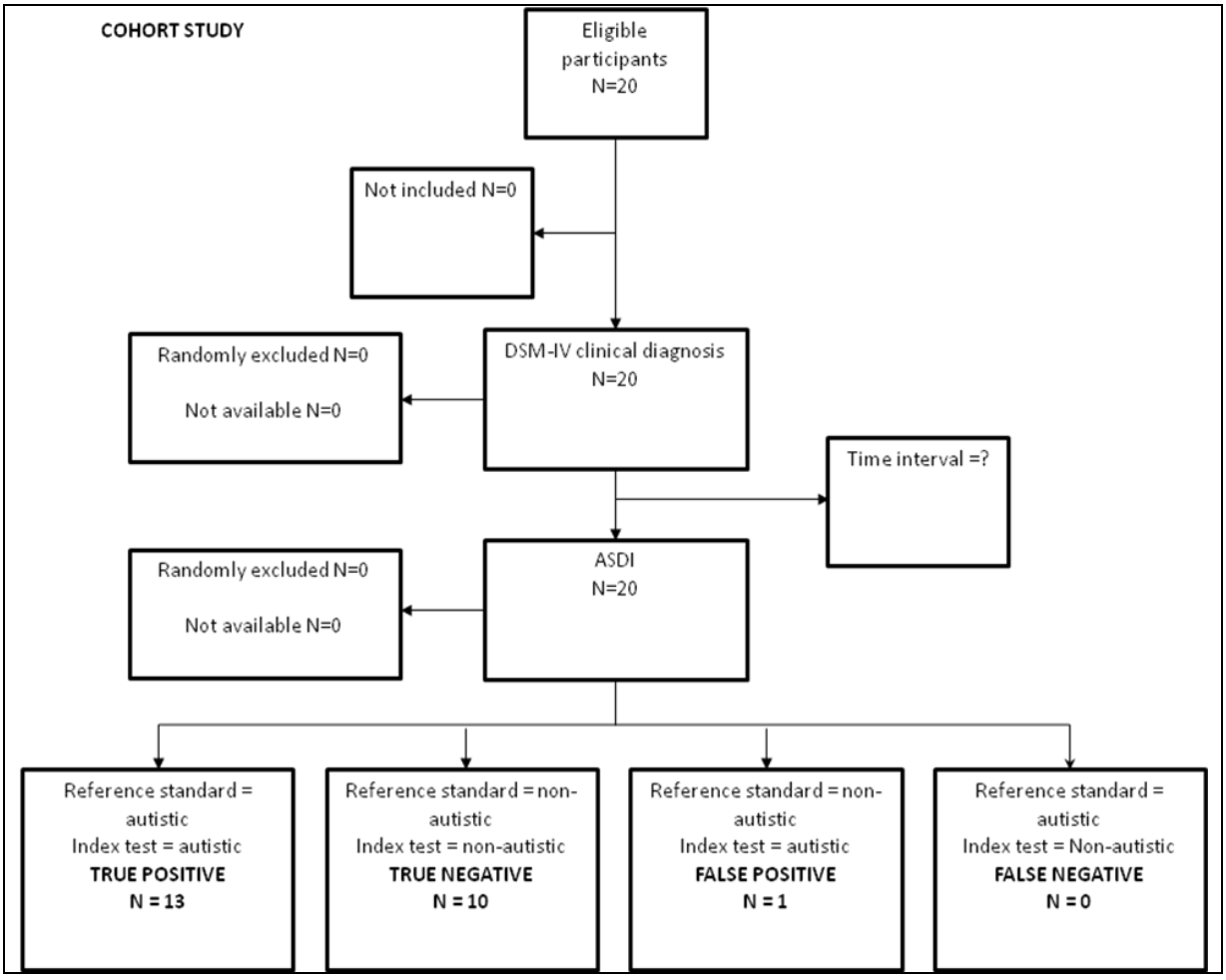
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was clinical diagnosis based on case vignette evaluation. Each vignette included a full report of the ADOS-4, together with AQ-20 scores, relevant information on sociodemographics, social functioning and adverse life experiences, and scores on the Structured Clinical Interview for DSM Disorders – version II, Adult ADHD Screen (ADHD Self-Report Scale) and the Clinical Interview Schedule – Revised. Case vignette evaluation is not the gold standard for clinical diagnosis. The reference standard was also not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: HIGH**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Of 400 case vignette reviews and 618 ADOS tests, data were only available on both tests for 199 participants. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

GILLBERG2001

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	ASDI
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV criteria and target condition was Asperger's sndrome and high-functioning autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[12]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: No information is reported on patient selection.	
Was a consecutive or random sample of patients enrolled?	Unclear
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Unclear
Could the selection of patients have introduced bias?	**RISK: UNCLEAR**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The ASDI is an informant-based interview. The index test results were not interpreted without knowledge of the reference standard results and the threshold was not pre-specified. The index test can only be administered for individuals with autism without learning disabilities.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[12] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: All those with a psychiatric diagnosis had been examined by at least two independent neuropsychiatrists or by a neuropsychiatrist and a neuropsychologist with special expertise in the field of autism. Cases with Asperger syndrome were only accepted into the study if both experts had arrived at independent diagnosis of that disorder.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper all participants were included in the analysis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Unclear

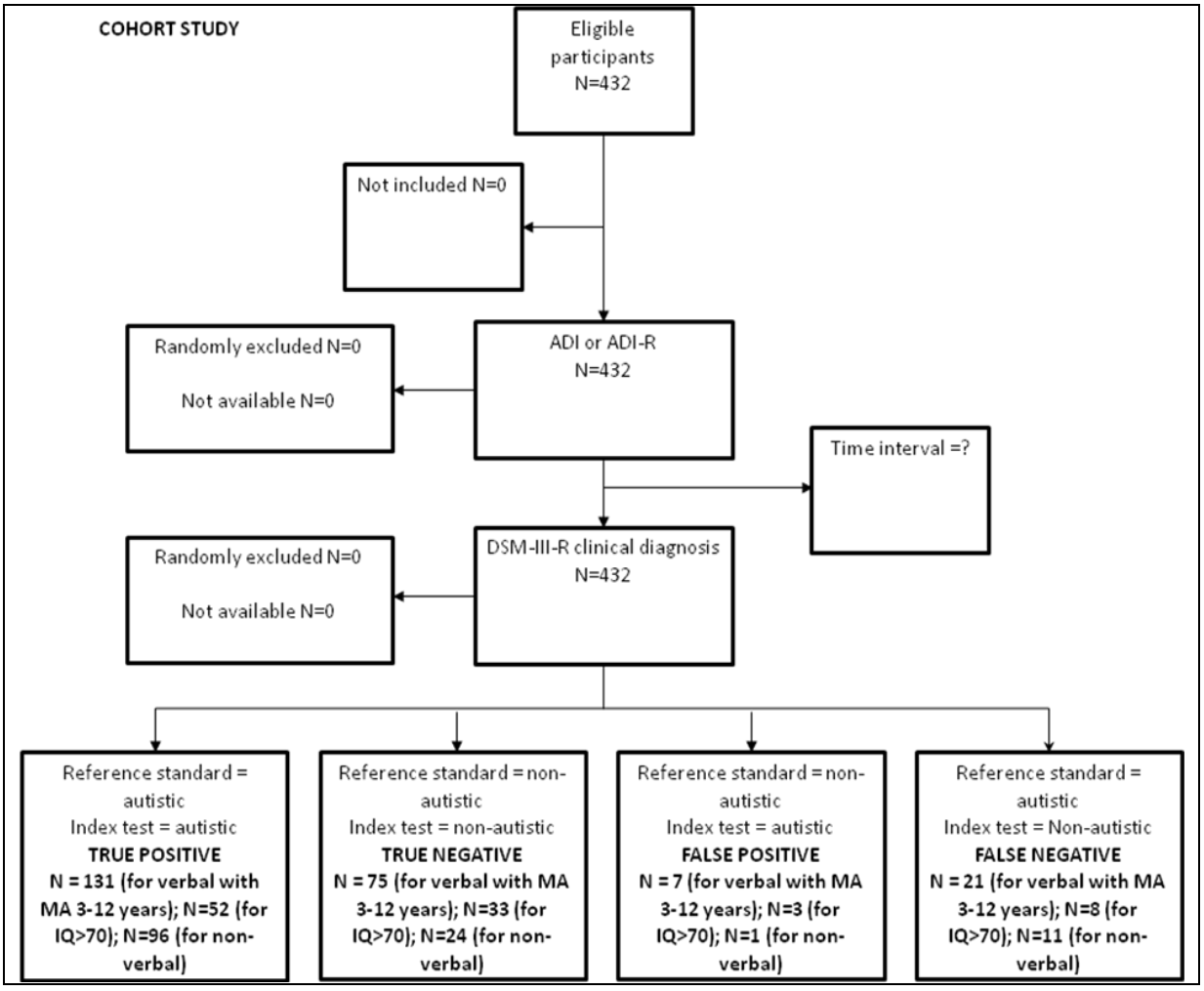
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

LORD1997

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	ADI or ADI-R
Reference standard and target condition	Reference standard was DSM-III-R clinical diagnosis and the target condition was autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[13]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Eight sites contributed data on 432 children and adults for whom satisfactory scores were available from either the ADI or ADI-R. Participant enrolment was not consistently consecutive or random across the eight sites.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Sample included children and adults.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The ADI and ADI-R are standardised investigator-based interviews intended for use in the differential diagnosis of PDD. At each site, the interview was administered by a trained clinician.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**

[13] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical diagnoses were made at each site on the basis of observation and access to all available information. Consensus diagnosis was reached between two experienced clinicians. The reference standard was not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper all participants were included in the analysis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard were not reported. All participants did not receive the same reference standard as clinical diagnosis was performed by different clinicians across different sites.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes

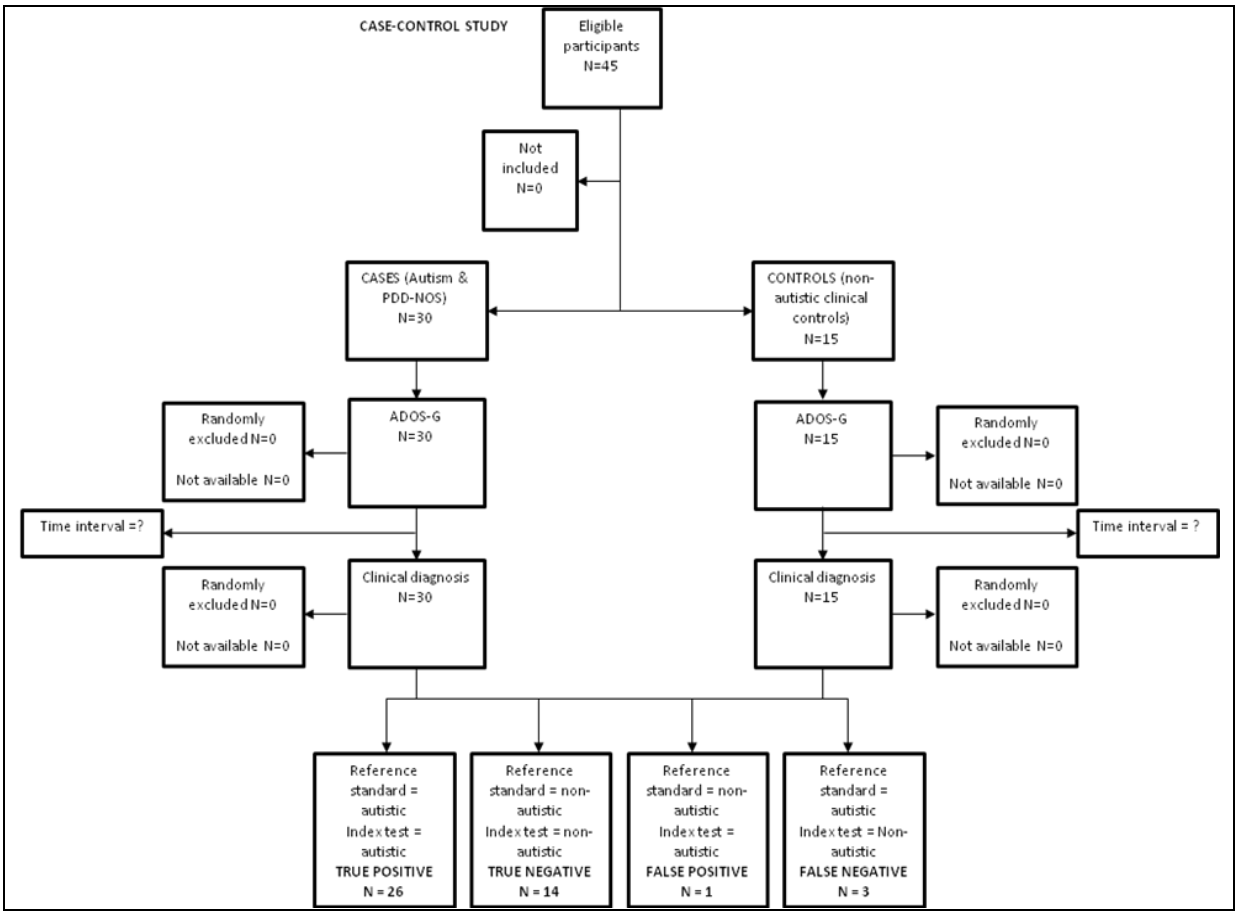
Could the patient flow have introduced bias?	**RISK: HIGH**

LORD2000

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	Autism Diagnostic Observation Schedule-Generic (ADOS-G) – Module 4
Reference standard and target condition	Reference standard was clinical diagnosis based on observation, history, results of a physical examination, and scores on the ADI-R and target condition was autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[14]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: The initial sample consisted of consecutive referrals to the Developmental Disorders Clinic at The University of Chicago. However, it was a case-control design and the enrolment of control participants was not consecutive or random.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Sample included children and adults.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The ADOS-G was administered as part of a diagnostic assessment by clinical research staff. The reference standard and index test was conducted at the same time and thus results were not interpreted blindly.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[14] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Consensus clinical diagnosis was assigned based on the clinical impressions of a clinical psychologist and a child psychiatrist, who each interviewed the parents and observed the child separately. The clinicians had access to history, results of a physical examination and scores on the ADI-R. The reference standard and index test were conducted at the same time, and thus results were not interpreted blindly.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): One participant was missing from the data table upon which sensitivity and specificity estimates are based. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard and index test were conducted at the same time.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes

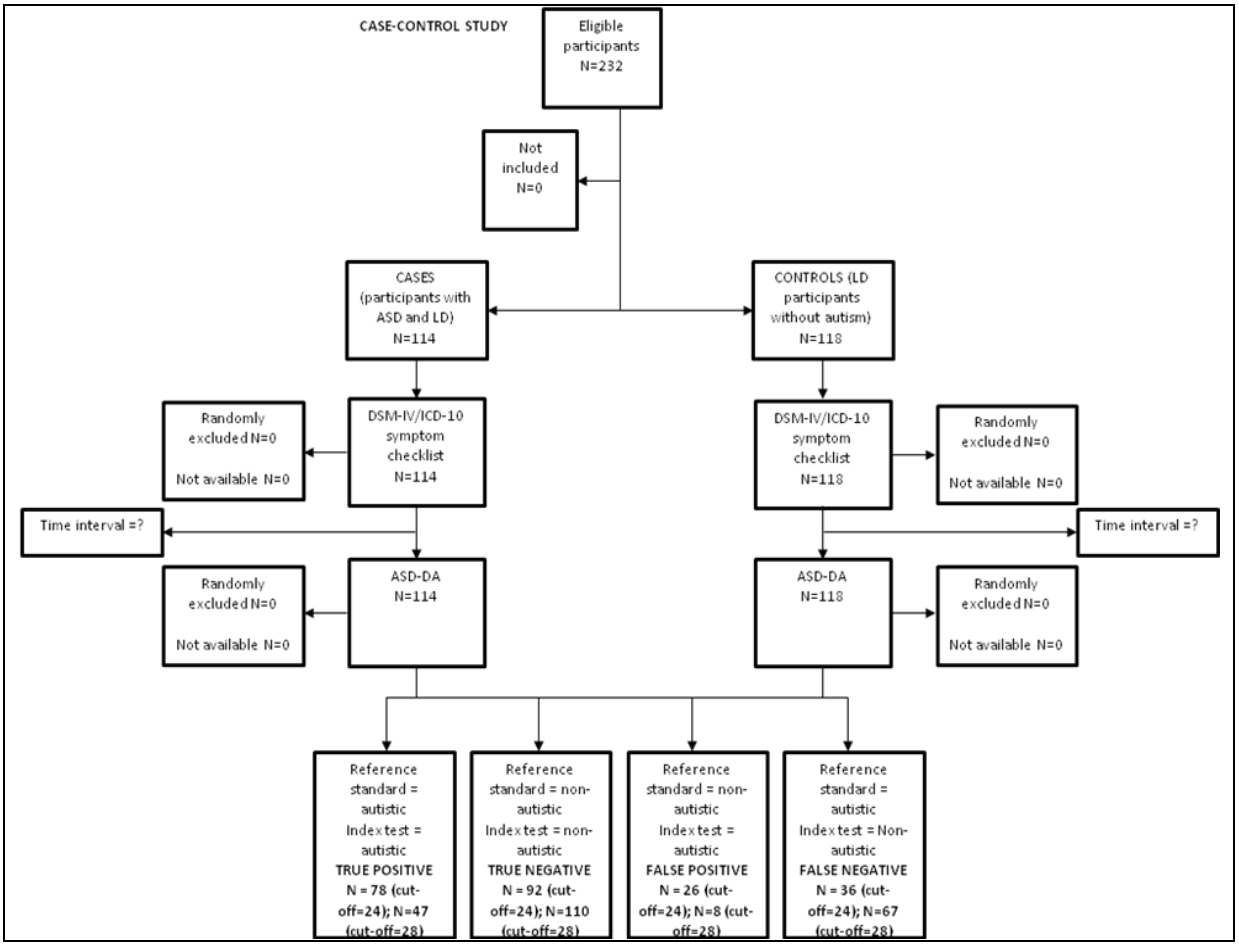
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: LOW**

MATSON2007A

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	ASD-DA
Reference standard and target condition	Reference standard was clinical diagnosis according to a DSM-IV/ICD-10 symptom checklist and the target condition was autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[15]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants for this study were residents of one of two developmental centres located in the Southeast US. Case-control design.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ <70.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Doctoral level clinical psychology students conducted assessments using the ASD-DA with residential staff who had worked with the participant for at least the previous 6 months. The case-control design meant that more information was available (that is, clinical diagnosis) when the index test results were interpreted than would be available when the test is used in practice. The threshold used was also not pre-specified. The index test is also only suitable for administering to individuals with learning disabilities living in residential settings.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[15] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

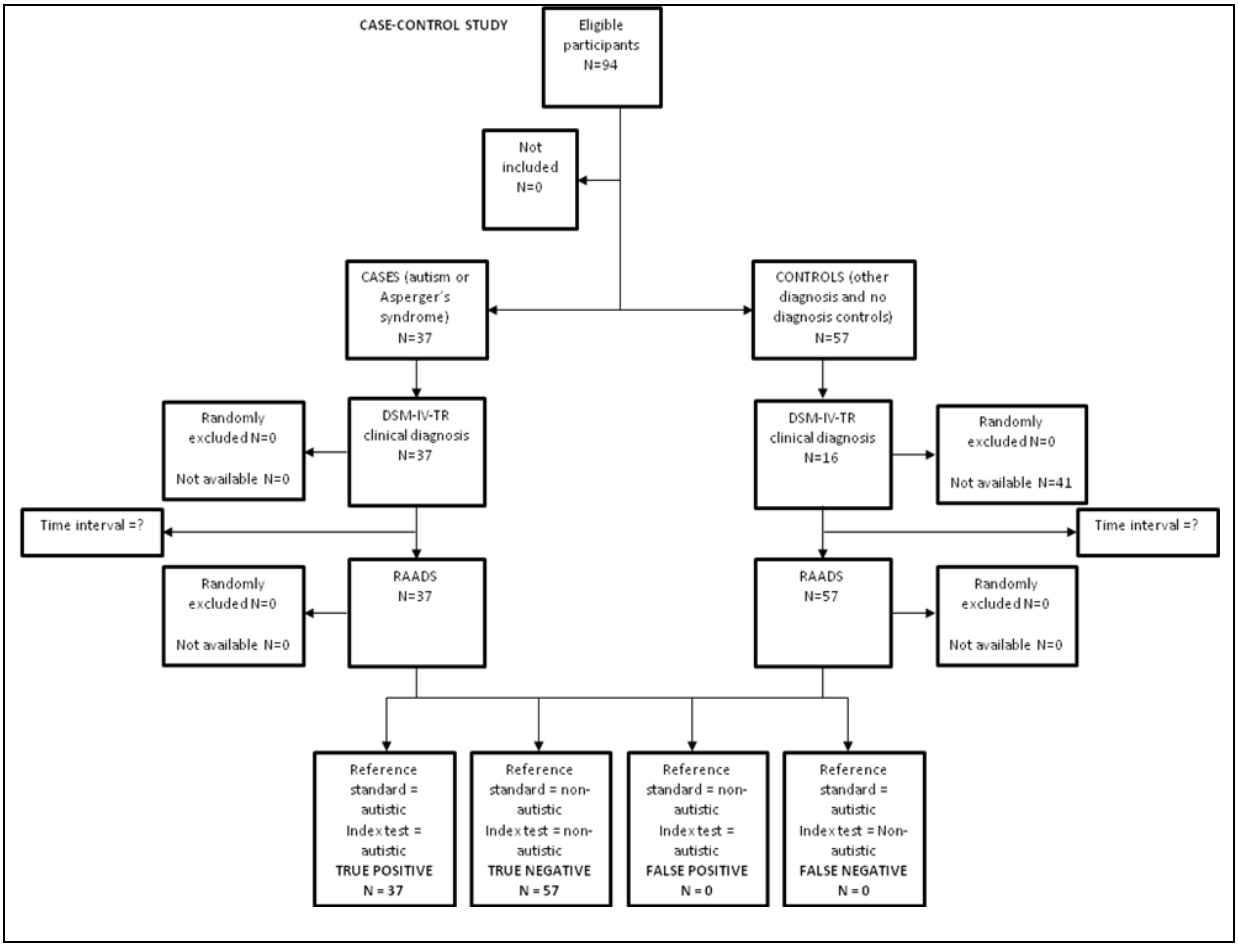
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical psychology doctoral students rated participants based on item endorsements of the DSM-IV/ICD-10 checklist by direct care staff. DSM-IV/ICD-10 diagnosis was not performed by experienced healthcare professionals.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper all participants were included in the analysis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between reference standard and index test are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

RITVO2008

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	RAADS
Reference standard and target condition	Reference standard was clinical diagnosis according to DSM-IV-TR criteria and the target condition was autism.

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[16]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were volunteers and study design was case-control.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Nothing to cause concern regarding applicability reported.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The RAADS is a self-reported questionnaire. The index test results were not interpreted blind to the reference standard results and the threshold used was not pre-specified. Because index test was self-reported it could not be administered to individuals with autism with learning disabilities.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[16] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Two independent psychiatrists diagnosed cases using DSM-IV-TR criteria for Asperger's disorder or autism. Evaluations consisted of reviewing prior medical records when available, obtaining a developmental history, conducting an interview and a mental status examination.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper all participants were included in the analysis. However, control participants with no diagnosis (N = 41) did not receive verification with the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the reference standard and index test were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes

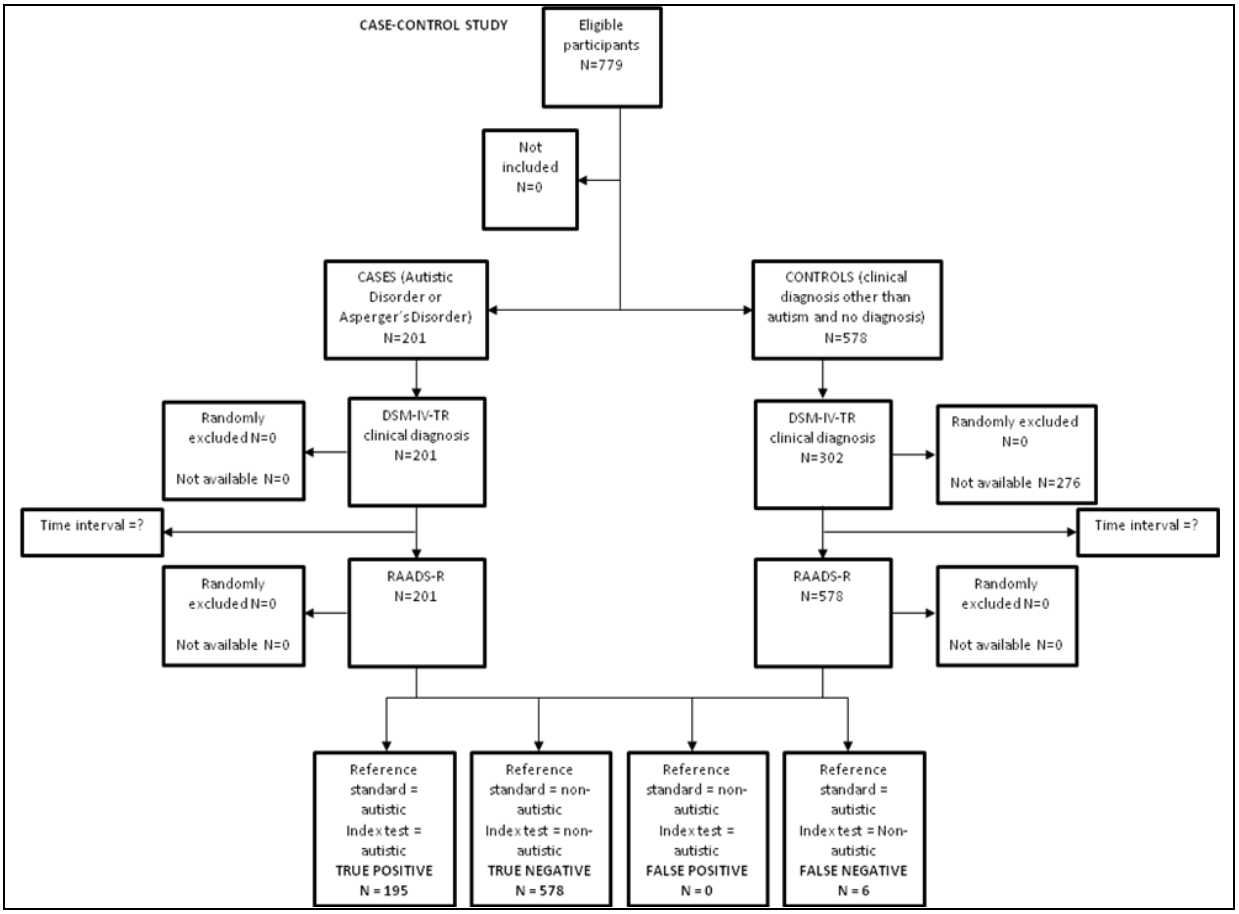
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

RITVO2011

Phase 1: state the review question:

Patients (setting, intended use of index test, presentation, prior testing)	In adults with possible autism, what are the key components of, and the most effective structure for, a diagnostic assessment? [B1]
Index test(s)	RAADS-R
Reference standard and target condition	Reference standard was clinical diagnosis based on DSM-IV-TR criteria and target condition was autism

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments[17]

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were volunteers and study design was case-control. The cases were made up of a group with a diagnosis of autistic disorder (N = 66) and a group with a diagnosis of Asperger's syndrome (N = 135); the controls were made up of a group with no previous diagnosis (N = 276) and a group with an axis I DSM-IV-TR diagnosis other than an autistic spectrum disorder (N = 302).	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ >70.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The RAADS-R is a self-reported questionnaire. The index test results were not interpreted blind to the reference standard results and the threshold used was not pre-specified. Because the index test was self-reported it could not be administered to individuals with autism who also have learning disabilities.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**

[17] QUADAS-2 is structured so that four key domains are each rated in terms of the risk of bias and the concern regarding applicability to the research question (as defined above). Each key domain has a set of signalling questions to help reach the judgments regarding bias and applicability.

DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Reference standard was a clinical diagnosis of autism according to DSM-IV-TR criteria. A clinician interviewed each participant to confirm diagnostic information and IQ data.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): According to the paper, all participants were included in the analysis. However, control participants with no diagnosis (N = 276) did not receive verification with the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the reference standard and index test were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

1.4 ORGANISATION AND DELIVERY OF CARE: SETTINGS FOR CARE

1.4.1 Randomised controlled trials

Study ID		HASSIOTIS2009
Bibliographic reference: Hassiotis, A., Robotham, D., Canagasabey, A., *et al*. (2009) Randomized, single-blind, controlled trial of a specialist behaviour therapy team for challenging behaviour in adults with intellectual disabilities. *American Journal of Psychiatry, 166*, 1278–1285.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data	Yes

	were not available)	
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		RAGHAVAN2009
Bibliographic reference: Raghavan, R., Newell, R., Waseem, F., *et al*. (2009) A randomized controlled trial of a specialist liaison worker model for young people with intellectual disabilities with challenging behaviour and mental health needs. *Journal of Applied Research in Intellectual Disabilities, 22*, 256–263.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.4.2 Observational studies (cohort studies)

Study ID		BARLOW1991
Bibliographic reference: Barlow, J. & Kirby, N. (1991) Residential satisfaction of persons with an intellectual disability living in an institution or in the community. *Australia and New Zealand Journal of Developmental Disabilities, 17*, 7-23.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to	N/A

	treatment allocation	
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 2, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		

Study ID		CHOU2008
Bibliographic reference: Chou, Y-C., Lin, L-C., Pu, C-Y., *et al*. (2008) Outcomes and costs of residential services for adults with intellectual disabilities in Taiwan: a comparative evaluation. *Journal of Applied Research in Intellectual Disabilities, 21*, 114–125.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unknown
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		CULLEN1995
Bibliographic reference: Cullen, C., Whoriskey, M., Mackenzie, K., *et al*. (1995) The effects of deinstitutionalization on adults with learning disabilities. *Journal of Intellectual Disability Research, 39*, 484–494.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		DAGNAN1994A
Bibliographic reference: Dagnan, D., Howard, B. & Drewett, R. F. (1994a) A move from hospital to community-based homes for people with learning disabilities: activities outside the home. *Journal of Intellectual Disability Research, 38*, 567–576.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A

B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HOLBURN2004
Bibliographic reference: Holburn, S., Jacobson, J. W., Schwartz, A. A., *et al*. (2004) The Willowbrook Futures Project: a longitudinal analysis of person-centered planning. *American Journal on Mental Retardation, 109*, 63–76.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 1, control group N = 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		KEARNEY1995
Bibliographic reference: Kearney, C. A., Durand, V. M. & Mindell, J. A. (1995) It's not where but how you live: choice and adaptive/maladaptive behavior in persons with severe handicaps. *Journal of Developmental and Physical Disabilities, 7*, 11–24.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MCCONKEY2007
Bibliographic reference: McConkey, R., Abbott, S., Walsh, P. N., *et al*. (2007) Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. *Journal of Intellectual Disability Research, 51*, 207–217.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MOLONY1990
Bibliographic reference: Molony, H. & Taplin, J. E. (1990) The deinstitutionalization of people with developmental disability under the Richmond program: I. changes in adaptive behavior. *Australia and New Zealand Journal of Developmental Disabilities, 16*, 149–159.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		SCHALOCK1984
Bibliographic reference: Schalock, R. L., Gadwood, L. S. & Perry, P. B. (1984) Effects of different training environments on the acquisition of community living skills. *Applied Research in Mental Retardation, 5*, 425–438.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		SCHWARTZ2003
Bibliographic reference: Schwartz, C. (2003) Self-appraised lifestyle satisfaction of persons with intellectual disability: the impact of personal characteristics and community residential facilities. *Journal of Intellectual and Developmental Disability, 28*, 227–240.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		SPREAT1998
Bibliographic reference: Spreat, S., Conroy, J. W. & Rice, D. M. (1998) Improve quality in nursing homes or institute community placement? implementation of OBRA for individuals with mental retardation. *Research in Developmental Disabilities, 19*, 507–518.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.4.3 Observational studies (before-and-after studies)

Study ID		BHAUMIK2009
Bibliographic reference: Bhaumik, S., Watson, J. M., Devapriam, J., *et al*. (2009) Aggressive challenging behaviour in adults with intellectual disability following community resettlement. *Journal of Intellectual Disability Research, 53*, 298–302.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A

B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		BOURAS1993
Bibliographic reference: Bouras, N., Kon, Y. & Drummond, C. (1993) Medical and psychiatric needs of adults with a mental handicap. *Journal of Intellectual Disability Research, 37*, 177–182.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		CHOU2011
Bibliographic reference: Chou, Y. C., Pu, C., Kröger, T., *et al*. (2011) Outcomes of a new residential scheme for adults with intellectual disabilites in Taiwan: a 2-year follow-up. *Journal of Intellectual Disability Research, 55*, 823–831.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 20, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 20, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		DAGNAN1998
Bibliographic reference: Dagnan, D., Ruddick, L. & Jones, J. (1998) A longitudinal study of the quality of life of older people with intellectual disability after leaving hospital. *Journal of Intellectual Disability Research, 42*, 112–121.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		DONNELLY1996
Bibliographic reference: Donnelly, M., McGilloway, S., Mays, N., *et al*. (1996) One and two year outcomes for adults with learning disabilities discharged to the community. *British Journal of Psychiatry, 168*, 598–606.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		GASKELL1995
Bibliographic reference: Gaskell, G., Dockrell, J. & Rehman, H. (1995) Community care for people with challenging behaviours and mild learning disability: an evaluation of an assessment and treatment unit. *British Journal of Clinical Psychology, 34*, 383–395.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 16, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HEMMING1983
Bibliographic reference: Hemming, H. (1983) The Swansea relocation study of mentally handicapped adults. *International Journal of Rehabilitation Research, 6*, 494–495.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 19, control group N = 23	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 25, control group N = 24	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		SIAPERAS2006
Bibliographic reference: Siaperas, P. & Beadle-Brown, J. (2006) A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. *Autism, 10*, 330–343.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		SPREAT2002
Bibliographic reference: Spreat, S. and Conroy, J. W. (2002) The impact of deinstitutionalization on family contact. *Research in Developmental Disabilities, 23*, 202–210.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		WEHMEYER2001
Bibliographic reference: Wehmeyer, M. L. & Bolding, N. (2001) Enhanced self-determination of adults with intellectual disability as an outcome of moving to community-based work or living environments. *Journal of Intellectual Disability Research, 45*, 371–383.		
Guideline topic: adults with autism		**Review question number:** E1 and E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.5 PSYCHOSOCIAL INTERVENTIONS

1.5.1 Randomised controlled trials

Study ID		BOTSFORD2004
Bibliographic reference: Botsford, A. L. & Rule, D. (2004) Evaluation of a group intervention to assist aging parents with permanency planning for an adult offspring with special needs. *Social Work, 49*, 423–431.		
Guideline topic: adults with autism		**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 1, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		GARCIAVILLAMISAR2010
Bibliographic reference: García-Villamsiar, D. A. & Dattilo, J. (2010) Effects of a leisure programme on quality of life and stress of individuals with ASD. *Journal of Intellectual Disability Research, 54*, 611–619.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		GARCIAVILLAMISAR2011
Bibliographic reference: García-Villamisar, D. & Dattilo, J. (2011) Social and clinical effects of a leisure program on adults with autism spectrum disorder. *Research in Autism Spectrum Disorders, 5*, 246–253.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		GOLAN2006
Bibliographic reference: Golan, O. & Baron-Cohen, S. (2006) Systemizing empathy: teaching adults with Asperger syndrome or high-functioning autism to recognize complex emotions using interactive multimedia. *Development and Psychopathology, 18*, 591–617.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		KHEMKA2000
Bibliographic reference: Khemka, I. (2000) Increasing independent decision-making skills of women with mental retardation in simulated interpersonal situations of abuse. *American Journal on Mental Retardation, 105*, 387–401.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		KHEMKA2005
Bibliographic reference: Khemka, I., Hickson, L. & Reynolds, G. (2005) Evaluation of a decision-making curriculum designed to empower women with mental retardation to resist abuse. *American Journal of Mental Retardation, 110*, 193–204.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		LAUGESON2009
Bibliographic reference: Laugeson, E. A., Frankel, F., Mogil, C., *et al*. (2009) Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *Journal of Autism & Developmental Disorders, 39*, 596–606.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		LEE1977
Bibliographic reference: Lee, D. Y. (1977) Evaluation of a group counseling program designed to enhance social adjustment of mentally retarded adults. *Journal of Counseling Psychology, 24*, 318–323.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 4, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 4, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	No

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MATSON1981
Bibliographic reference: Matson, J. L., DiLorenzo, T. M. & Esveldt-Dawson, K. (1981) Independence training as a method of enhancing self-help skills acquisition of the mentally retarded. *Behaviour Research and Therapy, 19*, 399–405.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.5.2 Observational studies (cohort studies)

Study ID		ELLIOTT1991
Bibliographic reference: Elliott, R. O. Jr., Hall, K. L. & Soper, H. V. (1991) Analog language teaching versus natural language teaching: generalization and retention of language learning for adults with autism and mental retardation. *Journal of Autism and Developmental Disorders, 21*, 433–447.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-	Yes

	up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		ERGUNERTEKINALP2004
Bibliographic reference: Ergüner-Tekinalp, B. & Akkök, F. (2004) The effects of a coping skills training program on the coping skills, hopelessness, and stress levels of mothers of children with autism. *International Journal for the Advancement of Counselling, 26*, 257–269.		
Guideline topic: adults with autism		**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		GARCIAVILLAMISAR2000
Bibliographic reference: García-Villamisar, D., Ross, D. & Wehman, P. (2000) Clinical differential analysis of persons with autism in a work setting: a follow-up study. *Journal of Vocational Rehabilitation, 14*, 183–185.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		GARCIAVILLAMISAR2002
Bibliographic reference: García-Villamisar, D., Wehman, P. & Diaz Navarro, M. (2002) Changes in the quality of autistic people's life that work in supported and sheltered employment. A 5-year follow-up study. *Journal of Vocational Rehabilitation, 17*, 309–312.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		GARCIAVILLAMISAR2007
Bibliographic reference: García-Villamisar, D. & Hughes, C. (2007) Supported employment improves cognitive performance in adults with autism. *Journal of Intellectual Disability Research, 51*, 142–150.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HARRIS1984
Bibliographic reference: Harris, M. B. & Bloom, S. R. (1984) A pilot investigation of a behavioral weight control program with mentally retarded adolescents and adults: effects on weight, fitness, and knowledge of nutritional and behavioral principles. *Rehabilitation Psychology, 29*, 177–182.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = N/A, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = N/A, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		LINDSAY2004
Bibliographic reference: Lindsay, W. R., Allan, R., Parry, C., *et al*. (2004) Anger and aggression in people with intellectual disabilities: treatment and follow-up of consecutive referrals and a waiting list comparison. *Clinical Psychology and Psychotherapy, 11*, 255–264.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MAWHOOD1999
Bibliographic reference: Mawhood, L. & Howlin, P. (1999) The outcome of a supported employment scheme for high functioning adults with autism or Asperger syndrome. *Autism, 3*, 229–254.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 5, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		MAZZUCCHELLI2001
Bibliographic reference: Mazzucchelli, T. G. (2001) Feel safe: a pilot study of a protective behaviours programme for people with intellectual disability. *Journal of Intellectual and Developmental Disability, 26*, 115–126.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MCGRATH2010
Bibliographic reference: McGrath, L., Jones, R. S. P. & Hastings, R. P. (2010) Outcomes of anti-bullying intervention for adults with intellectual disabilities. *Research in Developmental Disabilities, 31*, 376–380.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		ROSE2005
Bibliographic reference: Rose, J., Loftus, M., Flint, B., *et al*. (2005) Factors associated with the efficacy of a group intervention for anger in people with intellectual disabilities. *British Journal of Clinical Psychology, 44*, 305–317.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		RUSSELL2009
Bibliographic reference: Russell, A. J., Mataix-Cols, D., Anson, M. A. W., *et al*. (2009) Psychological treatment for obsessive-compulsive disorder in people with autism spectrum disorders – a pilot study. *Psychotherapy and Psychosomatics, 78*, 59–61.		
Guideline topic: adults with autism		**Review question number:** C1 & C6
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		TAYLOR2005
Bibliographic reference: Taylor, J. L., Novaco, R. W., Gillmer, B. T., *et al*. (2005) Individual cognitive-behavioural anger treatment for people with mild-borderline intellectual disabilities and histories of aggression: a controlled trial. *British Journal of Clinical Psychology, 44*, 367–382.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.5.3 Observational studies (before-and-after studies)

Study ID		BATHAEE2001
Bibliographic reference: Bat-haee, M. A. (2001) A longitudinal study of active treatment of adaptive skills of individuals with profound mental retardation. *Psychological Reports, 89*, 345–354.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		BENSON1986
Bibliographic reference: Benson, B. A., Rice, C. J. & Miranti, S. V. (1986) Effects of anger management training with mentally retarded adults in group treatment. *Journal of Consulting and Clinical Psychology, 54*, 728–729.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear

D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		FELDMAN1999
Bibliographic reference: Feldman, M. A., Ducharme, J. M. & Case, L. (1999) Using self-instructional pictorial manuals to teach child-care skills to mothers with intellectual disabilities. *Behavior Modification, 23*, 480–497.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HERBRECHT2009
Bibliographic reference: Herbrecht, E., Poustka, F., Birnkammer, S., *et al*. (2009) Pilot evaluation of the Frankfurt Social Skills Training for children and adolescents with autism spectrum disorder. *European Child and Adolescent Psychiatry, 18*, 327–335.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 8, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HILLIER2007
Bibliographic reference: Hillier, A., Fish, T., Cloppert, P., *et al*. (2007) Outcomes of a social and vocational skills support group for adolescents and young adults on the autism spectrum. *Focus on Autism and Other Developmental Disabilities, 22*, 107–115.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HOWLIN1999
Bibliographic reference: Howlin, P. & Yates, P. (1999) The potential effectiveness of social skills groups for adults with autism. *Autism, 3*, 299–307.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No

D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HOWLIN2005
Bibliographic reference: Howlin, P., Alcock, J. & Burkin, C. (2005) An 8 year follow-up of a specialist supported employment service for high-ability adults with autism or Asperger syndrome. *Autism, 9*, 533–549.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		KING1999
Bibliographic reference: King, N., Lancaster, N., Wynne, G., *et al*. (1999) Cognitive-behavioural anger management training for adults with mild intellectual disability. *Scandinavian Journal of Behaviour Therapy, 28*, 19–22.		
Guideline topic: adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MYLES1996A
Bibliographic reference: Myles, B. S., Simpson, R. L. & Smith, S. M. (1996) Collateral behavioral and social effects of using facilitated communication with individuals with autism. *Focus on Autism and Other Developmental Disabilities, 11*, 163–169.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear

D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unclear		

Study ID		POLIRSTOK2003
Bibliographic reference: Polirstok, S. R., Dana, L., Buono, S., *et al*. (2003) Improving functional communication skills in adolescents and young adults with severe autism using gentle teaching and positive approaches. *Topics in Language Disorders, 23*, 146–153.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		TSE2007
Bibliographic reference: Tse, J., Strulovitch, J., Tagalakis, V., *et al*. (2007) Social skills training for adolescents with Asperger syndrome and high-functioning autism. *Journal of Autism and Developmental Disorders, 37*, 1960–1968.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to	Yes

	determine the outcome	
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		WEBB2004
Bibliographic reference: Webb, B. J., Miller, S. P., Pierce, T. B., *et al*. (2004) Effects of social skill instruction for high-functioning adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 19*, 53–62.		
Guideline topic: adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.6 BIOMEDICAL INTERVENTIONS

1.6.1 Randomised controlled trials

Study ID		BELSITO2001
Bibliographic reference: Belsito, K. M., Law, P. A., Kirk, K. S., *et al*. (2001) Lamotrigine therapy for autistic disorder: a randomized, double-blind, placebo-controlled trial. *Journal of Autism and Developmental Disorders, 31*, 175–181.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 5, control group N = 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 5, control group N = 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		BUITELAAR1992
Bibliographic reference: Buitelaar, J. K., van Engeland, H., de Kogel, K., *et al*. (1992) The adrenocorticotrophic hormone (4-9) analog ORG 2766 benefits autistic children: Report on a second controlled clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 1149–1156.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		BUITELAAR1996
Bibliographic reference: Buitelaar, J. K., Dekker, M. E. M., van Ree, J. M., *et al*. (1996) A controlled trial with ORG 2766, an ACTH-(4-9) analog, in 50 relatively able children with autism. *European Neuropsychopharmacology, 6*, 13–19.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 1, control group N = 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of	Yes

	follow-up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		CHEZ2000
Bibliographic reference: Chez, M. G., Buchanan, C. P., Bagan, B. T., *et al*. (2000) Secretin and autism: a two-part clinical investigation. *Journal of Autism and Developmental Disorders, 30*, 87–94.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 1, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of	Yes

	follow-up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		CHEZ2002
Bibliographic reference: Chez, M. G., Buchanan, C. P., Aimonovitch, M. C., *et al*. (2002) Micronutrients versus standard medication management in autism: a naturalistic case-control study. *Journal of Child and Adolescent Psychopharmacology, 17*, 833–837.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		CHEZ2003
Bibliographic reference: Chez, M. G., Buchanan, T. M., Becker, M., *et al*. (2003) Donepezil hydrochloride: a double-blind study in autistic children. *Journal of Pediatric Neurology, 1*, 83–88.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 6, control group N = 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 6, control group N = 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		DUNNGEIER2000
Bibliographic reference: Dunn-Geier, J., Ho, H. H., Auersperg, E., *et al*. (2000) Effect of secretin on children with autism: a randomized controlled trial. *Developmental Medicine and Child Neurology, 42*, 796–802.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		GAGIANO2005
Bibliographic reference: Gagiano, C., Read, S., Thorpe, L., *et al*. (2006) Short- and long-term efficacy and safety of risperidone in adults with disruptive behaviour disorders. *Psychopharmacology, 179*, 629–636.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 4, control group N = 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 2, control group N = 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HAESSLER2007
Bibliographic reference: Haessler, F., Glaser, T., Beneke, M., *et al*. (2007) Zuclopenthixol in adults with intellectual disabilities and aggressive behaviours: discontinuation study. *British Journal of Psychiatry, 190*, 447–448.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Results reported for the intention-to-treat sample only	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		HELLINGS2005
Bibliographic reference: Hellings, J. A., Weckbaugh, M., Nickel, E. J., *et al*. (2005) A double-blind, placebo-controlled study of valproate for aggression in youth with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 15*, 682–692.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		

D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HELLINGS2006
Bibliographic reference: Hellings, J. A., Zarcone, J. R., Reese, R. M., *et al*. (2006) A crossover study of risperidone in children, adolescents and adults with mental retardation. *Journal of Autism and Developmental Disorders, 36*, 401–411.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HOLLANDER2010
Bibliographic reference: Hollander, E., Chaplin, W., Soorya, L., *et al*. (2010) Divalproex sodium vs placebo for the treatment of irritability in children and adolescents with autism spectrum disorders. *Neuropsychopharmacology, 35*, 990–998.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 2, control group N = 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		IZMETH1988
Bibliographic reference: Izmeth, M. G. A., Khan, S. Y., Kumarajeewa, D. I. S. C., *et al*. (1988) Zuclopenthixol decanoate in the management of behavioural disorders in mentally handicapped patients. *Pharmatherapeutica, 5*, 217–227.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 4, control group N = 14	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = not clear, control group N = not clear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		JAHROMI2009
Bibliographic reference: Jahromi, L. B., Kasari, C. L., McCracken, J. T., *et al*. (2009) Positive effects of methylphenidate on social communication and self-regulation in children with pervasive developmental disorders and hyperactivity. *Journal of Autism and Developmental Disorders, 39*, 395–404.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		KARSTEN1981
Bibliographic reference: Karsten, D., Kivimäki, T., Linna, S. L., *et al*. (1981) Neuroleptic treatment of oligophrenic patients. A double-blind clinical multicentre trial of cis(Z)-clopenthixol and haloperidol. *Acta Psychiatrica Scandinavica Supplement*, *294*, 39–45.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 1, control group N = 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		KING2001
Bibliographic reference: King, B. H., Wright, D. M., Handen, B. L., *et al*. (2001) Double-blind, placebo-controlled study of amantadine hydrochloride in the treatment of children with autistic disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 658–665.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		KNIVSBERG2003
Bibliographic reference: Knivsberg, A-M., Reichelt, K-L., Høien, T., *et al*. (2003) Effect of dietary intervention on autistic behavior. *Focus on Autism and Other Developmental Disabilities, 18*, 247–256.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		LEVY2003
Bibliographic reference: Levy, S. E., Souders, M. C., Wray, J., *et al*. (2003) Children with autistic spectrum disorders. I: comparison of placebo and single dose of human synthetic secretin. *Archives of Disease in Childhood, 88*, 731–736.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		MCDOUGLE1996
Bibliographic reference: McDougle, C. J., Naylor, S. T., Cohen, D. J., *et al*. (1996) A double-blind, placebo-controlled study of fluvoxamine in adults with autistic disorder. *Archives of General Psychiatry, 53*, 1001–1008.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		MCDOUGLE1998A
Bibliographic reference: McDougle, C. J., Holmes, J. P., Carlson, D. C., *et al*. (1998) A double-blind, placebo-controlled study of risperidone in adults with autistic disorder and other pervasive developmental disorders. *Archives of General Psychiatry, 55*, 633–641.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 1, control group N = 0 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		MCKENZIE1966
Bibliographic reference: McKenzie, M. E. & Roswell-Harris, D. (1966) A controlled trial of Prothipendyl (Tolnate) in mentally subnormal patients. *British Journal of Psychiatry, 112*, 95–100.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 1 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

Study ID		MUNASINGHE2010
Bibliographic reference: Munasinghe, S. A., Oliff, C., Finn, J., *et al*. (2010) Digestive enzyme supplementation for autism spectrum disorders: a double-blind randomized controlled trial. *Journal of Autism and Developmental Disorders, 40*, 1131–1138.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		POSEY2007
Bibliographic reference: Posey, D. J., Aman, M. G., McCracken, J. T., *et al*. (2007) Positive effects of methylphenidate on inattention and hyperactivity in pervasive developmental disorders: an analysis of secondary measures. *Biological Psychiatry, 61*, 538–544.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 7, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 3, control group N = 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		REMINGTON2001
Bibliographic reference: Remington, G., Sloman, L., Konstantareas, M., *et al*. (2001) Clomipramine versus haloperidol in the treatment of autistic disorder: a double-blind, placebo-controlled, crossover study. *Journal of Clinical Psychopharmacology, 21*, 440–444.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 20 (clomipramine), control group N = 11	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 4, control group N = 4	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		RUPP2005
Bibliographic reference: Research Units on Pediatric Psychopharmacology (RUPP) Autism Network (2005) Randomized, controlled, crossover trial of methylphenidate in pervasive developmental disorders with hyperactivity. *Archives of General Psychiatry, 62*, 1266–1274.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 7, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 2, control group N = 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		SINGH1992
Bibliographic reference: Singh, I. & Owino, J. E. (1992) A double-blind comparison of zuclopenithixol tablets with placebo in the treatment of mentally handicapped in-patients with associated behavioural disorders. *Journal of Intellectual Disability Research, 36*, 541–549.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = 12	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 3, control group N = 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		TYRER2008
Bibliographic reference: Tyrer, P., Oliver-Africano, P. C., Ahmed, Z., *et al*. (2008) Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: a randomised controlled trial. *The Lancet, 371*, 57–63.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group risperidone N = 11, haloperidol N = 6; control group N = 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		VANDENBORRE1993
Bibliographic reference: Vanden Borre, R., Vermote, R., Buttiëns, M., *et al*. (1993) Risperidone as add-on therapy in behavioural disturbances in mental retardation: a double-blind placebo-controlled cross-over study. *Acta Psychiatrica Scandinavica, 87*, 167–171.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 5, control group N = 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		VANHEMERT1975
Bibliographic reference: van Hemert, J. C. J. (1975) Pipamperone (Dipiperon, R3345) in troublesome mental retardates: a double-blind placebo controlled cross-over study with long-term follow-up. *Acta Psychiatrica Scandinavica, 52*, 237–245.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: N/A		

1.6.2 Observational studies (case-control)

Study ID		MEHLMADRONA2010
Bibliographic reference: Mehl-Madrona, L., Leung, B., Kennedy, C., *et al*. (2010) Micronutrients versus standard medication management in autism: a naturalistic case-control study. *Journal of Child and Adolescent Psychopharmacology, 20*, 95–103.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of	Yes

	follow-up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.6.3 Observational studies (before-and-after)

Study ID		CHEZ2007
Bibliographic reference: Chez, M. G., Burton, Q., Dowling, T., *et al*. (2007) Memantine as adjunctive therapy in children diagnosed with autistic spectrum disorders: an observation of initial clinical response and maintenance tolerability. *Journal of Child Neurology, 22*, 574–579.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A

B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-	Yes

	up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		COOK1992
Bibliographic reference: Cook, E. H. Jr., Rowlett, R., Jselskis, C., *et al*. (1992) Fluoxetine treatment of children and adults with autistic disorder and mental retardation. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 739–745.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		DOSMAN2007
Bibliographic reference: Dosman, C. F., Brian, J. A., Drmic, I. E., *et al*. (2007) Children with autism: effect of iron supplementation on sleep and ferritin. *Pediatric Neurology, 36*, 152–158.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 10, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 10, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		ERICKSON2007
Bibliographic reference: Erickson, C. A., Posey, D. J., Stigler, K. A., *et al*. (2007) A retrospective study of memantine in children and adolescents with pervasive developmental disorders. *Psychopharmacology, 191*, 141–147.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 6, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		EVANGELIOU2003
Bibliographic reference: Evangeliou, A., Vlachonikolis, I., Mihailidou, H., *et al*. (2003) Application of a ketogenic diet in children with autistic behavior: pilot study. *Journal of Child Neurology, 18*, 113–118.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 12, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		HANDEN2006
Bibliographic reference: Handen, B. L. & Hardan, A. Y. (2006) Open-label, prospective trial of olanzapine in adolescents with subaverage intelligence and disruptive behavioral disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 928–935.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 5, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	N/A
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	N/A
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

Study ID		HARDAN2004
Bibliographic reference: Hardan, A. Y., Jou, R. J. & Handen, B. L. (2004) A retrospective assessment of topiramate in children and adolescents with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 14*, 426–432.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MARTINEAU1988
Bibliographic reference: Martineau, J., Barthelemy, C., Cheliakine, C., *et al*. (1988) Brief report: an open middle-term study of combined vitamin B6-magnesium in a subgroup of autistic children selected on their sensitivity to this treatment. *Journal of Autism and Developmental Disorders, 18*, 435–447.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MCDOUGLE1998B
Bibliographic reference: McDougle, C. J., Brodkin, E. S., Naylor, S. T., *et al*. (1998) Sertraline in adults with pervasive developmental disorders: a prospective open-label investigation. *Journal of Clinical Psychopharmacology, 18*, 62–66.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 5, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 5, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MOUSAINBOSC2006
Bibliographic reference: Mousain-Bosc, M., Roche, M., Polge, A., *et al*. (2006) Improvement of neurobehavioral disorders in children supplemented with magnesium-vitamin B6. II. Pervasive developmental disorder-autism. *Magnesium Research, 19*, 53–62.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A
Based on your answers to the above, in your opinion was performance bias present? If so,		

what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to	Unclear

	determine the outcome	
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		NICOLSON2006
Bibliographic reference: Nicolson, R., Craven-Thuss, B. & Smith, J. (2006) A prospective, open-label trial of galantamine in autistic disorder. *Journal of Child and Adolescent Psychopharmacology, 16*, 621–629.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		OWLEY2006
Bibliographic reference: Owley, T., Salt, J., Guter, S., *et al*. (2006) A prospective, open-label trial of memantine in the treatment of cognitive, behavioral, and memory dysfunction in pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 16*, 517–524.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 2, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		PAAVONEN2003
Bibliographic reference: Paavonen, E. J., Nieminen-von Wendt, T., Vanhala, R., *et al*. (2003) Effectiveness of melatonin in the treatment of sleep disturbances in children with Asperger disorder. *Journal of Child and Adolescent Psychopharmacology, 13*, 83–95.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		READ2007
Bibliographic reference: Read, S. G. & Rendall, M. (2007) An open-label study of risperidone in the improvement of quality of life and treatment of symptoms of violent and self-injurious behaviour in adults with intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 20*, 256–264.		
Guideline topic: adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? Experimental group N = 3, control group N = N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? Experimental group N = 0, control group N = N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
N/A		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Effect size bigger		