Appendices

Appendix 1: The implemented search strategy

Medline search

Table 1.1. MeSh

Search number	Terms
24	heart diseases/ or arrhythmia/ or carcinoid heart disease/ or cardiac output, high/ or cardiac output, low/ or cardiac tamponade/ or cardiomegaly/ or cardiomyopathies/ or endocarditis/ or heart aneurysm/ or heart arrest/ or heart defects, congenital/ or heart failure, congestive/ or heart neoplasms/ or heart rupture/ or heart valve diseases/ or myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary aneurysm/ or coronary arteriosclerosis/ or coronary stenosis/ or coronary thrombosis/ or coronary vasospasm/ or myocardial infarction/
25	limit 24 to (humans and yr="1990 - 2006")
26	Diet, Fat-Restricted/ or Diet, Reducing/ or Diet, Carbohydrate-Restricted/ or Diet, Macrobiotic/ or Diet, Protein-Restricted/ or Diet, Sodium-Restricted/ or Diet, Vegetarian/ or Diet Therapy/ or Diet/ or Diet Surveys/ or Diet Records/ or Diet Fads/ or Nutrition/
27	limit 26 to (humans and yr="1990 - 2006")
28	body weight/ or weight gain/ or weight loss/
29	limit 28 to (humans and yr="1990 - 2006")
30	Body Mass Index/ or Body Weight/ or Obesity/ or Hospitals, Community/
31	limit 30 to (humans and yr="1990 - 2006")
32	Physical Fitness/ or Health Promotion/ or Program Evaluation/ or Exercise/ or Health Behavior/
33	limit 32 to (humans and yr="1990 - 2006")
34	"costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or "cost sharing"/ or health care costs/ or health expenditures/ or ECONOMICS/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/ or Health Resources/ or Health priorities/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, Hospital/ or Economics, medical/ or Economics, Nursing/ or Value of life/
35	limit 34 to (humans and yr="1990 - 2006")
36	Sports/ or Swimming/ or Walking/ or Running/ or Bicycling/ or Jogging/
37	limit 36 to (humans and yr="1990 - 2006")
38	"Tobacco Use Disorder"/ or Tobacco/ or "Tobacco Use Cessation"/ or Tobacco Smoke Pollution/ or Smoking/ or Smoking Cessation/ or Smoking/ or Smoking Cessation/
39	limit 38 to (humans and yr="1990 - 2006")
40	Health Promotion/ or Adolescent Behavior/ or Attitude to Health/ or Health Education/ or Teaching/ or Curriculum/ or Adolescent/ or Program Evaluation/
41	limit 40 to (humans and yr="1990 - 2006")
42	Behavior Therapy/ or healthy people programs/ or Public Health/
43	limit 42 to (humans and yr="1990 - 2006")

44	Health Priorities/ or Preventive Health Services/ or Women's Health Services/
45	limit 44 to (humans and yr="1990 - 2006")
46	Health Education/ or Health Promotion/ or Adult/ or Primary Health Care/ or Primary Prevention/
47	limit 46 to (humans and yr="1990 - 2006")
48	drinking behavior/ or alcohol drinking/ or Alcohol deterrents/ or alcohol-induced disorders/ or Alcoholic intoxication/ or alcohol-related disorders/ or Alcoholism/ or alcoholic beverages/
49	limit 48 to (humans and yr="1990 - 2006")
50	25 and 35
51	27 and 50
52	29 and 50
53	31 and 50
54	33 and 50
55	37 and 50
56	39 and 50
57	41 and 50
58	43 and 50
59	45 and 50
60	47 and 50
61	49 and 50

Table 1.2: Free text

Search number	Terms
1	("coronary heart disease" or CHD or angina or "chest pain" or arthrosclerosis or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "coronary artery obstruction").ab,kf,nm,ot,hw,ti,kw.
2	limit 1 to (humans and yr="1990 - 2006")
3	(smoking or cigarette or cigar$ or tobacco or nicotine or "smoking cessation" or "smoking prevention" or "nicotine addiction").ab,kf,nm,ot,hw,ti,kw.
4	limit 3 to (humans and yr="1990 - 2006")
5	("behaviour$ change" or "behaviour$ modification" or "health behaviour" or "behavior$ change" or "behavior$ modification" or "health behavior").ab,kf,nm,ot,hw,ti,kw.
6	limit 5 to (humans and yr="1990 - 2006")
7	("health promotion" or "public health" or "health protection" or "preventive health" or "primary health prevention" or "health education").ab,kf,nm,ot,hw,ti,kw.
8	limit 7 to (humans and yr="1990 - 2006")
9	("alcohol drinking" or alcoholism or "alcohol abuse" or "alcohol misuse" or "alcohol consumption" or intoxication or drinking or "binge drinking" or "alcohol and abstinence" or "alcohol and temperance" or "alcohol dependence" or "alcohol abuse" or "alcohol misuse" or "alcohol addition" or "excessive drinking" or "heavy drinking").ab,kf,nm,ot,hw,ti,kw.
10	limit 9 to (humans and yr="1990 - 2006")
11	("cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-

	minimization" or "willingness to pay" or wtp or "willingness-to-pay" or "willingness to accept" or "willingness-to-accept" or "net benefit" or "net-benefit" or "contingent valuation" or QALY$ or "life adj year$" or cost$).ab,kf,nm,ot,hw,ti,kw.
12	limit 11 to (humans and yr="1990 - 2006")
13	(Diet$ or Slim$ or Slim or obes$ or overweight or nutrition$ or nutrition or "weight loss" or "weight gain" or "weight reduction" or "weight control" or "weight maintenance" or "weight-loss" or "weight-gain" or "weight-reduction" or "weight-control" or "weight-maintenance").ab,kf,nm,ot,hw,ti,kw.
14	limit 13 to (humans and yr="1990 - 2006")
15	2 and 12
16	("keep$ fit" or "keep-fit" or fitness or swimming or walking or walk$ or dancing or running or jogging or yoga or pilates or gym$ or sport$ or aerobics or cycling or cardiovascular or "physical fitness" or "physical-fitness" or exercis$ or "activit$ promotion" or "activity promotion").ab,kf,nm,ot,hw,ti,kw.
17	limit 16 to (humans and yr="1990 - 2006")
18	4 and 15
19	6 and 15
20	8 and 15
21	10 and 15
22	14 and 15
23	15 and 17

Embase

Table 1.3. MeSh

Search number	Terms
17.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Health Education/ or Primary Health Care/ or Primary Prevention/) *[Abstract Databases(EMBASE)]*
16.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Health Promotion/ or Adolescent Behavior/ or Attitude to Health/ or Health Education/ or Program Evaluation/) *[Abstract Databases(EMBASE)]*
15.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and drinking behavior/ or alcohol drinking/ or Alcohol deterrents/ or alcohol-induced disorders/ or Alcoholic intoxication/ or alcohol-related disorders/ or Alcoholism/ or alcoholic beverages/) *[Abstract Databases(EMBASE)]*
14.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Health Priorities/ or Preventive Health Services/ or Women's Health Services/) *[Abstract Databases(EMBASE)]*
13.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Behavior Therapy/ or healthy people programs/ or Public Health/) *[Abstract Databases(EMBASE)]*

12.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and "Tobacco Use Disorder"/ or Tobacco/ or "Tobacco Use Cessation"/ or Tobacco Smoke Pollution/ or Smoking/ or Smoking Cessation/ or Smoking/ or Smoking Cessation/) *[Abstract Databases(EMBASE)]*
11.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Sports/ or Swimming/ or Walking/ or Running/ or Bicycling/ or Jogging/) *[Abstract Databases(EMBASE)]*
10.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Physical Fitness/ or Health Promotion/ or Program Evaluation/ or Exercise/ or Health Behavior/) *[Abstract Databases(EMBASE)]*
9.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Body Mass Index/ or Body Weight/ or Obesity/ or Hospitals, Community/) *[Abstract Databases(EMBASE)]*
8.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and body weight/ or weight gain/ or weight loss/) *[Abstract Databases(EMBASE)]*
7.	((pub-date > 1989 and myocardial ischemia/ or coronary disease/ or angina pectoris/ or coronary stenosis/ or coronary thrombosis/ or myocardial infarction/ or Coronary Arteriosclerosis/ or Heart Failure, Congestive/) AND ((pub-date > 1989 and Health Resources/ or capital expenditures/ or "quality-adjusted life years"/ or Models, Economic/ or Models, Econometric/ or Economics, medical/ or Economics, Nursing/) OR (pub-date > 1989 and "costs and cost analysis"/ or "cost allocation"/ or cost-benefit analysis/ or "cost control"/ or "cost of illness"/ or health care costs/ or health expenditures/ or Cost savings/ or

	Direct Service Costs/ or Employer healthcare costs/))) AND (pub-date > 1989 and Diet, Fat-Restricted/ or Diet, Reducing/ or Diet, Carbohydrate-Restricted/ or Diet, Macrobiotic/ or Diet, Protein-Restricted/ or Diet, Sodium-Restricted/ or Diet, Vegetarian/ or Diet Therapy/ or Diet/ or Diet Surveys/ or Diet Records/ or Diet Fads/ or Nutrition/) *[Abstract Databases(EMBASE)]*

Table 1.4. Free Text

Search number	Terms
15.	(pub-date > 1989 and Hypertension) AND ((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) [Abstract Databases(EMBASE)]
14.	(pub-date > 1989 and Diet! or Slim! or Slim or obes! or overweight or nutrition! or nutrition or "weight loss" or "weight gain" or "weight reduction" or "weight control" or "weight maintenance" or "weight-loss" or "weight-gain" or "weight-reduction" or "weight-control" or "weight-maintenance") AND ((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) [Abstract Databases(EMBASE)]
13.	(pub-date > 1989 and "alcohol drinking" or alcoholism or "alcohol abuse" or "alcohol misuse" or "alcohol consumption" or intoxication or drinking or "binge drinking" or "alcohol and abstinence" or "alcohol and temperance" or "alcohol dependence" or "alcohol abuse" or "alcohol misuse" or "alcohol addition" or "excessive drinking" or "heavy drinking") AND ((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) [Abstract Databases(EMBASE)]
12.	(pub-date > 1989 and "health promotion" or "public health" or "health protection" or "preventive health" or "primary health prevention" or "health education") AND ((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or

	"Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) [Abstract Databases(EMBASE)]
11.	(pub-date > 1989 and "behaviour! change" or "behaviour! modification" or "health behaviour" or "behavior! change" or "behavior! modification" or "health behavior") AND ((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) [Abstract Databases(EMBASE)]
10.	((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) AND (pub-date > 1989 and smoking or cigarette or cigar! or tobacco or nicotine or "smoking cessation" or "smoking prevention" or "nicotine addiction") [Abstract Databases(EMBASE)]
9.	((pub-date > 1989 and "cost effectiveness" or "cost-effectiveness" or "cost effective" or "cost-effective" or "cost utility" or "cost-utility" or "cost benefit" or "cost-benefit" or "cost minimization" or "cost-minimization" or QALY!) AND (pub-date > 1989 and "coronary heart disease" or CHD or angina or "chest pain" or "coronary atherosclerosis" or "Ischemic heart disease" or "ischeamic heart disease" or "Ischaemic heart disease" or "heart attack" or "myocardial infarction" or "Coronary Vascular Disease" or "Coronary Vessel Disease" or "Coronary Atheroma" or "Myocardial ischemia" or "Angina pectoris" or "Coronary stenosis" or "Coronary thrombosis" or "congestive heart failure" or "coronary arteriosclerosis")) AND (pub-date > 1989 and "keep! Fit" or "keep-fit" or fitness or swimming or walking or walk! or dancing or running or jogging or yoga or pilates or gym! or sport! or aerobics or cycling or "physical fitness" or "physical-fitness" or exercis! or "activit! Promotion" or "activity promotion" and not exercise w/3 echocardiogra! and not echocardiogra! w/3 stress and not Stress w/3 test and not Stress w/3 ecocardio! and not Energy w/3 cost and not Energy w/3 expenditure and not Pharmaco! w/3 stres! and not Exercise w/3 treadmill and not Exercise w/3 test) [Abstract Databases(EMBASE)]

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

NHS EED

Table 1.5. MeSh

Search number	Terms
	myocardial-ischemia or coronary-disease or angina-pectoris or coronary-stenosis or coronary-thrombosis or myocardial-infarction or Coronary-Arteriosclerosis or Heart-Failure-Congestive
	BY
1	Health-Education or Primary-Health-Care or Primary-Prevention
2	Health-Promotion or Adolescent-Behavior or Attitude-to-Health or Health-Education or Program-Evaluation
3	Drinking-behavior or alcohol-drinking or Alcohol-deterrents or alcohol-induced-disorders or Alcoholic-intoxication or alcohol-related-disorders or Alcoholism or alcoholic-beverages
4	Health-Priorities or Preventive-Health-Services or Women's-Health-Services
5	Behavior-Therapy or healthy-people-programs or Public-Health
6	"Tobacco-Use-Disorder" or Tobacco or "Tobacco-Use-Cessation" or Tobacco-Smoke-Pollution or Smoking or Smoking-Cessation or Smoking or Smoking-Cessation
7	Sports or Swimming or Walking or Running or Bicycling or Jogging
8	Physical-Fitness or Health-Promotion or Program-Evaluation or Exercise or Health-Behavior
9	Body-Mass-Index or Body-Weight or Obesity or Hospitals-Community
10	Body-weight or weight-gain or weight loss
11	Diet-Fat-Restricted or Diet-Reducing or Diet-Carbohydrate-Restricted or Diet-Macrobiotic or Diet-Protein-Restricted or Diet-Sodium-Restricted or Diet-Vegetarian or Diet-Therapy or Diet or Diet-Surveys or Diet-Records or Diet-Fads or Nutrition

Table 1.6. Free text

Search number	Terms
	Coronary heart disease or CHD
	BY
1	Diet or Slim or obes or overweight or nutrition or weight
2	alcohol or drinking intoxication or binge drinking
3	health and promotion or public or protection or preventive or primary(s)prevention or education
4	behaviour and change or modification or health(s)behaviour
5	smoking or cigar or tobacco or nicotine and cessation or prevention or addiction
6	keep and Fit or gym or sport or exercis or active not exercise(s)echocardiogra or echocardiogram(s)stress or Stress(s)test or Stress(s)ecocardio or Energy(s)cost or Energy(s)expenditure or Pharmaco(s)stres or Exercise(s)treadmill or Exercise(s)test

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

OHE HEED

Table 1.7. Free Text of Abstracts and titles.

Search number	Terms
	'coronary heart disease' or CHD or angina or 'chest pain' or 'coronary atherosclerosis' or 'Ischemic heart disease' or 'ischeamic heart disease' or 'Ischaemic heart disease' or 'heart attack' or 'myocardial infarction' or 'Coronary Vascular Disease' or 'Coronary Vessel Disease' or 'Coronary Atheroma' or 'Myocardial ischemia' or 'Angina pectoris' or 'Coronary stenosis' or 'Coronary thrombosis' or 'congestive heart failure' or 'coronary arteriosclerosis'
	BY
1	Diet* or Slim* or Slim or obes* or overweight or nutrition* or nutrition or 'weight loss' or 'weight gain' or 'weight reduction' or 'weight control' or 'weight maintenance' or 'weight-loss' or 'weight-gain' or 'weight-reduction' or 'weight-control' or 'weight-maintenance'
2	'alcohol drinking' or alcoholism or 'alcohol abuse' or 'alcohol misuse' or 'alcohol consumption' or intoxication or drinking or 'binge drinking' or 'alcohol and abstinence' or 'alcohol and temperance' or 'alcohol dependence' or 'alcohol abuse' or 'alcohol misuse' or 'alcohol addition' or 'excessive drinking' or 'heavy drinking'
3	'health promotion' or 'public health' or 'health protection' or 'preventive health' or 'primary health prevention' or 'health education'
4	'behaviour change' or 'behaviour modification' or 'health behaviour' or 'behavior change' or 'behavior modification' or 'health behavior'
5	smoking or cigarette or cigar* or tobacco or nicotine or 'smoking cessation' or 'smoking prevention' or 'nicotine addiction'
6	'keep Fit' or 'keep-fit' or fitness or swimming or walking or walk* or dancing or running or jogging or yoga or pilates or gym* or sport* or aerobics or cycling or 'physical fitness' or 'physical-fitness' or exercis* or 'activity promotion'

(EED uses Act not MesH.)

Appendix 2: **List of excluded references (n=276)**

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Appendix 3: Data Extraction Form

Reference number		
Reference		
Reference checked by:		
Date		
Study objectives		
Inclusion/exclusion		
1. What type of paper is it?	- Prim/secondary study □ go to question 3 - Review paper □ ….. is paper published after 1994? Yes □ (keep) … check refs □ use for discussion? □ No □ (exclude) - Other □ exclude	
2. Is the paper published after 1989?		Yes □ (keep) No □ (exclude and terminate review of paper)
3. Is it a full economic evaluation (costs & effects for at least two alternatives)?		Yes □ (keep) No □ (exclude and terminate review of paper)
4. Is the reduction of risk/behaviour change in relation to CHD the primary objective?		Yes □ (keep) No □ (exclude and terminate review of paper)
5. Does it only focus on one or more of the following: screening techniques; diagnostic approaches; drug interventions (including nicotine gum); psychiatric interventions delivered as part of the therapeutic process for people with mental ill health?		Yes □ (exclude and terminate review of paper) No □ (keep)
6. Is data extractable for a stand alone behaviour change or health promotion programme[1]?		Yes □ (keep) No □ (exclude and terminate review of paper)

[1] Including: Individual-level health promotion and disease prevention interventions (targeted and general); Community-level health promotion and disease prevention interventions (including family interventions); Community-level and area-based development and regeneration interventions and programmes; School- and workplace-based interventions and programmes; Mass media and communications interventions.

7. Must the intervention be delivered in a secondary or tertiary care setting?	Yes ☐ (exclude and terminate review of paper) No ☐ (keep)
8. Is it a secondary prevention intervention (patients that have had a coronary event)?	Yes ☐ (exclude and terminate review of paper) No ☐ (keep)
9. A study where behaviour change is assumed to occur but no intervention is stated?	Yes ☐ (exclude and terminate review of paper) No ☐ (keep)

Methods		
Target population	Individual ☐ Community ☐ Population ☐ Other ☐ Please describe other: ……	
Provider		
Setting	Hospital ☐ Primary Care ☐ Nursing Home ☐ Community Centre ☐ School ☐ Cannot determine ☐ Does not apply ☐ Other ☐ Please describe other: ……	
Country		
Intervention(s)	Diet/nutrition ☐ and Exercise ☐ and Smoking ☐ and Alcohol ☐ and Weight ☐ and Other ☐	
	Describe other	
Total Sample size		
Sample of:	Children ☐ and Teenagers ☐ and Adults ☐ and Older adults (60+) ☐	
Sample mean	**Sample age range**	
Disease/state	Population risk ☐ and At increased risk ☐ and Cardiac event ☐	
Was incidence or prevalence of CHD reported?	No ☐	
	Yes ☐ → What was reported ?	
	What was/were the figure(s) & time horizon?	
Can incidence or prevalence of CHD be calculated?	No ☐	
	Yes ☐ → What was reported ?	
	What are the figure(s) & time horizon?	
Gender	Male ☐ Female ☐ Both Males & Females ☐	
Ethnicity of sample	White ☐ Black African ☐ Black Caribbean ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Japanese ☐ Not Stated ☐ Other ☐ If Other, please describe	

Work in public relations, marketing and advertising; Interventions and approaches within social care, applied psychology, prison and probationary services; Macro level and legislative interventions and policies, and the structures and systems that support their implementation.

Procedures *control*	Content of control pathway:		
	Duration/frequency/intensity of control pathway:		
	Delivery mode:		
	Who delivers the control pathway:		
Procedures *Intervention(s)*	Content of intervention pathway:		
	Duration/frequency/intensity of intervention pathway:		
	Delivery mode:		
	Who delivers the intervention pathway:		
Who funded the study?		**Who funded the intervention, if different to study funder?**	
Design of the paper (tick as many as appropriate)	RCT (individual) ☐	RCT (Cluster) ☐	Non-randomised CT ☐
	Cross-sectional ☐	Cohort Study ☐	Case-control study ☐
	Controlled before-and-after studies ☐	Interrupted time series (ITS) studies ☐	Correlation studies ☐
	Expert opinion ☐	Formal consensus ☐	Decision tree ☐
	Markov model ☐	Epidemiology/Regression ☐	Other ☐
	Please describe other: …… Does GLG have a copy of any modelling papers?		
Analytic method	Cost-effectiveness analysis ☐ Cost-utility analysis ☐ Cost-benefit analysis ☐ Cost minimisation analysis ☐ Cost consequences analysis ☐		
Author's Perspective	Societal ☐	Government ☐	Patient and patient family ☐
	NHS ☐	Health Maintenance Organisation (HMO) ☐	Other Governmental Department or Organization program ☐
	Self-insured employer ☐	Cannot determine ☐	Does not apply ☐
	Health Care provider ☐	Private insurer ☐	Other ☐
	Did not state ☐	Please describe Health Care provider/ Private insurer/ Other: ……	
Reviewers interpretation of study perspective	Please describe Health Care provider/ Private insurer/ Other: ……		

Time horizon of intervention	
Time horizon of analysis	
Health outcomes/benefits	
List all benefit/effectiveness measures used *(Including: intermediate process measures, health/quality of life and non-health measures, impact of inequalities and any utility scores)*	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
If QALYs or life years were used. What discount rate was used?	
Benefit/effectiveness data sources. If a primary study, how was data collected? If a secondary study (modelling etc.) what were the data sources? ♦Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs). ♦Systematic reviews of, or individual, non-randomised controlled trials,	1.
	2.
	3.
	4
	5.
	6.
	7.

♦case-control studies, cohort studies, controlled before-and-after studies, interrupted time series studies, correlation studies. ♦Non-analytic studies (for example, case reports, case series studies). ♦Expert opinion, formal consensus.	8. 9. 10.

Costs	
What resources were costed?	
Source of resource use data?	
Source of unit costs	
Costs Discount Rate	
Year of costing	
Currency	
Costs reported as	Average ☐ Marginal ☐ Incremental ☐ Total ☐ Other ☐ specify other ……

Results					
Summary ICER'S					
I		**II**		**III**	
Health Sector Perspective – no cost savings		**Health sector plus other**		**Societal (savings included)**	
ICER for intervention 1 =		**ICER=**		**ICER=**	
Was ICER Given or recalculated	Given ☐ Recalculated ☐	**Perspective**		**Was ICER Given or recalculated**	Given ☐ Recalculated ☐
		Savings included?	Yes ☐ No ☐ Not stated clearly ☐		
Further results **(Including for both trial and intervention(s) disaggregated and total effects and cost, and ICER(s).**					
Sensitivity analysis					
Variables used in sensitivity analysis	1.				
	2.				
	3.				
	4.				
	5.				

Type of sensitivity analysis	
Main impacts of sensitivity analysis: 1.	
2.	
3.	
4.	
5.	
Conclusions	
1.	
2.	
3.	
4.	
5.	
Data for evidence statements	
How does the content of the intervention influence effectiveness?	
How does the way that the intervention is carried out influence effectiveness?	
Does the effectiveness depend on the job title/position of the deliverer (leader)? What are the significant features of an effective delivery leader?	
Does the site/setting of delivery of the intervention influence effectiveness?	
Does the intensity (how much? how long? How often?) of the intervention influence effectiveness/duration of effect?	
Does the effectiveness of the intervention vary with different characteristics within the target population such as age, sex class and ethnicity?	
Does the intervention have differential impact on inequalities in health?	
What are the barriers to implementing this intervention successfully?	
Does the paper identify any evidence gaps and/or make any recommendations for further research? Yes ☐ No ☐	
What were the gaps and/or recommendations: 1.	
2.	
3.	

4.			
5.			
References: If any of the references in this paper need to be retrieved and reviewed list them below			
1.			
2.			
3.			
4.			
5.			
Reviewers' Comments (Not for publication): Strengths, limitations and any other points of interest			
General:			
Specific:			
If this intervention(s) were to be modelled, what **aspects** of this paper could be useful?			
Aspects	**Yes**	**No**	**Any comments**
Model structure			
Transition probabilities/risks etc			
Resource use			
Cost data			
Outcomes/effects			
Utility values			
Other			

Quality (Amended Drummond et al.'s 35 Item Checklist - Campbell Collaboration version)	Yes	NO	Not Clear	Not Appropriate
Study design				
1) The research question is stated				
2) The economic importance of the research question is stated				
N1) The target decision maker is stated or can be inferred				
3) The viewpoint(s) of the analysis are clearly stated and justified				
4) The rationale for choosing the alternative programmes or interventions compared is stated				
5) The alternatives being compared are clearly described				
6) The form of economic evaluation used is stated				
7) The choice of form of economic evaluation is justified in relation to the questions addressed				
Data collection				
8) The source(s) of effectiveness estimates used are stated				
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**				
N2) Effectiveness year are recorded				
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**				
11) The primary outcome measure(s) for the economic evaluation are clearly stated				
12) Methods to value health states and other benefits are stated (e.g. only applies to QALYs, DALYs, WTP, etc.)				
13) Details of the subjects from whom valuations were obtained are given				
N3) Details of life expectancy are given				
N4) Details of compliance are given (Compliance with the intervention)				
14) Productivity changes (if included) are reported separately				
15) The relevance of productivity changes to the study question is discussed				
N5) Resources year are recorded				
16) Quantities of resources are reported separately from their unit costs				
17) Methods for the estimation of quantities and unit costs are described				
N6) Details of technological availability are given				
18) Currency and price data are recorded				
19) Details of currency of price adjustments for inflation or currency conversion are given				
20) Details of any model used are given				
21) The choice of model used and the key parameters on which it is based are justified				

Analysis and interpretation of results				
22) Time horizon of costs and benefits is stated				
23) The discount rate(s) is stated				
24) The choice of rate(s) is justified				
25) An explanation is given if costs or benefits are not discounted				
26) Details of statistical tests and confidence intervals are given for stochastic data				
27) The approach to sensitivity analysis is given (deterministic, probabilistic etc.)				
28) The choice of variables for sensitivity analysis is justified				
29) The ranges over which the variables are varied are **stated**				
30) Relevant alternatives are compared				
31) Incremental analysis is reported				
N7) Details of analysis to transfer to another jurisdiction are stated				
32) Major outcomes are presented in a disaggregated as well as aggregated form				
33) The answer to the study question is given				
34) Conclusions follow from the data reported				
35) Conclusions are accompanied by the appropriate caveats				
N8) Conclusions address the generalisability of results				

Appendix 4: Data Extraction Manual

Item	Response options	Definition
Reference number	Open ended	The reference number written on the document.
Reference	Open ended	Full reference in Harvard format.
Reference checked by:	Open ended	Initials of reviewer.
Date	Open ended	Date review took place.
Study objectives	Open ended	Objectives of the research as set out by the author(s) or reviewer if the former are imprecise.
Sequential inclusion/exclusion		
1. What type of paper is it?	Tick boxes - Prim/secondary study - Review paper (..is paper published after 1994?) - Other	If a primary or secondary study, go to inclusion/exclusion item 2. If a review paper published after 1994; check the references for appropriate primary studies to be retrieved and reviewed; assess if it will be useful to include in the discussion of this rapid systematic review. If it fails to meet any of these criteria including other (not a primary, secondary or review study) it should be excluded.
2. Is the paper published after 1989?	Yes and No tick boxes	If Yes assess it against the next inclusion/exclusion criteria. If No exclude the paper.
3. Is it a full economic evaluation (costs & effects for at least two alternatives)?	Yes and No tick boxes	If Yes assess it against the next inclusion/exclusion criteria. If No exclude the paper.
4. Is the reduction of risk/behaviour change in relation to CHD/CVD the primary objective?	Yes and No tick boxes	If Yes assess it against the next inclusion/exclusion criteria. If No exclude the paper.
5. Does it <u>only</u> focus on one or more of the following: screening techniques; diagnostic approaches; drug interventions (including nicotine gum); psychiatric interventions delivered as part of the therapeutic process for people with mental ill health?	Yes and No tick boxes	If Yes exclude the paper. If No assess it against the next inclusion/exclusion criteria.

6. Is data extractable for a stand alone behaviour change or health promotion programme2?	Yes and No tick boxes	If Yes assess it against the next inclusion/exclusion criteria. If No exclude the paper.
7. Is the intervention delivered in a secondary or tertiary care setting?	Yes and No tick boxes	If Yes exclude the paper. If No assess it against the next inclusion/exclusion criteria.
8. Is it a secondary prevention intervention (patients that have had a coronary event)?	Yes and No tick boxes	If Yes exclude the paper. If No assess it against the next inclusion/exclusion criteria.
9. A study where behaviour change is assumed to occur but no intervention is stated?	Yes and No tick boxes	If Yes exclude the paper. If No review the paper in full.
Methods		
Target population	Tick boxes	**Individual**: interventions targeted at individuals. For example, one on one counselling on diet in the primary care setting. **Community**: Interventions targeted at a specific group of people and delivered to more than one person at a time. For example group interventions such as exercise groups targeted at schools, workplaces, restaurants or supermarkets. **Population**: Regional or national interventions delivered to multiple persons simultaneously e.g. mass media or legislation. **Other**: Any intervention not meeting one of the above criteria. Give full details of the intervention.
Provider	Open ended	State provider if it is stated or can be inferred.
Setting	Tick box for: Hospital Primary Care Nursing Home Community Centre School Cannot determine	Tick the appropriate category. If no category is appropriate tick other and give full details.

2 Including: Individual-level health promotion and disease prevention interventions (targeted and general); Community-level health promotion and disease prevention interventions (including family interventions); Community-level and area-based development and regeneration interventions and programmes; School- and workplace-based interventions and programmes; Mass media and communications interventions.
Work in public relations, marketing and advertising; Interventions and approaches within social care, applied psychology, prison and probationary services; Macro level and legislative interventions and policies, and the structures and systems that support their implementation.

	Does not apply Other	
Country	Open ended	State country if specified or can be ascertained from region specified.
Intervention(s)	Tick boxes for: Diet/nutrition Exercise Smoking Alcohol Weight Other	Tick as many categories as apply. Cholesterol lowering interventions should be categorised as diet and nutrition. If none of the categories are applicable tick other and give full details of the intervention.
Total Sample size	Open ended	State the sample size stated in the paper.
Sample of:	Tick boxes for: Children Teenagers Adults Older adults (60+)	Tick as many boxes as are appropriate based upon text or age data from the paper.
Sample mean	Open ended	State the mean age of the sample if reported.
Sample age range	Open ended	State the age range of the sample if reported.
Disease/state	Tick boxes for: Population risk At increased risk Cardiac event	Tick as many boxes as are appropriate. Population risk: healthy individuals at minimum risk of developing CHD. At increased risk: individuals with one or more characteristics placing them at increased risk of CHD, e.g. increasing age, young relatives with CHD, elevated blood cholesterol, high triglyceride with low HDL, elevated blood pressure, diabetes, smoking, obesity, inactivity, excessive alcohol, excessive stress. Cardiac event: individuals who have suffered a cardiac event e.g. myocardial infarction etc.
Was incidence or prevalence of CHD reported?	Yes and No tick boxes	Tick as appropriate
	What was reported?	Report whether incidence or prevalence was reported and specifically which health condition was reported e.g. myocardial infarction etc.
	What was/were the figure(s) & time horizon?	State statistic quoted and time horizon e.g. 10/10,000 per year.

Can incidence or prevalence of CHD be calculated?	Yes and No tick boxes	Tick as appropriate
	What was reported?	Report whether incidence or prevalence was reported and specifically which health condition was reported e.g. myocardial infarction etc.
	What was/were the figure(s) & time horizon?	State statistic quoted and time horizon e.g. 10/10,000 per year.
Gender	Tick boxes for: Male Female Both Males & Females	Tick appropriate box.
Ethnicity of sample	Tick boxes for: White Black African Black Caribbean Indian Pakistani Bangladeshi Chinese Japanese Not Stated Other	Tick as many boxes as appropriate. If an ethnic group is stated that does not appear here tick other and give details.
Procedures control	Open ended: Content of control pathway	Give as much detail as possible.
	Open ended: Duration/frequency/intensity of control pathway	Give as much detail as possible. If there is no information, please state this.
	Open ended: Delivery mode	Give as much detail as possible. If there is no information, please state this.
	Open ended: Who delivers the control pathway	Give as much detail as possible. If there is no information, please state this.
Procedures Intervention(s)	Open ended: Content of intervention pathway	Give as much detail as possible.
	Open ended: Duration/frequency/intensity of intervention pathway	Give as much detail as possible. If there is no information, please state this.

	Open ended: Delivery mode	Give as much detail as possible. If there is no information, please state this.
	Open ended: Who delivers the intervention pathway	Give as much detail as possible. If there is no information, please state this.
Who funded the study?	Open ended	If stated in the article, please state funder of the study.
Who funded the intervention, if different to study funder?	Open ended	If stated in the article, please state funder of the intervention if different to the study funder.
Design of the paper (tick as many as appropriate)	Tick boxes for: RCT (individual) RCT (Cluster) Non-randomised CT Cross-sectional Cohort Study Case-control study Controlled before-and-after studies Expert opinion Interrupted time series (ITS) studies Correlation studies Formal consensus Decision tree Markov model Epidemiology/Regression Other	Tick as many boxes as appropriate, e.g. for a 5 year RCT (individual) with survival estimated for 20 years using a Markov Model both of these designs need to be ticked.
Analytic method	Tick boxes for: Cost minimisation analysis Cost consequences analysis Cost-effectiveness analysis Cost-utility analysis Cost-benefit analysis	**Cost minimisation analysis**: When the outcomes of two alternatives are the same or not significantly different they can be compared solely on costs. **Cost consequences analysis**: Alternatives are compared by presenting relevant costs and multiple relevant consequences (outcome measures). **Cost-effectiveness analysis**: Costs valued in money and compared to a single primary health outcome (not utility or money). Results are usually presented as a ration of cost per unit of the primary health outcome (average or incremental). **Cost-utility analysis**: A form of cost-effectiveness where costs are valued in money and outcomes in terms of utility, e.g. Quality adjusted

		life years (QALYs). Results are usually presented as a ration of cost per utility unit. **Cost-benefit analysis**: Costs valued in money and compared with outcomes valued in money.
Author's perspective	Tick boxes for: Societal Government Patient and patient family NHS Health Maintenance Organisation (HMO) Other Governmental Department or Organization program Self-insured employer Cannot determine Does not apply Health Care provider Private insurer Did not state Other	Tick the appropriate box if the perspective is stated in the paper; otherwise tick not stated. Please describe health care provider, private insurer and other.
Reviewers interpretation of study perspective	Open ended	State if you agree with the author, if not, give your interpretation of the study perspective. Please describe health care provider, private insurer and other.
Time horizon of intervention	Open ended	Report how long the intervention lasted.
Time horizon of analysis	Open ended	Report the time over which the analysis spans.
Health outcomes/benefits		
List all benefit/effectiveness measures used (Including: intermediate process measures, health/quality of life and non-health measures, impact of inequalities and any utility scores)	Open ended	Report all benefit measures used except cost savings.
If QALYs or life years were used. What discount rate was used?	Open ended	State the health outcomes discount rate.
Benefit/effectiveness data sources. If a primary study, how was data collected?	Open ended	Primary: state methods e.g. self-report questionnaire with a bidding game WTP, etc.

If a secondary study (modelling etc.) what were the data sources? ♦Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs). ♦Systematic reviews of, or individual, non-randomised controlled trials, ♦Case-control studies, cohort studies, controlled before-and-after studies, interrupted time series studies, correlation studies. ♦Non-analytic studies (for example, case reports, case series studies). ♦Expert opinion, formal consensus.		Secondary: give study type (see below) and failing this provide references. Study types: ♦Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs). ♦Systematic reviews of, or individual, non-randomised controlled trials, ♦Case-control studies, cohort studies, controlled before-and-after studies, interrupted time series studies, correlation studies. ♦Non-analytic studies (for example, case reports, case series studies). ♦Expert opinion, formal consensus.
Costs		
What resources were costed?	Open ended	Report all cost components included in the study, including benefit/cost savings e.g. nurse time, charge for community centre.
Source of resource use data?	Open ended	Report sources of data e.g. in a primary study time and motion may have been used; in a primary or secondary study published unit costs may have been used.
Source of unit costs	Open ended	Cite the actual source of the unit costs e.g. finance department of an NHS trust, unit cost manual, British National Formulary, published study etc.
Costs Discount Rate	Open ended	State discount rate used in main analysis
Year of costing	Open ended	State the year for which costs are estimated
Currency	Open ended	State currency or currencies
Costs reported as:	Tick boxes for: Average Marginal Incremental Total	**Average cost**: Total cost divided by total quantity. **Marginal cost**: Additional cost that stems from a unit change in health outcome. (Ratio calculation =change in total cost/change in total volume). **Incremental cost**: The difference in the costs of two alternatives. (Incremental cost-effectiveness ratio = difference in cost /difference in outcome between the two alternatives). **Total cost**: Sum of all costs.
Summary ICER'S		

Health Sector Perspective – no cost savings/ Health sector plus other/ Societal (savings included)	Headings under which to report ICERS (incremental cost effectiveness ratios)	Allocate according to actual perspective. (Readers should see perspective for a review of the definitions)
ICER for intervention 1	Open ended	Report ICER or ICERs (definition above).
Was ICER Given or recalculated	Tick boxes for: Given Recalculated	State whether ICER was given or had to be calculated.
Perspective	Open ended	See definitions above
Savings	Yes and No tick boxes	Tick Yes if savings are included, otherwise tick No.
Further results (Including for both trial and intervention(s) disaggregated and total effects and cost, and ICER(s).	Open ended	Report any ICERS not included above. Total effects and for interventions and controls. Total costs of the intervention(s) and control including any savings. Any independent variables that mediate the effects of the intervention e.g. inequalities in health.
Sensitivity analysis		
Variables used in sensitivity analysis	Open ended	List all variables used in the sensitivity analysis
Type of sensitivity analysis	Open ended	Report if it is deterministic (one-way, two-way, multi-way) or probabalistic
Main impacts of sensitivity analysis	Open ended	Report what impact the sensitivity analysis has on the findings compared to the base case analysis.
Conclusions		
Conclusions	Open ended	Report main conclusions of the study as identified by the author(s).
Data for evidence statements		
How does the content of the intervention influence effectiveness?	Open ended	Give any information provided in the paper that addresses this issue e.g. did the addition of one element increase the effectiveness and cost-effectiveness of one intervention over another.
How does the way that the intervention is carried out influence effectiveness?	Open ended	Give any information provided in the paper that addresses this issue.
Does the effectiveness depend on the job title/position of the deliverer (leader)? What are the significant features of an effective deliverery leader?	Open ended	Give any information provided in the paper that addresses this issue.
Does the site/setting of delivery of the intervention influence effectiveness?	Open ended	Give any information provided in the paper that addresses this issue.

Does the intensity (how much? how long? How often?) of the intervention influence effectiveness/duration of effect?	Open ended	Give any information provided in the paper that addresses this issue.
Does the effectiveness of the intervention vary with different characteristics within the target population such as age, sex class and ethnicity?	Open ended	Give any information provided in the paper that addresses this issue.
Does the intervention have differential impact on inequalities in health?	Open ended	Give any information provided in the paper that addresses this issue
What are the barriers to implementing this intervention successfully?	Open ended	Give any information provided in the paper that addresses this issue and any barriers that you can infer e.g. does the intervention rely on cooperation from food manufacturers.
Does the paper identify any evidence gaps and/or make any recommendations for further research?	Yes and No tick boxes	Tick the appropriate box.
	Open ended: What were the gaps and/or recommendations	List any gaps or recommendations highlighted by the author.
References		
References: If any of the references in this paper need to be retrieved and reviewed list them below	Open ended	List any appropriate references.
Reviewers' Comments (Not for publication): Strengths, limitations and any other points of interest		
General	Open ended	List the strengths, limitations and any other points of interest you Have identified in the paper.
Specific: If this intervention(s) were to be modelled, what aspects of this paper could be useful?	Yes and No tick boxes and open ended comments if applicable for: Model structure Transition probabilities/risks etc Resource use Cost data Outcomes/effects Utility values Other	Tick appropriate box and give comments if required.
Quality		
Drummond et al.'s 35 Item Checklist	Tick boxes for all 35 items with the options of:	Follow guidance set out in Drummond et al. (1996) and Drummond et al (1997).

	Yes NO Not Clear Not Appropriate	
Generalisability items		
The target decision maker is stated or can be inferred		
Effectiveness year are recorded	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box.
Details of life expectancy are given	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box
Details of compliance are given (Compliance with the intervention)	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box
Resources year are recorded	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box
Details of technological availability are given	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box
Details of analysis to transfer to another jurisdiction are stated	Tick boxes for: Yes	Tick the appropriate box

	NO *Not Clear* Not Appropriate	
Conclusions address the generalisability of results	Tick boxes for: Yes NO *Not Clear* Not Appropriate	Tick the appropriate box

Appendix 5: Summary of context of fully reviewed papers

Table 5.1. Summary of context of fully reviewed papers on exercise

Ref.	Provider	Target Population	Setting	Disease/ State	Intervention	Comparator group	Time horizon of intervention	Funder of study
Munro et al. (1997)	NHS	Community	Community centre	At increased risk	Regular exercise (aerobic style) provided in over 65s by qualified instructors; 1.5 hour of exercise, twice-week	No intervention	Not stated	Public
Jones et al. (1994)	Not stated	Population	Does not apply	At increased risk	The exercise programme of walking was for 1hour per day for 5 days per week	Sedentary behaviour	Not stated	Not stated

Table 5.2. Summary of context of fully reviewed papers on smoking

Ref.	Provider	Target Population	Setting	Disease/ State	Intervention	Comparator group	Time horizon of intervention	Funder of study
Ong et al. (2004)	Government	Population	Workplace	Population risk	Implementation of a nationwide smoke-free workplace policy delivered by government and employers	No intervention	Permanent (unclear)	No information
Plans-Rubio (2004)	National Cholesterol Education Programme (NCEP) Expert Panel on Detection, Evaluation and Treatment of High blood Cholesterol in Adults (inferred)	Individual	Primary Care	At increased risk	Medical counselling targeting at smoking cessation and delivered by physicians	No intervention	Not stated	No financial support from any public or private institution
Phillips, et al. (1993)	Heartbeat Wales Program (HBW)	Population	Cannot determine	At increased risk	The Heartbeat Wales Program, public education campaigns along with supportive policy and infrastructure change, aimed to reduce smoking prevalence within Wales by 1% per year for the first 5 years.	No intervention	Welsh Office and NHS within Wales	No information

Table 5.3. Summary of context of fully reviewed papers on combined interventions

	Provider	Target Population	Setting	Disease/ State	Combination of Interventions	Intervention	Comparator group	Time horizon of intervention	Funder of study
Lindgren et al. (2003)	County council	Population	Home	At increased risk	Diet & Exercise	Patients undergo a first typical check-up/ randomised and then received advice on diet and/or exercise from a physician or dietician.	No intervention	Not stated	Stockholm county council and Swedish Heart and Lung Foundation
Lindholm et al. (1996)	Local authority, adult education, media and food retailers	Population & Individual	North Sweden rural authority	At general & at increased risk	Diet & Other	Health education/promotion and advice on lifestyle factors delivered through media, food labelling, sports clubs, screening and advice on risk factors by health care personnel.	Screening examination for cardiovascular risk factors, delivered annually by trained nurses	5 years	Not stated
Finkelstein et al. (2002)	Massachusetts Department of Public Health and the evaluation team of the School of Public Health and Health Sciences at the University of Massachusetts-Amherst and the Dana Farber Cancer Institutes Centre for Community-Based Research.	Individual	Hospital, Visiting Nurse Associations, Community Healthcare Centres	At increased risk	Diet & Exercise & Counselling	Women received CVD screening tests and brief individual lifestyle counselling session. Moreover women at enhanced intervention (EI) sites received further counselling sessions and group intervention activities that focused on improving physical activity levels and nutrition. Screening lasted 3 to 8 hours. Delivery mode of intervention: Computerised health risk appraisal and one-on-one lifestyle counselling and group activities in EI.	No intervention	1 year	Not stated

Dalziel et al. (2005)	Employer	Community	Workplace	At general risk	Diet & Exercise & Smoking & Weight	Screening, general health education (posters, brochures, personal letters, progress charts, group discussion on: diet to reduce serum cholesterol, advice on ceasing smoking for those smoking 5+ cigarettes a day, weight reduction for >15% overweight, daily exercise for the sedentary and treatment of hypertension for those with systolic pressure averaged 160Hg or more). Men with the highest risk of CHD also received individual and sustained advice including personal consultation with a doctor. Frequency of intervention; 4 contacts of 15 minutes in 1st year, while non high risk contacted after first 2 years. Intervention delivered by factory doctor & nurse.	No intervention	Not stated	World Health Organisation

Table 5.4: Summary of context of fully reviewed papers on diet-related interventions

Ref.	Provider	Target Population	Setting	Disease/State	Intervention	Comparator group	Time horizon of intervention	Funder of study
Stinnett, et al. (1996)	Health Care Provider (based on guidance from the Panel of Cost-Effectiveness in Health and Medicine)	Individual	Does not apply	At increased risk	Step I diet; first step for cholesterol reduction in adults. Outpatients were given dietary advice and follow-up counselling based on the step I diet.	Treatment with Niacin	50 years	Not stated
Phillips et al. (2000)	Consumer	Population	Cannot determine	At increased risk	Use Flora pro. active in conjunction with diet	No intervention	Permanent	Not stated
Kinlay et al.(1994)	Government	Population	Does not apply & primary care	At general risk	1) Educating the community or encouraging people to choose different food from those normally consumed to reduce blood cholesterol levels (modelled on Stanford Three Cities Study) 2) Moderate risk strategy similar to high risk with the addition those with cholesterol >5.5mmol/L being counselled on diet by GP (modelled on Australian Heart Association recommendations) 3) high risk strategy (cholesterol >6.5mmol/L) a drug such as cholestyramine is prescribed. The interventions were delivery by mass media and general practitioners.	Unclear	5 years	Not stated
Johannesson & Fagerberg (1992)	Not stated	Individual	Hospital	At increased risk	Dietary programme that aimed to reduce body weight by at least 5%; to restrict sodium intake to ≤ 95 mmol/day; and to decrease alcohol intake in patients consuming ≥ 250 g/week (pure alcohol) Duration:6 weeks/13 visits to the nurse and 4 to the physician	No intervention	1 year	Not stated
Services, D. o. H. a. H. (2003).	Department of health and human services and food producers	Population	Does not apply	At general risk	Labelling food with the trans fatty acid content	No intervention	Permanent	Department of health and human services
Bendich et al. (1997)	Not stated	Individual	Does not apply	At general risk	Vitamin E supplementation provided for at least 100 IU /day for two or more years	No intervention	Not stated	Not stated

Assmann & Schulte (1990)	Not stated	Population	Does not apply	At increased risk	If the LDL-cholesterol concentration is <4.14 mmol/L and the HDL-cholesterol value ≥0.9 mmol/L and the triglyceride concentration <2.3 mmol/L, the patient should be given dietary advice with appropriate compliance controls.	No intervention	Not stated	Not stated
Tosteson et al (1997)	Possibly Health Service Perspective	Population	Cannot Determine	At general risk	Cholesterol lowering intervention programme, as delivered in North Karelia, Stanford 3 community study, Stanford 5-city project. "These interventions committed of education through media campaigns, including tv, radio, newspaper and other printed material, and direct education through community activities and face to face instruction	No intervention	25 years	Agency for Health Care Policy and Research and the National Heart, Lung and Blood Institute.
Tice et al. (2001)	Not stated	Population	Does not apply	At general risk	A diet that includes enriched grain products to increase folic acid intake by 100µg/d.	No intervention	10 years	Not stated
Plans-Rubio (1997)	Health Care Provider/ GP	Population	Primary Care	At general & at increased risk	Diet low in fat and cholesterol, provided for 8 years	No intervention	Not stated	Not stated
Prosser et al. (2000)	Health Care Provider (inferred)	Individual	Primary care	At increased risk	Step I Diet - low intake of saturated and fat, rich in fruit, vegetables, whole grains, fat free and low fat dairy, meat, fish and poultry. Diet delivered by physicians for 30 years	No intervention	30 years	Agency for Healthcare Research and Quality, training grant from the National Library of Medicine

Olsen et al. (2005)	Health Care Provider	Individual	Primary Care	At increased risk	Nutritional counselling by a GP was compared with that of a dietician for patients with obesity and a high risk of IHD. The GP intervention consisted of usual treatment, focussed on counselling in terms of general advice and delivery of commercially available written information on healthy diet. Intervention by a dietician was focussed on principles of good nutrition, advice of food shopping, cooking methods, meal planning, and exercise. Duration/frequency/intensity of intervention pathway: 5 counselling sessions over a 12-month period. The initial counselling session by a GP was approximately 30 min and the following session was approximately 12 min. While, the initial counselling session by a dietician was approximately 1 hour, and the following section was approximately 30 minutes. Delivery mode: Face to face counselling Deliverers: General Practitioners and dieticians	No intervention	Not stated	Not stated
Nallamothu et al. (2000)	Not stated	Population	Does not apply	At increased risk	(1)"treat-all"- no screening, a daily supplement with folic acid and vitamin B12 (cyanocobalamin) for all at-risk persons and (2)"screen and treat"-screening at-risk persons with a single tHcy measurement, followed by a daily supplement with folic and acid vitamin B12 for those with tHcy levels of 11µmol/L or more	No intervention	Permanent	Agency for Health Care Research and Quality
Murray et al. (2003)	Not stated	Individual	Cannot determine	At general risk	17 interventions including 4 non-personal interventions (No. 1 was salt reduction through voluntary agreements with industry)	No intervention	Pop Mod, part of model is run over 100 years	Not stated
Kristiansen et al. (1991)	Government	Individual	Primary care & Community	At general & at increased risk	Intervention (I) The promotion of healthy eating habits and lowering serum cholesterol concentration. Information on food among the scientific community, the agricultural sector, the food industry, health authorities, schools, the general public and mass media. Intervention (II) Two cholesterol tests: if serum cholesterol concentration >= 6.0 mmol/L ,then dietary treatment and visits to doctor and additional blood sampling at intervals dependent on cholesterol score (6-7.9= 1.5 visits per year, 8+ =2 visits per year).	No intervention	20 years	Not stated
Blake et al. (2003)	Not stated	Individual	Does not apply	At increased risk ("patients with low density lipoprotein cholesterol levels <149mg/dL")	C-reactive protein screening & targeted statin therapy for patients with elevated C-reactive protein levels ≥ 0.16mg/dL. Daily dosage, 2 GP visits per year Delivery mode: oral	"Step I dietary counselling" Duration/frequency/intensity of control pathway, delivery mode given in references No1 & 2.	Remaining lifetime from 58 years (in base case)	Not stated

					Deliverer: not stated (seems to be GP)			
Plans-Rubio (1998) et al.	Not stated	Individual	Cannot determine	At increased risk	Dietary treatment of Hypercholesterolaemia: During the 1st year individuals would make 4 medical visits and undergo 4 lipid analyses. During the follow-up period, 2 medical visits and 2 lipid analyses for individuals with blood cholesterol levels > 7.2mmol/L.	No intervention	Not stated	Not stated

Appendix 6: Summaryof methods used in fully reviewed papers

Table 6.1. Summary of methods used in fully reviewed papers on exercise

Ref.	Analytic Model	Perspective stated (inferred)	Design	Health Outcomes		Costs				Discount Rate(s)	Sensitivity Analysis		Time horizon of analysis
				Benefit Measures	Effectiveness data sources	Resources costed	Source of resource use data	Source of unit costs	Year costs		Type	Variables used	
Munro et al. (1997)	CCA	NHS	Markov	Avoided health events, Life years saved	Nicholl et al(4), Death registration, Hospital admission statistics (15,16)	Hire of halls sessional facilitator, refreshments, programme coordinator, publicity and recruitment, transport to and from sessions	Published RCT(8- Mc Murdo et al.) and the RCT in progress in Sheffield which is the basis of this intervention	Published RCT (McMurdo et al. - 8) and the RCT in progress in Sheffield which is the basis of this research	1993-1994	Not stated	Deterministic (one-way)	1. Cost intervention 2.Incidence 3. Life expectancy 4.Adherence 5.Unmeasured cost savings 6. Health care costs	Not stated
Jones et al. (1994)	CBA	Societal	Decision Tree	Relative risk of CHD, Net benefit of the program in US$	Framingham Study (45), Published papers on impacts of exercising including meta-analysis on relative risks, author estimate of short-term effectiveness	Direct and indirect costs of sudden death, non-sudden death, angina pectoris, myocardial infraction and coronary insufficiency for different age groups and sexes, cost of exercise (shoes, exercise counselling), cost for individuals neutral or disliking exercise, cost of pre-exercise evaluation (exercise testing), cost of injury, roentgenogram cost.	Healthy People 2000 (23), American College of Sports Medicine (ACSM) (34),Evans et al. "Exercise-testing of the family physician performing the test", Oster an Epstein	Average hourly wage (1991), verbal communication from Rhode Island and Medical Imaging, Pawtucket, published papers and guideline (46-49)	1991	Effects: not used Costs: 3%	Deterministic (1, 2 & 3 way)	1.Rate of injury and recidivism 2.Cost of injury 3. Rate of roentgenograms 4.Rate of medical attention 5.Rate of quitting exercise 6. Changing estimates of subjective feelings toward exercise 7. Value of time exercising	Not stated

Table 6.2. Summary of methods used in fully reviewed papers on smoking

Ref.	Analytic Model	Perspective stated (inferred)	Design	Health outcomes		Costs				Discount rate(s)	Sensitivity Analysis		Time horizon of analysis
				Benefit Measures	Effectiveness data sources	Resources costed	Source of resource use data	Source of unit costs	Year costs		Type	Variables used	
Ong et al. (2004)	CCA	(Government)	Markov	1.Number stopping smoking, 2.Deaths prevented by avoided strokes 3.Number of myocardial infarctions prevented, 4.Number of strokes prevented, 5.Deaths prevented by avoided MI, 6.Reduction in cigarettes smoked	1.Cigarette smoking among adults 2.Passive smoking and the risk of CHD 3.Short-term economic and health benefits of smoking cessation: myocardial infarction and stroke 4.US Census Bureau 5.Tax Burden on Tobacco 6.Passive smoking as well as active smoking increase the risk of acute stroke 7.Frequency and predictors of stroke death in 5,888 participants in the Cardiovascular Health Study	MI for the 1st, 2nd and 3rd year (initial treatment, major surgical treatment angioplasty or coronary artery bypass grafting), follow upon rehabilitation. Stroke costs were also collected. Note programme implementation itself was not costed.	Not stated	Consumer Price Index	2000	3% only for costs	None	None	7 years
Plans-Rubio (2004)	CEA	Societal	Epidemiology/Regression	Life years gained	Questionnaire	Annual treatment costs, including medication, medical visits and blood analysis.	Not stated	Not stated	Not stated	Not stated	None	None	No data

Phillips et al. (1993)	CBA	Societal	Two cross-sectional surveys (1985 & 1988)	1.Reduced morbidity, 2.Displaced mortality, 3.Life years gained	1.Reduced morbidity 2.Displaced mortality 3.Life years gained	Costs relevant to policy making within Wales (i) Direct costs (staff and consumables), 'Well-Welsh' services for HBW (ii) Staff time (GPs no smoking activities, i.e time that GPs spent giving advice)	Health Promotion Authority, District Health Education Departments, NHS, Industry and Commerce, senior managers (give estimates of staff time utilisation)	Retail Price Index	Mid 1988 prices	6%	Deterministic (multi-way)	1. Reduce overall benefit levels by 10%, 2. Reduce overall benefit levels by 25% including effects of unemployment, 3. Delay receipt of all benefits by an additional five years, 4. Reduce benefit levels by 10% plus delay of five years, 5. Reduce working life years saved by 10%	25 years

Appendix 6: Summary of methods used in fully reviewed papers on combined interventions

Table 6.3. Summary of methods used in fully reviewed papers on combined interventions

Ref.	Analytic Model	Perspective stated (inferred)	Design	Health outcomes		Costs				Discount rate(s)	Sensitivity Analysis		Time horizon of analysis
				Benefit Measures	Effectiveness data sources	Resources costed	Source of resource use data	Source of unit costs	Year costs		Type	Variables used	
Lindgren et al. (2003)	CEA	Societal	Markov, using RCT (Cluster), & Cohort study	1. Life years 2. QALYs 3.Effects of hypertension 4.Lipid lowering 5.Effects of hormone replacement theory	1. Framingham study 2. Baseline risk factor characteristics were drawn from the distribution observed in the study population 3. Swedish population and causes of death registries 4. Diet and exercise study 5. Cohort study	Direct: in/out-patient care, pharmaceuticals Indirect: human capital-valuation of patient time	Observed patients, human capital	Zethraeus and colleagues study	2000	3%	Deterministic (one-way)	1. Perspective of costing 2. QALYs 3.Declining/Remaining effects of the intervention	49 years
Lindholm et al. (1996)	CEA	(health care system and societal)	Cohort	1. Cholesterol levels (mg/dl) (mmol/L) 2. Diastolic Blood Pressure 3.Daily smokers 4. Risk of CHD 5. Mortality Risk	1. Questionnaires and health screening examination 2. Framingham risk equations 3. Screening in MONICA project 4. Law et al. Time lag calculations between the decrease in cholesterol and the "full effect" 5. Jacobs et al. Risk of all cause mortality by cholesterol levels	Staff time, commercial marketing and local authority, study circle, CHD prevented (drugs, diagnostic tests, bed days, outpatients, home care loss of production), angina pectoris	Employer's costs and lost productivity were estimated from gross salary. Marketing and local authority costs estimated from budget analysis. Saved costs from RCTs.	Prevented CHD and angina pectoris were from published papers and reports. Remainder by micro-costing	1992	5% for costs only	Deterministic (one-way)	1. Discounting or not 2.Perspective 3. Cost savings from intervention 4. Amount of costs and savings of the intervention 5. Did cholesterol levels remain constant or increase post intervention	1985-1998

Finkelstein et al. (2002)	CEA	Health Care Provider	RCT (Cluster) & Epidemiology / Regression	1. Total Cholesterol 2.HDL cholesterol 3.Systolic blood pressure 4.Diastolic blood pressure 5.Diabetes diagnosis (self-reported) 6.% smoking (self-reported) 7.10-year probability of CHD	Not stated	Direct labour costs and material costs for all equipment and supplies used for the mass screening events and intervention activities. In particular outreach and follow-up, CVD screenings, EI activities and administrative duties.	Questionnaires	Market value	Not stated	Not stated	None	None	10 years
Dalziel et al. (2005)	CEA	(Other Governmental Department or Organization program)	Application of costs to published RCT (Cluster) study	1. Fatal coronary heart disease 2. Non-fatal myocardial infarction 3. Total mortality	RCT	Nurse & doctor time	Original publications of RCT (cluster) study with estimation	Australian Medical association and DHR for nurses	2003	Not stated	None	None	6 years

Table 6.4. Summary of methods used in fully reviewed papers on diet-related interventions

Ref.	Analytic Model	Perspective stated (inferred)	Design	Health outcomes		Costs				Discount rate(s)	Sensitivity Analysis		Time horizon of analysis
				Benefit Measures	Effectiveness data sources	Resources costed	Source of resource use data	Source of unit costs	Year costs		Type	Variables used	
Stinnett, et al. (1996)	CUA	Societal	Epidemiology/ Regression	QALYs	1. Coronary Heart Disease Policy Model. 2. Census. 3. 2nd & 3rd National and Nutrition Examination Survey. 4. National Health Interview Service. 5. Framingham Heart Study. 6. Worcester Heart Attack Study 9. Un-cited RCT's.	Cost of an office visit; annual mid-year follow-up visit; cost of patient travel, waiting and treatment time associated with office visits; costs of laboratory tests phlebotomy, measurement of TC; non-CHD health care costs	Coronary Heart Disease Policy Model, 1987 National Medical Expenditure Survey	1993 Current Population Survey, average Medicare payment for tests	1993	3%	Deterministic	1. Check the impact of cholesterol reduction having no direct effect on non-CHD mortality. 2. Vary the logistic regression coefficients in the CHD Policy Model for LDL and HDL cholesterol. 3. HRQL utilities. 4. Health effects measured in years of life gained rather than QALY gained. 5.Discount rate.	50 years
Phillips et al. (2000)	CEA	NHS	Epidemiology/ Regression	LDL Cholesterol level	Published literature including: Jones et al. (2000), Law et al. (1994), Stamler et al. (1986)	Acute admission to coronary care unit, angiography, revasculation	DOH (1998). National Schedule of Reference costs [40]	DOH (1998). National Schedule of Reference costs [40]	Not stated	Not stated	Deterministic (multi-way)	1. The degrees of cholesterol lowering 2. Reduction in CHD risk associated with 10% drop in total cholesterol	Not stated

Kinlay et al.(1994)	CEA	Government	Epidemiology/ Regression	Number of Coronary Heart Disease events prevented. % cholesterol reduction.	1.Hunter Risk Factor Prevalence Study 2.Lipid Research clinics of Coronary Primary Prevention Trial 3.National Health Foundation of Australia 4.Stanford Three Cities Study (1973-1974)	Two television commercials per day, one full-page advertisement per week, 50 radio slots per week, 20 billboard advertisements, a letter drop to each household Direct medical costs of treatment of MI, ambulance	Stanford Three Cities Study, Hunter MONICA Study	Local media, Royal Newcastle Hospital, Hunter MONICA Study	1988-1989	5%	Deterministic (one-way)	1.Reduction in blood cholesterol 2. CHD reduction 3. CHD events 4. Total cost per event saved	5 years
Johannesson & Fagerberg (1992)	CEA & CBA	Societal	RCT(individual) & Epidemiology/Regression	1. Life years gained 2. Willingness to pay	1. Framingham Study 2. HDL and CHD: an epidemiological perspective 3. Lowering cholesterol concentrations and mortality: a quantitative review of primary prevention trials (meta-analysis)	Direct and indirect costs of treatment and morbidity Drugs, consultations, dietician, group meetings, travel cost, time cost	Existing literature including CEA alongside RCTs, and economic costing/burden studies	Unpublished data, average salary cost in Sweden, 35% of the gross wage rate	1991	5% for costs only	Deterministic (not clear one-way & multi-way)	Unpublished data, average salary cost in Sweden, 35% of the gross wage rate 1. Direct costs 2. Discounting life years gained 3. Subgroup of patients (in order to examine for possible confounding factors) 4.Consultation cost, travel cost and time cost	1 year
Services, D. o. H. a. H. (2003).	CEA & CCA	(Government)	Epidemiology/Regression	1. Prevented fatal CHD 2. Prevented non-fatal CHD 3. Life years gained 4. value of a statistical life 5. Value of a statistical life year 6. QALYs	1. Meta analysis 2. Assumptions 3. Published data (See table 12a) 4. Literature, including Stinnet et al (reviewed here)	Value of a statistical life year saved, medical costs of non-fatal CHD, savings in medical costs from a reduction in non-fatal CHD costs.	Published literature	Viscousi et al (2003) , Cutler et al. (1997), Zarkin et al (1993), American Heart Association (1991)	Not stated	3% & 5%	None	None	20 years

Bendich et al. (1997)	CEA	Health Care Provider	Epidemiology/ Regression	1. Number of preventable hospitalisations 2. Number of hospital Discharges 3. Lit review	1. National Hospital Discharge Survey 1992 2. 1993 Hospital Discharge Database	Number of hospital discharges	National Hospital Discharge Survey 1992, 1993 California Hospital Discharge Database	Not stated	1993	Not stated	None	None	Not stated
Assmann & Schulte (1990)	CEA	Health Care Provider	Epidemiology/ Regression	Life years saved	Framingham study	Screening costs, costs that will be reimbursed by the sickness funds	Assmann and Schulte	Not stated	Not stated	4%	None	None	Not stated
Tosteson et al (1997)	CEA	(it could be the Health Sector but it is not clear who pays fro the media campaigns etc)	Epidemiology/ Regression	1. Individuals risk of developing CHD and non-CHD death 2. Life years saved 3. Levels of serum cholesterol 4.Diastolic blood pressure 5.Rate of smoking 6.Death rates form all causes	1.Framingham Heart Study 3.Acute Myocardial Infraction (AMI) Patient Outcome Research Team (PORT) 4Beaver Dam Health Outcomes Study (33) 5.Stanford 5 city project (14) 6.Stanford 3 community study (17) 7.North Karelia (16) 8.Coronary Heart Disease policy Model (18,19) 9.Experimental Clinical Trials 10.Pop: US Bureau of the Census	(i) Tv, radio, advertisements, continuing media coverage (ii) assumed people already with CHD had state of at recommendations re cholesterol lowering =>Direct Medical costs only included	Unclear	(i)Average findings from North Karelia study, Stanford 5 city project inflated to 1993US $ (ii)Coronary Heart Disease Policy Model	1993	5%	Deterministic (one-way)	1. Cost of programme 2. Rate of serum cholesterol reduction 3. Discount rate 4.Quality adjustments introduced for persons with history for CHD 5.Inclusion of cholesterol as a risk factor for non-CHD death	Not stated

Tice et al. (2001)	CUA	Health Care Provider	Markov	1. Incidence of Myocardial Infraction 2. death from Coronary Heart Disease 3. QALYs saved 4. Medical costs	1.National Health and Nutrition Examination Survey 111 2. Vital Statistics 1980, 1986 & 1990 3.Framingham Heart Study 4.Acute Myocardial Infarct Patient Oriented Research Team 5. Beaver Dam Health Outcomes Study	Medicare Provider Analysis and Review Files and Acute Myocardial Infraction Patient Outcome Research Team	Medicare Provider Analysis and Review Files and Acute Myocardial Infraction Patient Outcome Research Team	Medical Care Component of the Consumer Price Index	1997	3%	Deterministic (one-way & two-way)	1. Compliance 2. Relative Risk Reduction RRR) 3. Cost Vitamin Therapy 4.Discount Rate	10 years
Plans- Rubio (1997)	CEA	Societal	Epidemiology/ Regression	1. Number of Coronary events prevented 2.Number of life years gained due to change in CHD morbidity and mortality 3.Future annual probability of incidence and mortality from CHD in the population with and without the programme	1.Framingham multiple logistic equation 2.Prevalence of cardiovascular risk factors in the adult population of Catalonia	Programme costs (medical visits, screening, cholesterol analysis) Direct health care costs (cost for myocardial infraction/for unstable angina pectoris/for stable angina pectoris/sudden death/non sudden death/Coronary Artery Bypass Grafting)	Not stated	Hospitals and primary health care centres of Catalonia	1990	5%	Deterministic	1. Incremental Cholesterol Reduction 2. Non-compliance rate 3. Years of lag period 4.Discount rate 5.Programme and cardiovascular disease treatment costs	Not sated

Prosser et al. (2000)	CUA	Societal	Markov	Cost per QALY	1.Beaver Dam Health Outcomes Study 2.US panel on cost-effectiveness in Health and Medicine 3.National Cholesterol Education Programme Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel II) 4. Scandinavian Simvastatin Survival Study 5. Survey of Medicare Patients 6. 5 clinical studies including 1 RCT	Intervention Costs (medication, physician visits – including associated patient time-laboratory tests), costs of CHD care and costs of non-CHD care	Not stated	Not stated	1997	3%	Deterministic (one-way, two-way, three-way)	1. Cost of diet 2. Utilities 3. Effectiveness of step I-Diet 4.Lag between initiation of diet and effects 5.Coefficients for LDL and HDL levels on CHD events	30 years
Olsen et al. (2005)	CEA	(Societal & Health Care Provider)	RCT (Cluster) & Epidemiology	1. Life years gained 2. Life years gained without IHD	1.Cox regression model and life tables 2.Non-parametric bootstrapping method 3. Bias corrected method 4. Patient questionnaires 5.Prediction of CHD from regional risk scores and randomised trials	Direct intervention costs (time spent by the GPs and the dieticians), patient's use of time, potential changed consumption of medicine due to intervention, possible changed costs due to changing shopping routines	Average hourly wage for dieticians in Denmark, agreed salary or charge for visits for the GPs, human capital approach was applied to patient time	Data from Dietician & GP, patient wage rates, workforce participation	2001	Not stated	Deterministic (one-way)	1. Patient's use of time 2. Dietician time 3. Estimated use of GP time	Not stated

Nallamothu et al. (2000)	CEA	(Government)	Markov & Decision Tree	Discounted life years saved	1.Third National and Nutrition Examination Survey (NHANES III) 2.Goldman and others 3.Meta-analysis	Direct costs (specimen analysis) Indirect costs (phlebotomy, specimen storage)	Not stated	Wholesale drug prices	1998	3%	Deterministic (one-way)	1. Population prevalence of tHcy levels 2. Relative CHD risk for tHcy levels 3. Adherence rate with folic acid therapy 4.Effectiveness of folic acid at lowering tHcy 5.Cost of additional clinic visits, medical care costs from the treatment of fatal CHD events	45 years
Murray et al. (2003)	CUA	(Government)	Markov & Epidemiology/ Regression & Stochastic population model accounting for age, sex, sub-region, baseline cardiovascular risk and distribution of risk factor. Population health used 'Pop Mod', a four-state population model	Disability Adjusted Life Years (DALYs) Averted	Meta-analysis and systematic reviews of RCTs	Programme level running costs (e.g. administration, training, media). Potential cost-savings due to preventing CHD was excluded.	Publications, with additional details provided by WHO programme stuff in various parts of the world assuming efficient provision (80% capacity utilisation).	Review of relevant publications supplemented with primary data from WHO programme stuff in several countries, assuming efficient provision (80% capacity utilisation).	2000	3%	Multivariate	Baseline levels of risks and effect sizes	Annualised results for costs and effects

Kristiansen et al. (1991)	CEA & CUA	Not stated	Unspecified modelling	1. Number of Myocardial Infarctions 2. Life Years 3. QALYs	1.Cost-effectiveness of cholesterol-lowering therapy in the Netherlands 2. The cardiovascular disease study in Norwegian counties-results from the second screening 3. Multiple Risk Factor Intervention Trial. Risk factor changes and mortality results 4. Management of hypercholesterolemia 5. Ten-year mortality and morbidity related to serum cholesterol 6.Central Bureau of Statistics: Causes of death 1985	Screening, confirmatory screening, consultation, cholesterol testing, treating CHD, coronary artery bypass grafting, treatment after infraction, average health care costs, drugs, population strategy	Weinstein's approach for costing	Current fee schedules, published unit costs ; Foundations of cost-effectiveness analysis for health and medical practices (Weinstein MC, Stason WB), Economics of coronary artery bypass grafting Williams A), Cost per patient based on DRG-classification (Slattebrekk OV	1990 (inferred)	7%	Deterministic (one-way)	1. Cost per visit 2. Cost per screening 3. Health care cost per year 4.Discount rate 5.Life year gain 6.Cost of drugs 7. Mass strategy cost	20 years

Blake et al. (2003)	CUA	Societal	Markov	1. QALY's 2.Life expectancy 3. Life years gained	1. Air Force/Texas Coronary Atherosclerosis Prevention Study 2. Population based studies 3. Physician's Health study 4. US life tables 5. Trial data 6. In hospital mortality rates	Direct Cost: projected lifetime costs of MI, acute costs of stroke, annual costs after stroke, lifetime costs of MI, acute and annual costs of stroke, office visits, liver function tests (the last 2 for the patients receiving statins)	Published data adjusted for age	Not stated	2000	3%	Deterministic (one-way & three-way)	1. Probabilities 2. Costs 3. Utilities 4. Levels of low & high reactive protein levels 5. Efficacy and range of relative risks	Remaining lifetime from 58 years (in base case)
Plans-Rubio (1998) et al.	CEA	Societal	Epidemiology/ Regression	Life years gained	1. Framingham equation. 2. Prevalence data on CHD risk factors in Catalonia. 3. Published paper by same author. 4. Life tables.	Direct costs, medication, medical visits, blood analyses, screening for hypercholesterolemia and hypertension	Unclear	Average selling prices, tariffs, average costs per medical visit from local & national sources	1996	5%	Deterministic	1. Programme costs 2. Health effects 3. Coronary Heart Disease treatment costs 4.Programe compliance 5. Discount rate	Not stated

Appendix 7: Robustness of Drummond, relevance to modelling and transferability scores by paper

Assmann & Schulte (1990)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	No
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	No
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	No
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Not Appropriate
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	No
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	No
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Not Clear
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	No
Total score as a percentage of the possible score	34.78

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No
Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	14.29

Bendich et al (1997)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	No
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Not Clear
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	No
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Not Clear
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	41.67
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	57.14

Blake et al. (2003)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Not Clear
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	No
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	No
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Not Clear
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	75.00
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	42.86
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	No
6) Details of technological availability are given	Yes
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	50.00

Dalziel et al (2003)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Yes
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Not Appropriate
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Not Appropriate
21) The choice of model used and the key parameters on which it is based are justified	Not Appropriate
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	No
35) Conclusions are accompanied by the appropriate caveats	No
Total score as a percentage of the possible score	68.18
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	57.14

Finkelstein et al. (2002)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Yes
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Not Appropriate
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	No
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	62.50
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Not Clear
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	71.43

Johannesson & Fagerberg (1992)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Not Clear
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Yes
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	No
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	79.31
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	85.71

Jones & Eaton (1994)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	74.07
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	42.86
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	57.14

Kinlay et al. (1994)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	80.77
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	57.14

Kristiansen et al. (1991)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	No
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	No
13) Details of the subjects from whom valuations were obtained are given	No
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	No
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	No
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Clear
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	60.71
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	Yes
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	57.14
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	28.57

Lindgren bet al. (2003)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Yes
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	82.14
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Not Clear
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	42.86

Lindholm et al. (1996)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	No
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Not Clear
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Not Clear
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Clear
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Not Appropriate
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	64.29
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	42.86

Munro et al. (1997)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	No
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Not Appropriate
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	88.00
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	Yes
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	28.57
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	85.71

Murray et al. (2003)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	No
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	No
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	No
13) Details of the subjects from whom valuations were obtained are given	No
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Not Clear
21) The choice of model used and the key parameters on which it is based are justified	Not Clear
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Yes
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	Not Clear
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	No
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	60.71
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	42.86
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	No
6) Details of technological availability are given	No
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	37.50

Nallamothu et al (2000)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Yes
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	84.62
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	42.86
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	100.00

Olsen et al. (2005)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Yes
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	81.48
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	85.71

Ong & Glantz (2004)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	No
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	65.22
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	71.43

Phillips & Prowle (1993)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	No
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	No
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	No
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	No
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	No
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	No
Total score as a percentage of the possible score	42.31
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	42.86

Phillips et al. (2000)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	No
14) Productivity changes (if included) are reported separately	Yes
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	89.29
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	Yes
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	28.57
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	85.71

Plans-Rubio (1997)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Not Clear
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	80.77
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	28.57
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	100.00

Plans-Rubio (1998)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Yes
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Not Appropriate
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	No
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	69.23
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	42.86

Plans-Rubio (2004)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Yes
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Not Appropriate
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Not Appropriate
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	No
23) The discount rate(s) is stated	No
25) An explanation is given if costs or benefits are not discounted	No
26) Details of statistical tests and confidence intervals are given for stochastic data	Yes
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	75.00
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Yes
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	71.43

Prosser et al. (2000)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	No
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	77.78
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	14.29
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	71.43

Services, D. o. H. a. H. (2003)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	No
7) The choice of form of economic evaluation is justified in relation to the questions addressed	No
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	No
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	No
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	No
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	No
28) The choice of variables for sensitivity analysis is justified	Not Appropriate
29) The ranges over which the variables are varied are stated	Not Appropriate
30) Relevant alternatives are compared	Not Appropriate
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	70.83
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	Yes
Resource use	Yes

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Cost data	No
Outcomes/effects	No
Utility values	Yes
Other	No
Total score as a percentage of the possible score	42.86
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	No
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	42.86

Stinnett et al. (1996)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	Yes
17) Methods for the estimation of quantities and unit costs are described	Yes
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	88.89
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	57.14

Tice et al. (2001)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	Yes
5) The alternatives being compared are clearly described	Yes
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Yes
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	Yes
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	Not Appropriate
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	No
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Yes
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	88.89
Relevance to Modelling Score	
Model structure	Yes
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	Yes
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	28.57
Transferability Score	
1) The target decision maker is stated or can be inferred	Yes
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	No
4) Details of compliance are given (Compliance with the intervention)	Yes
5) Resources year are recorded	Yes
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	Not Clear
8) Conclusions address the generalisability of results	Yes
Total score as a percentage of the possible score	71.43

Tosteson et al. (1997)	
Drummond	**Response/ Score**
1) The research question is stated	Yes
3) The viewpoint(s) of the analysis are clearly stated and justified	No
5) The alternatives being compared are clearly described	No
6) The form of economic evaluation used is stated	Yes
7) The choice of form of economic evaluation is justified in relation to the questions addressed	Yes
8) The source(s) of effectiveness estimates used are stated	Yes
9) Details of the design and results of effectiveness study are given (if based on a single study) **ANSWER 9 OR 10**	Not Appropriate
10) Details of the method of synthesis or meta-analysis of estimates are given (if based on a overview of a number of effectiveness studies) **ANSWER 9 OR 10**	Yes
11) The primary outcome measure(s) for the economic evaluation are clearly stated	Yes
12) Methods to value health states and other benefits are stated	Yes
13) Details of the subjects from whom valuations were obtained are given	Not Appropriate
14) Productivity changes (if included) are reported separately	Not Appropriate
16) Quantities of resources are reported separately from their unit costs	No
17) Methods for the estimation of quantities and unit costs are described	No
18) Currency and price data are recorded	Yes
19) Details of currency of price adjustments for inflation or currency conversion are given	No
20) Details of any model used are given	Yes
21) The choice of model used and the key parameters on which it is based are justified	Yes
22) Time horizon of costs and benefits is stated	Yes
23) The discount rate(s) is stated	Yes
25) An explanation is given if costs or benefits are not discounted	Not Appropriate
26) Details of statistical tests and confidence intervals are given for stochastic data	No
27) The approach to sensitivity analysis is given	Yes
28) The choice of variables for sensitivity analysis is justified	Yes
29) The ranges over which the variables are varied are stated	Yes
30) Relevant alternatives are compared	Not Clear
31) Incremental analysis is reported	Yes
32) Major outcomes are presented in a disaggregated as well as aggregated form	Yes
33) The answer to the study question is given	Yes
34) Conclusions follow from the data reported	Yes
35) Conclusions are accompanied by the appropriate caveats	Yes
Total score as a percentage of the possible score	74.07
Relevance to Modelling Score	
Model structure	No
Transition probabilities/risks etc	No
Resource use	No
Cost data	No
Outcomes/effects	No
Utility values	No
Other	No

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Total score as a percentage of the possible score	0.00
Transferability Score	
1) The target decision maker is stated or can be inferred	No
2) Effectiveness year are recorded	Yes
3) Details of life expectancy are given	Yes
4) Details of compliance are given (Compliance with the intervention)	No
5) Resources year are recorded	No
6) Details of technological availability are given	Not Appropriate
7) Details of analysis to transfer to another jurisdiction are stated	No
8) Conclusions address the generalisability of results	No
Total score as a percentage of the possible score	28.57

Appendix 8: Glossary

Term	Definition
Cardiac event	Individuals who have suffered a cardiac event e.g. myocardial infarction etc.
Cost-benefit analysis (CBA)	Type of analysis that measures costs and benefits in pecuniary units and computes a net monetary gain/loss or cost/benefit ratio
Cost-effectiveness analysis (CEA)	Type of analysis that compares costs and outcomes programmes having a common health outcome (e.g. reduction of blood pressure; life-years saved)
Cost-utility analysis (CUA)	Type of analysis that measures costs and outcomes, where the latter is usually expressed in terms of quality-adjusted life-years (QALYs)
Decision tree	A framework for representing alternatives for use in decision analysis
Decision analysis	An explicit quantitative approach for decisions under conditions of uncertainty
Deterministic	No uncertainty in parameters is accounted for
Disability Adjusted Life Years (DALYs)	Combines mortality and productive life lost due to disability.
Discount rate	Rate of discount used to convert future costs and benefits into equivalent present values
Generalisability	The extent to which the results of a study, as they apply to a particular population and/or a specific context hold true for another population and/or in a different context
Health state	A specific combination of levels of health measured on different dimensions
Human capital method	A means of calculating the indirect cost

	of medical illness, based on the remaining lifetime economic value to society of a healthy individual of that age, measured by market earnings
Increased risk	Individuals with one or more characteristics placing them at increased risk of CHD, e.g. increasing age, young relatives with CHD, elevated blood cholesterol, high triglyceride with low HDL, elevated blood pressure, diabetes, smoking, obesity, inactivity, excessive alcohol, excessive stress.
Incremental cost	Difference between the cost of a programme (treatment) and the cost of the comparison programme
Incremental cost-effectiveness ratio	The ratio of the incremental cost of a programme divided by the additional health outcomes (e.g. cost per life-year gained); used in CEA to select among programmes
Indirect cost	The value of patients' (or others') time resulting from illness or treatment (may be estimated by loss of wages and other means)
Internal rate of return	Discount rate applied to future savings or revenue, allowing the present value of savings or revenue to be compared to current implementation costs; allowing net-benefit to be estimated
Markov model	A statistical representation of recurrent events over time that can be incorporated into decision analysis
Markov cycle	The time interval an individual is assumed to remain in a health state before potentially moving to another state

Fox-Rushby et al. (2006) The cost-effectiveness of behaviour change interventions designed to reduce CHD.

Population risk	Healthy individuals at minimum risk of developing CHD
Probabilistic	Representation of uncertainty in the accuracy of key variables using probability distributions.
Quality-adjusted life year (QALY)	A common measure of health improvement used in CUA: combines mortality and HRQL gains (outcome of a treatment measured as the number of years of life saved, adjusted for quality)
Regression model	A statistical method of explaining/predicting the variability in a dependent variable using one or more independent variables
Sensitivity analysis	The practice of systematically varying the values/ assumptions employed in an evaluation to determine the implication for the results of that evaluation
Societal perspective	Analytic perspective where benefits and costs to society as a whole examined
State transition models	Collective terms for decision models describe/predict movement between health states over time
Utility scale	A scale, defined by 2 anchor states or outcomes and their scores, on which utilities are measured. Often defined by full health = 1.0 and dead = 0.0
Willingness to pay	The measurement of the value of the outcome of an intervention according to a hypothetical monetary value placed on it by individuals