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1.1 EXPERIENCE OF CARE

1.1.1 Qualitative studies

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

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

• Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		given. There is also insufficient information to ascertain whether the data collection and record keeping was systematic
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: relationship between the researcher and the participants was not adequately considered and the paper does not describe how the research was explained and presented to the participant
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Only the participants' age and gender are reported and no detail is provided with regards to the settings. It is not clear that observations were made in a sufficient variety of circumstances and context bias is not considered

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: Data were collected from the participant and from their parents, and data was collected via interview, over the phone and from past records. However, no justification is given for multiple methods and it is not clear whether the methods investigate what they claim to
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: The data analysis procedure is not reported and thus it is unclear how the data were analysed to arrive at the results. It is also not possible to judge whether the analysis was systematic or reliable/dependable, and no information is given on how the themes and concepts were derived from the data
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of	Poor	Comments: The contexts of the data are poorly described. Detail and depth is not demonstrated and responses are not compared and contrasted across

perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		groups/sites
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: Double-coding of transcripts/data is not reported. The authors also do not state whether the participant fed back on the transcripts/data and if so how negative/discrepant results were dealt with
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately	Not sure	Comments: Extracts from the original data are not included

referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant in so far as the aim of the study is presumed to be greater understanding of the experience of autism. However, the aims of the study are not reported
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Inadequate	Comments: Because only the conclusions and none of the original data were presented the links between data, interpretation and conclusions are not clear

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

Study ID	BLACHER2010	
Bibliographic reference: Blacher, J., Kraemer, B.R. & Howell, E.J. (2010) Family expectations and transition experiences for young adults with severe disabilities: does syndrome matter? *Advances in Mental Health and Learning Disabilities, 4*, 3-16.		
Guideline topic: Autism in adults	**Key research question/aim:** Three central questions were addressed: Do parent expectations and actual post-school outcomes vary by diagnostic group?; Do parent knowledge of, and satisfaction in, transition planning differ by diagnostic group?; Do parent worries about transition planning vary by diagnostic group?	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.3 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not applicable	Comments: This study used a quantitative approach to explore the experiences of parents of young adults with autism. However, a qualitative approach could have illuminated subjective experiences
1.4 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Clear	Comments:

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

• Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants is not adequately considered and the paper does not describe how the research was explained and presented to participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments: The characteristics of the participants and settings were clearly defined. However, observations were only made in one set of circumstances and context bias was not considered

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: The methods investigate what they claim to. However the data were only collected by one method and no justification is given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of	Rich	Comments: Responses are compared across groups

perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments: Two researchers were involved in data collection and data analysis was quantitative and based on responses to Likert scales
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately	Convincing	Comments:

referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been	Not sure/not reported	Comments: The process of obtaining informed consent is described. However, the authors do not report whether the study was approved

taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		by an ethics committee

Study ID	CEDERLUND2010
Bibliographic reference: Cederlund, M., Hagberg, B. & Gillberg, C. (2010) Asperger syndrome in adolescent and young adult males. interview, self- and parent assessment of social, emotional, and cognitive problems. *Research in Developmental Disabilities, 31,* 287-298.	
Guideline topic: Autism in adults	**Key research question/aim:** This study aimed to investigate: how young adult males with Asperger syndrome look upon themselves in relation to their clinically diagnosed problems; to what extent they agree with their parents on these core features of their diagnosis; and whether or not they recognise other psychological/cognitive problems not specifically included in the diagnostic algorithm for Asperger syndrome
Checklist completed by: Odette Megnin-Viggars	
Section 1: theoretical approach	

1.5 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate	Not applicable	Comments: A quantitative approach was adopted. However, a qualitative approach may have been more appropriate to addressing the key research aims

subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.6 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for	Not defensible	Comments: A quantitative approach was adopted. However, a qualitative approach may have been more appropriate to addressing the key research aims

the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants is not adequately considered and the paper does not describe how the research was explained and presented to participants

4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the setting are not clearly described, it is not clear whether observations were made in more than one setting and context bias is not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results?	Rigorous	Comments:

• How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses are compared across groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant	Unreliable	Comments: Double-coding of the data is not reported. However, these were standardized scales and not transcripts from in-depth interviews so there may arguably be slightly less risk of bias

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

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

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

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

record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participant is not adequately considered and the paper does not describe how the research was explained and presented to the participant
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Very little information is reported with regards to participant characteristics or setting. Context bias was not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more	Not sure	Comments: Insufficient information is provided on data collection methods to enable a reliability judgement

than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: The data analysis procedure is not explicit. Nor, does it appear to be systematic or reliable/dependable. It is not clear how the themes and concepts were derived from the data and the papers appears to be more of a summary of a personal account than a formal thematic analysis
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated?	Not sure/not reported	Comments: Insufficient detail reported to judge whether the data are rich

• Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: It is not clear whether more than one researcher coded the data, but the implication is that this is not the case
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments: The findings are convincing in that this is more of a summarised reproduction of the personal account than an exploration of findings from a thematic analysis
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant to the aims of the study in

		so far as we assume the aims are to increase understanding of the experiences of autism. However, the aims of the study are not explicitly outlined.
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Inadequate	Comments: The links between data, interpretation and conclusions is not explicit
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:*	Not clear	Comments: No mention is made of ethical considerations

• Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	CLARKE2008	
Bibliographic reference: Clarke, J. & van Amerom, G. (2008) Asperger's syndrome: differences between parents' understanding and those diagnosed. *Social Work in Health Care, 46*, 85-106.		
Guideline topic: Autism in adults	**Key research question/aim:** the purpose of the research was to investigate the portrayal of the salient issues in regard to dealing with the diagnosis/identity from the perspective of individuals with Asperger's syndrome	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.9 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative	Appropriate	Comments:

approach better have addressed the research question?		
1.10 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of	Not defensible	Comments: Rationale is given for the sampling, data collection and data analysis techniques used. However, not enough information is given, for instance, was double-coding independently conducted by the two authors? and how were the blogs from the initial search ordered which would determine on what basis the first 30 accounts were reviewed and selected?

cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments: Data collection methods are not clearly described
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: No relationship between researcher and participants as data collected from blogs
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings	Unclear	Comments: Information about the participants is very incomplete and the settings are not described at all

clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?		
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Insufficient detail given with regards to data collection
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: Insufficient detail given with regards to how the themes and concepts were derived from the data
5.2 Are the data 'rich'?	Poor	Comments: Contexts of the data are under-

For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		described
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Two researchers themed and coded data. However, whether this was done independently and the way in which differences were resolved is not reported
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally	Convincing	Comments:

coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical	Clear	Comments: There is a fairly clear reporting of

considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		the ethical issues. However, this study was not approved by an ethics committee and the ethical issues are arguably not adequately addressed by the study

Study ID	GRAETZ2010	
Bibliographic reference: Graetz, J.E. (2010) Autism grows up: opportunities for adults with autism. *Disability and Society, 25*, 33-47.		
Guideline topic: Autism in adults	**Key research question/aim:** This study was aimed at exploring the needs of families supporting an adult with autism and the opportunities afforded them in socialization, employment and residential living	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.11 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate	Appropriate	Comments: A mixed quantitative and qualitative approach is adopted to analyse survey data with the former approach used to analyse Likert scale responses and the latter approach applied to analysing open-ended

subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		responses
1.12 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for	Defensible	Comments: However, there is not a clear account of the rationale/justification for the sampling or data collection strategies

the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: There is no direct relationship between the researcher and the participant as the participants completed online or postal surveys

4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants and settings need to be described in more detail, it is not clear whether observations were made in a sufficient variety of circumstances and context bias is not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification was given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results?	Not sure/not reported	Comments: The quantitative analysis is quite explicit. However, further detail is needed for the explanation of the qualitative analysis as it is not clear how the themes and concepts were derived from the

• How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		data
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data are not well described
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant	Not sure/not reported	Comments: The study does not report whether more than one researcher coded the data and whether participants fed back on transcripts/data

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

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

Study ID	HARE2004
Bibliographic reference: Hare, D.J., Pratt, C., Burton, M., *et al*. (2004) The health and social care needs of family carers supporting adults with autism spectrum disorders. *Autism, 8*, 425-444.	
Guideline topic: Autism in adults	**Key research question/aim:** This study had two main research aims. First, it was intended to explore the current support and service provision available to, and used by, families supporting adults with autism. The second aim of the study was to examine the relationship between the level of support and the psychological wellbeing of the principal family carer, in this case the mother of the adult with autism
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.13 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments: A mixed quantitative and qualitative approach is adopted to analyse data with the former approach used to analyse responses to the structured interview schedule and the latter approach applied to analysing open-ended responses
1.14 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research	Clear	Comments:

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

methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants was not adequately considered and the paper does not describe how the research was explained and presented to the participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias	Unclear	Comments: The characteristics of the settings are not clearly defined and it is not clear whether observations were made in a sufficient variety of circumstances. Context bias was also not considered.

considered?		
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: It seems that data were collected by only one method and no justification was given for not triangulating. However, it appears that the methods investigate what they claim to.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: The quantitative analysis is quite explicit. However, further detail is needed for the explanation of the qualitative analysis as it is not clear how the themes and concepts were derived from the data
5.2 Are the data 'rich'? *For example:* • How well are the contexts of	Poor	Comments: The contexts of the data are not well described

the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: The study does not report whether more than one researcher coded the data and whether participants fed back on transcripts/data
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the	Convincing	Comments:

original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Not clear	Comments: The authors do not report whether the study was approved by an ethics committee

For example: • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		and ethical issues are not adequately considered

Study ID	HURLBUTT2002	
Bibliographic reference: Hurlbutt, K. & Chalmers, L. (2002) Adults with autism speak out: perceptions of their life experiences. *Focus on Autism and Other Developmental Disabilities, 17*, 103-111.		
Guideline topic: Autism in adults	**Key research question/aim:** Investigate and describe the perceptions of life experiences of adults with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.15 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have	Appropriate	Comments:

addressed the research question?		
1.16 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of	Not defensible	Comments: Rationale/justification for the sampling strategy is inadequate

cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants is not adequately considered
4.2 Is the context clearly described?	Clear	Comments: The characteristics of the participants and settings are clearly

For example: • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?		described. However, context bias is not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Data were collected by more than one method with themes identified from interviews and from pre-existing written materials
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived	Not sure/not reported	Comments: The description of the data analysis method is not sufficiently detailed

from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: The data were not double-coded
5.4 Are the findings convincing? *For example:* • Are the findings clearly	Convincing	Comments:

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

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

Study ID	HUWS2008	
Bibliographic reference: Huws, J.C. & Jones, R.S.P. (2008) Diagnosis, disclosure, and having autism: an interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual and Developmental Disability, 33*, 99-107.		
Guideline topic: Autism in adults	**Key research question/aim:** Service users perceptions of autism and diagnosis experiences	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.17 Is a qualitative approach appropriate? *For example:*	Appropriate	Comments:

• Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.18 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach?	Defensible	Comments:

• Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was	Clear	Comments:

explained and presented to the participants?		
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were	Rigorous	Comments:

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

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

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

Study ID	JENNESCOUSSEN2006
Bibliographic reference: Jennes-Coussens, M., Magill-Evans, J. & Koning, C. (2006) The quality of life of young men with Asperger syndrome: a brief report. *Autism, 10*, 403-414.	
Guideline topic: Autism in adults	**Key research question/aim:** The key aims of this study were: to compare the quality of life of young men with and without Asperger syndrome; examine differences in the perceived support network; and describe independence, friendship and dating relationships, and leisure activities
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.19 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not applicable	Comments: This study uses a quantitative approach to analyse questionnaire data. Structured interviews were conducted. However, no qualitative analysis of this data is presented and this would have been informative
1.20 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Clear	Comments:

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

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

For example: • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?		(questionnaires and interview).
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: It is not clear how data from the interviews was analysed and interpreted and no qualitative analysis is reported
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been	Rich	Comments: Responses are compared and contrasted across groups

explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: 16% of interview transcripts were double-coded with high inter-rater reliability. However, it is not clear whether this is a sufficient proportion of the data and no justification is given. The paper also does not report on whether participants were given the opportunity to feed back on transcripts/data and how disagreements were dealt with
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included?	Not sure	Comments: The quantitative data is convincing. However, extracts from the original interview data are not included

• Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:*	Clear	Comments: The Health Research Ethics Board approved the study and all participants gave consent

• Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	JONES2001
Bibliographic reference: Jones, R.S.P., Zahl, A. & Huws, J.C. (2001) First-hand accounts of emotional experiences in autism: a qualitative analysis. *Disability and Society, 16*, 393-401.	
Guideline topic: Autism in adults	**Key research question/aim:** Emotional experiences of individuals with autism
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.21 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.22 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Unclear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: There are no clear accounts of the rationale/justification for the sampling, data collection or data analysis techniques used

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments: Data collection methods not adequately described
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: No relationship between researcher and participants as websites of individuals with autism are analysed
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined?	Unclear	Comments: Only two participants (of five reported) include their age and gender and no other demographic information is provided. There is also no information

• Were observations made in a sufficient variety of circumstances? • Was context bias considered?		regarding settings reported.
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data collected by one method and it is inadequately described
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments: Insufficient detail given on how themes and concepts were derived from the data
5.2 Are the data 'rich'?	Poor	Comments: Very little

For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		detail is reported
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: It appears from the report that only one researcher coded data and very little detail is given on data analysis techniques
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented?	Convincing	Comments:

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

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

Study ID	KRAUSS2005
Bibliographic reference: Krauss, M.W., Seltzer, M.M. & Jacobson, H.T. (2005) Adults with autism living at home or in non-family settings: positive and negative aspects of residential status. *Journal of Intellectual Disability Research, 49*, 111-124.	
Guideline topic: Autism in adults	**Key research question/aim:** How do mothers describe the positive and negative aspects of their son or daughter's current residential setting?
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.23 Is a qualitative approach appropriate?	Appropriate	Comments:

For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.24 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question?	Defensible	Comments:

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

• Does the paper describe how the research was explained and presented to the participants?		
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: The characteristics of the participants and settings are clearly defined. However, observations are not made in a variety of circumstances and context bias is not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were only collected by one method. The paper mentions an interview in addition to the open-ended questionnaire questions, however, data is not reported for this
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:

For example: • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved?	Reliable	Comments: Transcripts were double-coded. However, it is not clear whether this was done independently and no information is reported with regards to how any differences were resolved

• Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent?	Adequate	Comments:

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

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

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

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

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participant is not adequately considered and the paper does not describe how the research was explained and presented to the participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants could be described in more detail and the setting, for example, even the country are not reported. Context bias was also not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method?	Reliable	Comments: After the identification of the dominant discourses, the last interview was conducted as a final step of triangulation.

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

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Data were not double-coded. However, participants were given the opportunity to feedback. However, no details are reported on any differences and whether negative/discrepant results were addressed or ignored
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	Adequate	Comments:

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

• Was the study approved by an ethics committee?		

Study ID	LAU2011
Bibliographic reference: Lau, W. & Peterson, C.C. (2011) Adults and children with Asperger syndrome: Exploring adult attachment style, marital satisfaction and satisfaction with parenthood. *Research in Autism Spectrum Disorders, 5,* 392-399.	
Guideline topic: Autism in adults	**Key research question/aim:** A key research question was: To what extent are relationship satisfaction and the emotional experiences associated with marriage and parenthood different for adults with Asperger syndrome, and/or for their spouses, as compared with the feelings and the experiences of other couples without an autism spectrum disorder?
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.27 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not applicable	Comments: A quantitative approach was used. However, a qualitative approach to this research question would have been interesting
1.28 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study	Clear	Comments:

discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: A quantitative approach is used, however, a qualitative approach may have been more suitable to the research question. There are also no clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:

For example: • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants is not adequately considered and the paper does not describe how the research was explained and presented to the participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of	Unclear	Comments: The characteristics of the settings are not clearly defined. It does not seem to be the case that observations were made in a sufficient variety of circumstances and context bias was not considered

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

For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: It is not clear whether more than one researcher was involved in data analysis but as this was quantitative data this may not have such a great impact on reliability
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally	Convincing	Comments:

coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical	Not clear	Comments: The paper does not report whether

considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		the study was approved by an ethics committee and ethical issues are not discussed adequately

Study ID	MACLEOD2007	
Bibliographic reference: MacLeod, A. & Johnston, P. (2007) Standing out and fitting in: a report on a support group for individuals with Asperger syndrome using a personal account. *British Journal of Special Education, 34*, 83-88.		
Guideline topic: Autism in adults	**Key research question/aim:** To use a personal account to examine the experiences of a discussion and support group for individuals with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.29 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate	Appropriate	Comments:

subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.30 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques	Not defensible	Comments: Rationale for research design/methodology is under-specified

used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The paper does not describe how the research was explained and presented to the participant
4.2 Is the context clearly	Unclear	Comments: Country of

described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?		study not reported
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data only collected by one method
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the	Not rigorous	Comments: The procedure for data analysis is not explicit

analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: The analysis methods are under-specified and there is no mention of more than one researcher coding data

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Partially relevant	Comments: Findings are relevant to the aims of the study in that they shed some light on one person's subjective experiences of a discussion and support group for adults with autism. However, the experiences of this individual may not be representative of other members of this group, or other groups like it, due to important differences in participant characteristics between this participant (a middle-aged woman) and the more typical member of such groups

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

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

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

For example: • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: There is not a clear account of the rationale/justification for the sampling, data collection and data analysis techniques used
Section 3: data collection		

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: The relationship between the researcher and the participants is not adequately considered and the paper does not describe how the research was explained and presented to participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined?	Not sure	Comments: The characteristics of the participants and settings were clearly defined. However, observations were not made in a variety of circumstances and context bias was not

• Were observations made in a sufficient variety of circumstances? • Was context bias considered?		considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'?	Poor	Comments: These responses were not the

For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		result of in-depth interviews but were short responses to open-ended questions
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments: Transcripts were double-coded. However, no explanation of how disagreements were resolved is reported
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented?	Convincing	Comments:

• Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		

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

Study ID	ORSMOND2007A
Bibliographic reference: Orsmond, G.I. & Seltzer, M.M. (2007) Siblings of individuals with autism or Down syndrome: effects on adult lives. *Journal of Intellectual Disability Research, 51*, 682-696.	
Guideline topic: Autism in adults	**Key research question/aim:** Examine whether the type of disability (autism or Down's syndrome) has a differential effect on the sibling relationship during adulthood, and explore whether the same factors are associated with positive as well as negative aspects of the sibling relationship for adults with a brother or sister with autism and Down's syndrome
Checklist completed by: Odette Megnin-Viggars	
Section 1: theoretical approach	

1.33 Is a qualitative approach appropriate?	Not applicable	Comments: A quantitative approach was used. However, a qualitative approach

For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		may have been informative
1.34 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question?	Not defensible	Comments: It is not clear that a qualitative approach would not have been more suited to answering this research question

• Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered?	Clear	Comments: No face-to-face relationship between researcher and participant as questionnaires were mailed

• Does the paper describe how the research was explained and presented to the participants?		
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: The characteristics of the participants could be described in more detail and no information is reported with regards to the settings
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected using only one method and no justification was given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:*	Rigorous	Comments:

• Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses are compared and contrasted across groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back	Not sure/not reported	Comments: It seems that only one researcher coded data. However, as this was a quantitative data analysis this might not pose as large a problem for reliability as if the data analysis was qualitative

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

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

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

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

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

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

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

from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses are compared and contrasted across groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: It seems that only one researcher coded data. However, as this was a quantitative data analysis this might not pose as large a problem for reliability as if the data analysis was qualitative
5.4 Are the findings convincing?	Convincing	Comments:

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

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

Study ID	PUNSHON2009
Bibliographic reference: Punshon, C., Skirrow, P. & Murphy, G. (2009) The 'not guilty verdict': psychological reactions to a diagnosis of Asperger syndrome in adulthood. *Autism, 13*, 265-283.	
Guideline topic: Autism in adults	**Key research question/aim:** To identify what are the experiences of adults with Asperger syndrome relating to their diagnosis; whether these experiences can be accounted for using stage and/or cognitive models of adjustment to diagnosis; and how services might help individuals negotiate the diagnostic process and adjust to their diagnosis
Checklist completed by: Odette Megnin-Viggars	

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

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

research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: The role of the researcher is not clearly described or considered in the paper
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:*	Reliable	Comments: Only one method of data collection but this is based on a reliable

• Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?		approach
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been	Rich	Comments:

demonstrated? • Are responses compared and contrasted across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Transcripts and themes were discussed with each participant to check their reliability. However, all transcripts were not double-coded. A second researcher analysed a sample of the data, compared their themes to those suggested by the first researcher and confirmed that their original themes were well supported by the participants' discourse. However, the paper does not report if there were differences and how these were resolved
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included?	Convincing	Comments:

• Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments: This study received approval from university ethics committees

For example: • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

Study ID	ROBLEDO2008	
Bibliographic reference: Robledo, J.A. & Donnellan, A.M. (2008) Properties of supportive relationships from the perspective of academically successful individuals with autism. *Intellectual and Developmental Disabilities, 46*, 299-310.		
Guideline topic: Autism in adults	**Key research question/aim:** To explore and describe properties of supportive relationships identified by individuals with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.39 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	Appropriate	Comments:

• Could a quantitative approach better have addressed the research question?		
1.40 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques	Not sure	Comments: Greater detail is required for the rationale/justification for the sampling strategy

used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described?	Clear	Comments:

For example: • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?		
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: Data was collected by more than one method and triangulation is justified
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable?	Rigorous	Comments:

• Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments: Participants fed back on the data. However, if double-coding was employed it is not described here and no account is given of how negative/discrepant results (discrepancies between participant and researcher account) were dealt with
5.4 Are the findings convincing?	Convincing	Comments:

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

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

Study ID	RYAN2009	
Bibliographic reference: Ryan, S. & Runswick Cole, K. (2009) From advocate to activist? mapping the experiences of mothers of children on the autism spectrum. *Journal of Applied Research in Intellectual Disabilities, 22*, 43-53.		
Guideline topic: Autism in adults	**Key research question/aim:** Not reported	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.41 Is a qualitative approach appropriate?	Appropriate	Comments:

For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.42 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question?	Defensible	Comments:

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

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

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

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

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

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

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

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participants is not adequately considered and the paper does not describe how the research was explained and presented to the participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not	Reliable	Comments: Two methods of interviewing were used to collect data

triangulating? • Do the methods investigate what they claim to?		
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: Transcripts were not double-coded and participants did not feedback on the transcripts/data
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: In so far as the aims are implied by the paper. However, research aims are described for the broader study from which this sample is

		drawn but are not explicitly described for this study
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address	Not clear	Comments: The paper does not report whether the study was approved by an ethics committee and ethical issues are not discussed adequately

consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		

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

• Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments: A qualitative approach to analysing interview data may have allowed greater insight into the carer experience of autism
Section 3: data collection		
3.1 How well was the data collection carried out?	Not sure/inadequately reported	Comments: The paper only reports that data were collected through

For example: • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		multiple interviews with no further detail given on data collection methods
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments: The relationship between the researcher and the participant is not adequately considered and the paper does not describe how the research was explained and presented to the participants
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in	Unclear	Comments: Further detail with regards to participant characteristics is needed and settings are not defined at all. It is not clear that observations were made in a sufficient variety of circumstances and context bias was not

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

For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?		groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Unreliable	Comments: Double-coding is not reported
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally	Convincing	Comments: However, more extracts from the original data would allow greater insight

coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant in so far as the aims of the study are assumed to be greater understanding of the carer experience of autism as the research aim/question is not reported in the paper
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined?	Not sure	Comments: Greater detail is needed with regards to data analysis in order to make clearer the links between data, interpretation and conclusions

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

Study ID	SHTAYERMMAN2007
Bibliographic reference: Shtayermman, O. (2007) Peer victimization in adolescents and young adults diagnosed with Asperger's syndrome: a link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Issues in Comprehensive Pediatric Nursing, 30*, 87-107.	
Guideline topic: Autism in adults	**Key research question/aim:** Exploratory study to examine the level of peer victimization, depressive symptomatology, anxiety symptomatology, and level of suicidal ideation among adolescents and young adults diagnosed with Asperger's syndrome
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.47 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not applicable	Comments: A quantitative approach was adopted
1.48 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)?	Mixed	Comments: The purpose of the study is inferred from the text rather than explicitly outlined

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

• Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?		
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between the researcher and the participant and data collected through postal and online questionnaires
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Further detail with regards to participant characteristics is needed and settings are not defined at all. It is not clear that observations were made in a sufficient variety of circumstances and context bias was not considered

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification is given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of	Poor	Comments: The contexts of the data are not described and detail and depth is not demonstrated

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

referenced? • Is the reporting clear and coherent?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments: Relevant in so far as the aims of the study are assumed as the research aim/question is not explicitly stated in the paper
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical	Clear	Comments: The institutional review

considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?		board at Fordham University approved this study, and informed consents were obtained from each parent and each adolescent or young adult participating in the study

Study ID	SHTAYERMMAN2009	
Bibliographic reference: Shtayermman, O. (2009) An exploratory study of the stigma associated with a diagnosis of Asperger's syndrome: the mental health impact on the adolescents and young adults diagnosed with a disability with a social nature. *Journal of Human Behavior in the Social Environment, 19*, 298-313.		
Guideline topic: Autism in adults	**Key research question/aim:** Exploratory study to examine how adolescents and young adults with Asoperger's syndrome perceived their diagnosis and whether they felt stigmatized	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.49 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate	Not applicable	Comments: A quantitative approach was adopted

subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.50 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for	Not defensible	Comments: A qualitative approach may have allowed greater insight into the experience of autism

the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		
Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:
Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments: No face-to-face relationship between the researcher and the participant and data collected through postal and online questionnaires

4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Unclear	Comments: Further detail with regards to participant characteristics is needed and settings are not defined at all. It is not clear that observations were made in a sufficient variety of circumstances and context bias was not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Unreliable	Comments: Data were collected by only one method and no justification is given for not triangulating
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results?	Rigorous	Comments:

• How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments: The contexts of the data are not described and detail and depth is not demonstrated
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant	Not sure/not reported	Comments: Double-coding is not reported. However, as this is quantitative data analysis a lesser impact on analysis reliability might be expected

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

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

Study ID	SHU2006
Bibliographic reference: Shu, B-C., Lo, L-H., Lin, L-L, *et al*. (2006) Process of self-identity transformation in women with autistic adolescent. *Journal of Nursing Research, 14*, 55-64.	
Guideline topic: Autism in adults	**Key research question/aim:** To better understand the condition of mothers caring for adolescent children with autism
Checklist completed by: Odette Megnin-Viggars	

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

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

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

triangulation, or for not triangulating? • Do the methods investigate what they claim to?		one method or whether each interview session was conducted in a similar fashion.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments: More detail is required on how the themes and concepts were derived from the data
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Only two interviews (12% of data) were double-coded and although agreement was high (95%) this was only a small subsection of the data, participants did not feedback on the data, and there is no detail as to whether negative/discrepant results were addressed or ignored
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	Adequate	Comments:

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

• Was the study approved by an ethics committee?		

Study ID	SMITH2010A
Bibliographic reference: Smith, L.E., Hong, J., Seltzer, M.M., *et al*. (2010) Daily experiences among mothers of adolescents and adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*, 167-178.	
Guideline topic: Autism in adults	**Key research question/aim:** Three primary aims: Compared mothers of a son or daughter with autism to mothers of children without disabilities on four outcomes reflecting daily psychological, physical, and economic well-being: (a) negative affect, (b) positive affect, (c) fatigue, and (d) work intrusions; examined differences in the daily experiences of both groups of mothers in terms of their (a) time use, (b) stressful events, (c) positive events and (d) giving and receiving emotional support; evaluated the impact of daily time use, stressful events, positive events, giving and receiving support, and parenting a child with autism on maternal well-being
Checklist completed by: Odette Megnin-Viggars	
Section 1: theoretical approach	

1.53 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not applicable	Comments: A quantitative approach was adopted

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

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

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

from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments: Responses are compared and contrasted across groups
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments: Double-coding is not reported. However, as this is quantitative data analysis a lesser impact on analysis reliability might be expected
5.4 Are the findings convincing?	Convincing	Comments:

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

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

Study ID	SPERRY2005	
Bibliographic reference: Sperry, L.A. & Mesibov, G.B. (2005) Perceptions of social challenges of adults with autism spectrum disorder. *Autism, 9*, 362-376.		
Guideline topic: Autism in adults	**Key research question/aim:** To examine perceptions of social challenges by adults with autism	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.55 Is a qualitative approach appropriate? *For example:*	Appropriate	Comments:

• Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?		
1.56 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/ theory discussed?	Clear	Comments:
Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using	Defensible	Comments:

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

how the research was explained and presented to the participants?		
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments: The characteristics of the participants and settings are clearly defined. However, observations are not made in a variety of circumstances and context bias is not considered
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments: The meetings were tape recorded and audio data were transcribed and analysed along with the written data for the purpose of triangulation. A member check was also completed for the purpose of triangulation. The transcribed questions and solutions were sent to group members following the meeting and they were informed that changes could be made if transcripts were not an accurate reflection of the

		meeting.
Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable?	Reliable	Comments: The two investigators reviewed

For example: • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (If possible and relevant) • Were negative/discrepant results addressed or ignored?		and analysed the data independently and participants were given an opportunity to feedback on the transcripts. However, no information is reported regarding how any differences were resolved and if negative/discrepant results were addressed or ignored
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links	Adequate	Comments:

between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

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

1.2 CASE IDENTIFICATION INSTRUMENTS

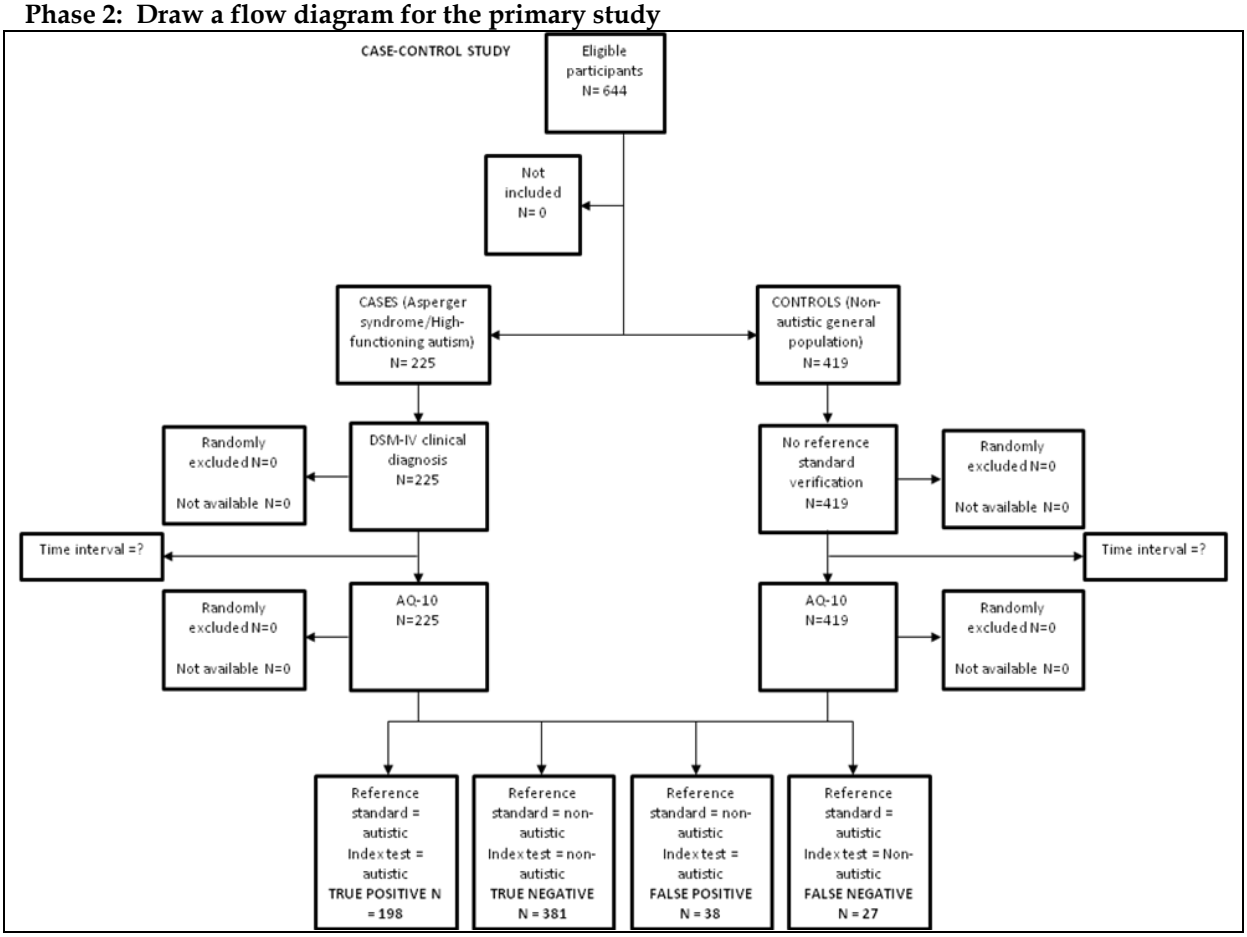
1.2.1 Studies of diagnostic test accuracy

ALLISON2012

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Adults with autism recruited from www.autismresearchcentre.com. Control data collected at the Cambridge Psychology website www.cambridgepsychology.com. Only half of the sample were recruited for the validation study (the other half were recruited for derivation study	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ>70 so not clear that the spectrum of participants was representative of the patients who will receive the test in practice. The control group may also be unrepresentative of the target sample as the control participants were from the general population rather than participants for which a suspicion of autism had already been raised. The case-control design also meant that more clinical data was available when the test results were interpreted then would be when the test is used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The index test was the AQ10 which is a self-completed 10-item questionnaire. The AQ10 was completed online. The cut-off point was not pre-specified but determined post-hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard results.	

Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Only autistic cases diagnosed at a recognised clinic by a recognised medic or clinical psychologist using DSM-IV criteria were included. Diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper there were no participants excluded from the study. However, only the autistic cases received the reference	

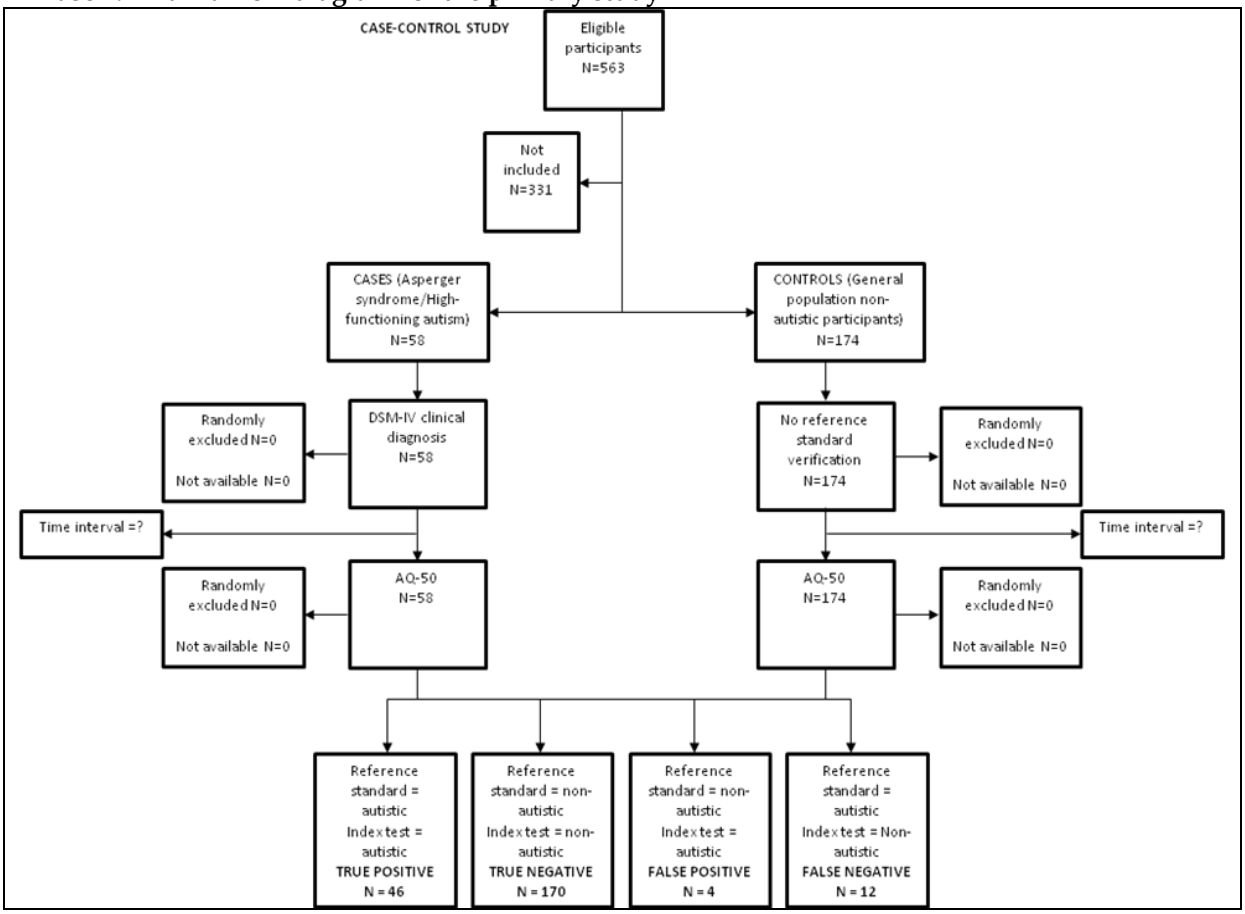
standard, and the same reference standard was not received by all autistic cases as different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard are not reported	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BARONCOHEN2001

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Autistic cases were recruited via National Autistic Society (UK), specialist clinics, and advertisements in newsletters and web pages. Controls were recruited from a random sample of adults living in the East Anglia region sent the AQ by post.	
Was a consecutive or random sample of patients enrolled?	No All participants who returned the AQ were included
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ>70 so not clear that the spectrum of participants was representative of the patients who will receive the test in practice. The control group may also be unrepresentative of the target sample as the control participants were from the general population rather than participants for which a suspicion of autism had already been raised. The case-control design also meant that more clinical data was available when the test results were interpreted then would be when the test is used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: Self-report 50-item AQ questionnaire was sent out by mail. The cut-off point was not pre-specified but determined post-hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard	

results.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: All subjects in the autistic group had been diagnosed by psychiatrists using DSM-IV criteria. Diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Only participants who returned the AQ mail questionnaire were included. There was a 59% return rate across autistic and control cases,	

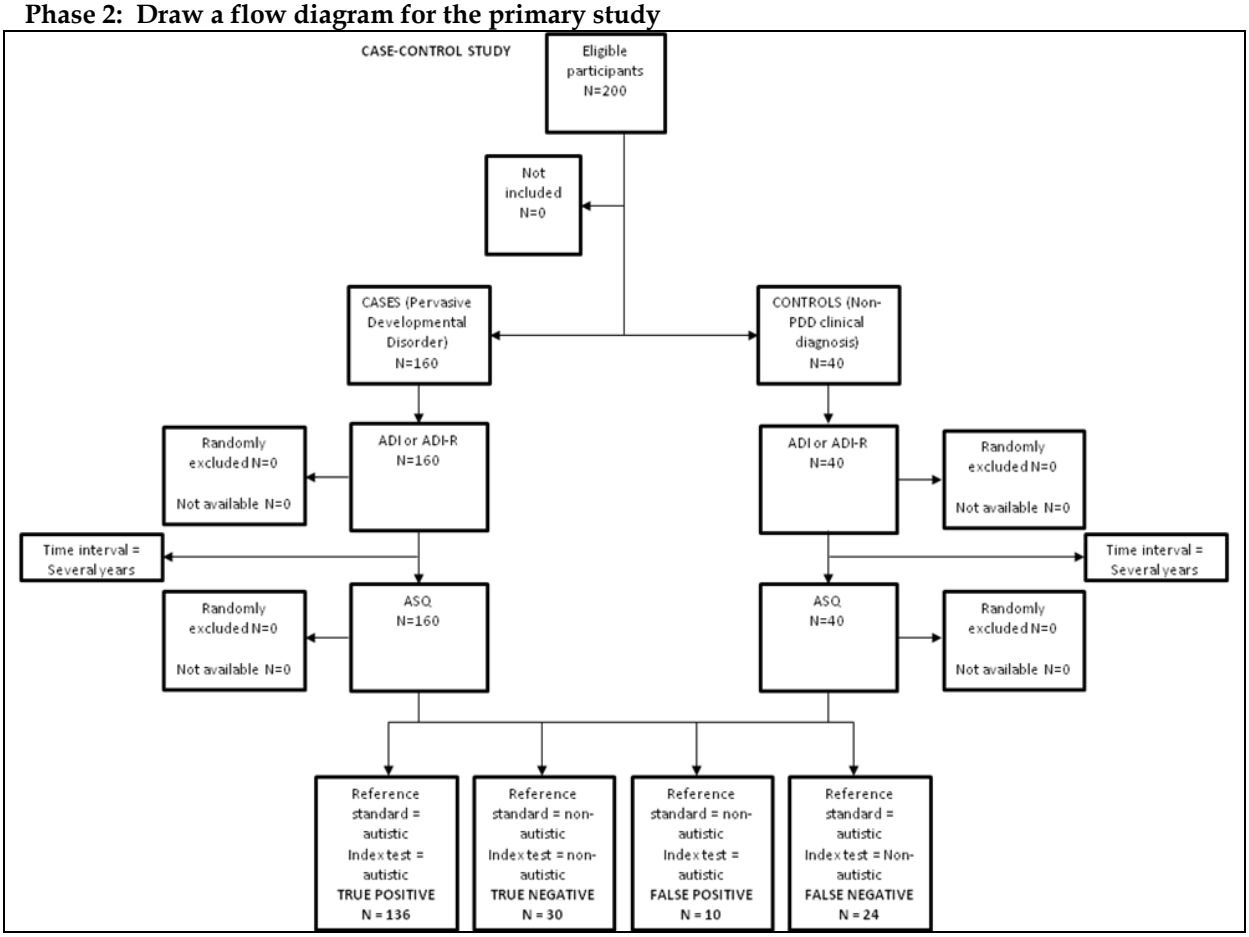
resulting in 331 eligible cases which were not included, and 232 eligible cases which were included. Only autistic cases received the reference standard, and the same reference standard was not received by all autistic cases as different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between index test and reference standard are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BERUMENT1999

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The ADI and ADI-R is a diagnostic parental interview. However, it is not considered as a gold standard.	
Is the reference standard likely to correctly classify the target condition?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper there were no participants excluded from the study. *Describe the time interval and any interventions between index test(s) and reference standard:* The paper does not report precise time intervals or any interventions between index test and reference standard. However, an estimate of several years is reported.	

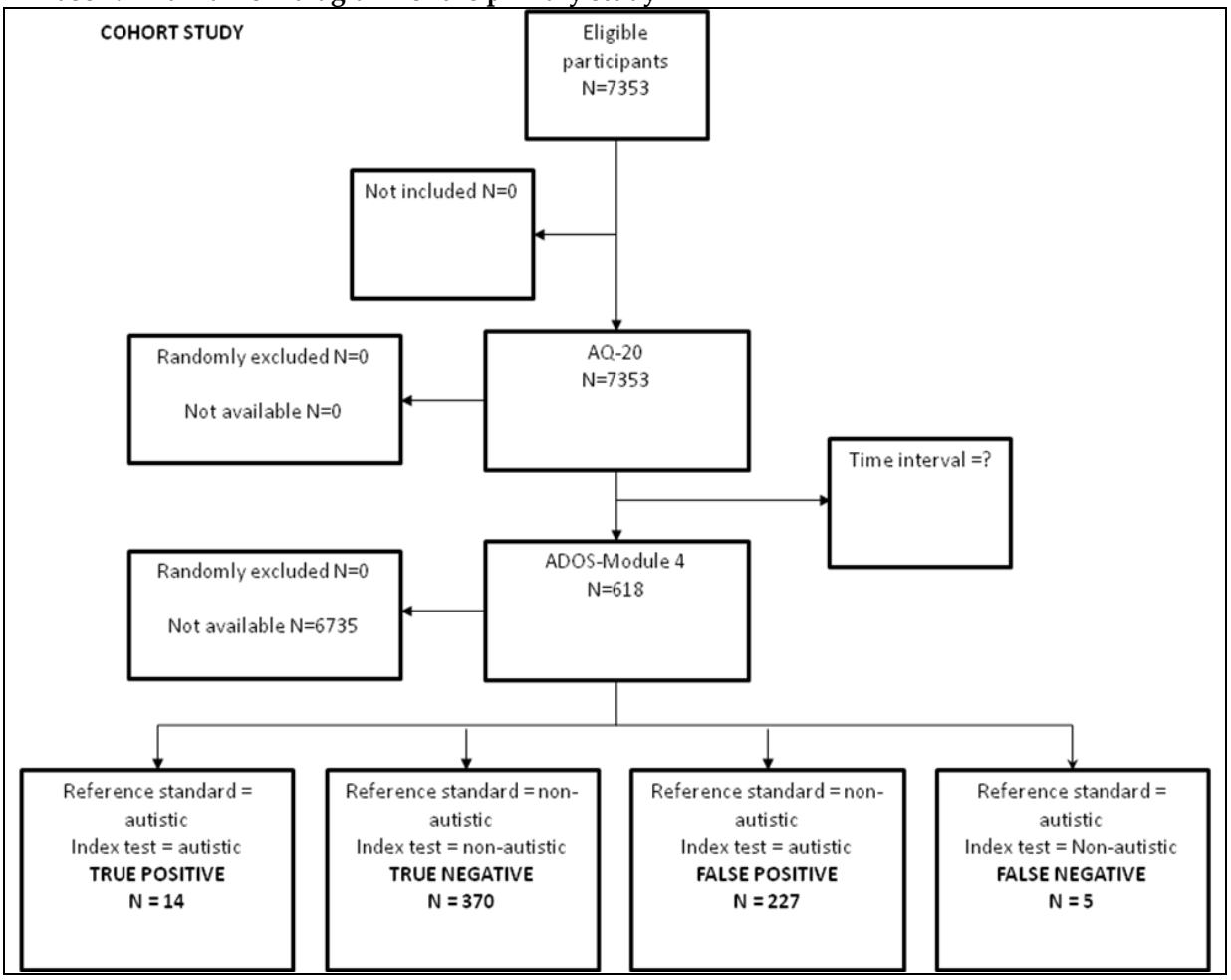
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

BRUGHA2012

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Phase 1 data (AQ-20) were obtained from a random probability sample of the general population, phase 2 (AQ-20 + ADOS-4) were selected based on high levels of psychosis probability, ASD probability, borderline personality disorder probability and antisocial personality disorder probability.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ>70	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: Self-reported postal questionnaire so cannot be administered to adults with autism with learning disabilities. The threshold used was not pre-specified.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes

If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the ADOS-4 conducted by research psychologists. The ADOS-4 is not the gold standard for diagnosis and the reference standard results were not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Results appear to be missing for 2 participants in phase 2 as the flow diagram reports N=618, the text states N=617 and the true positive, false positive, true negative and false negative figures equal N=616. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard were not	

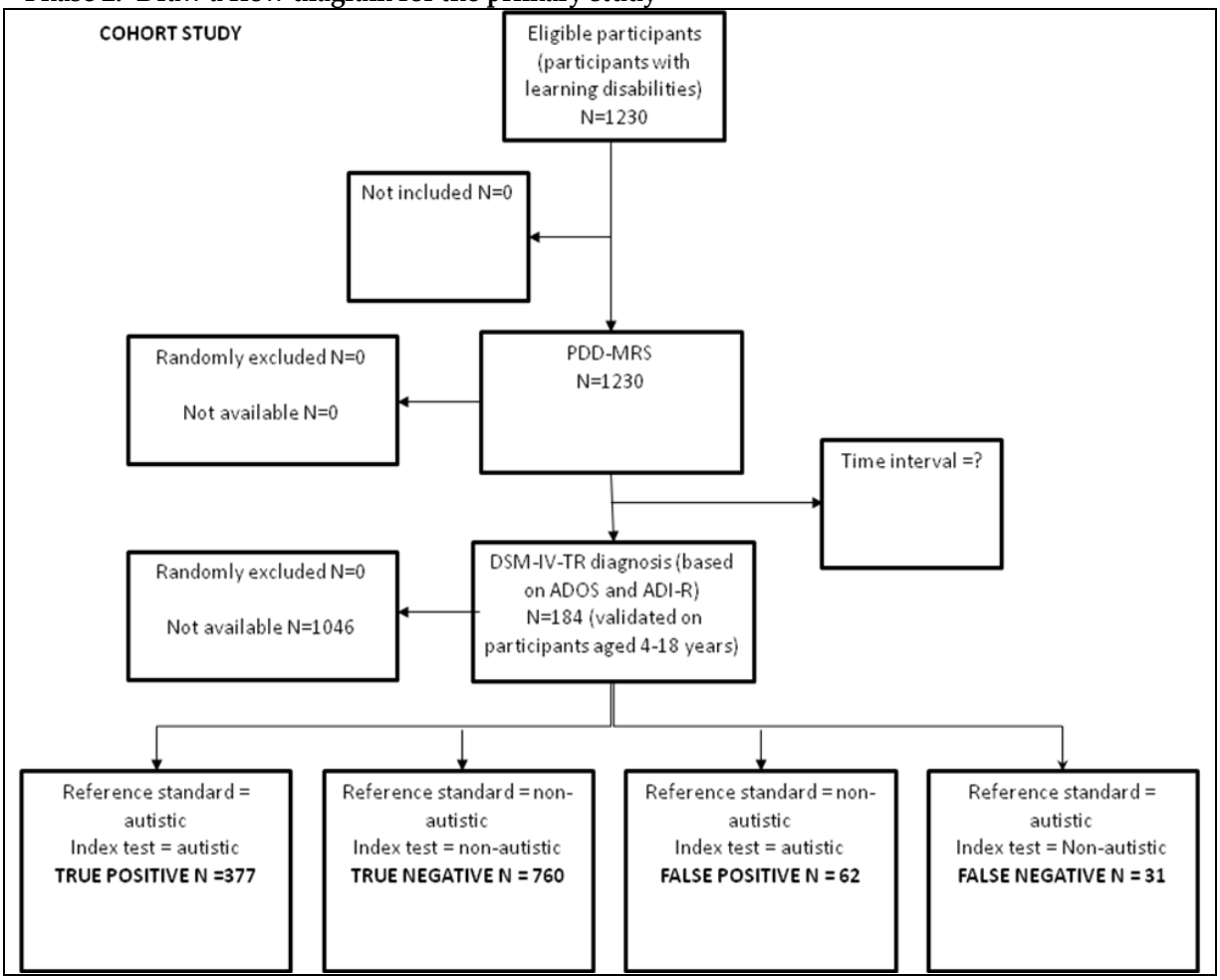
reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

KRAIJER2005

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

reference standard?	
If a threshold was used, was it pre-specified?	Unclear
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the DSM-IV-TR diagnosis made by experts on the basis of the ADOS videotape and the (unscored) results of the ADI-R.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): The reference standard was only verified on a sub-sample of 184 participants aged 4-18 years. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard is not reported.	

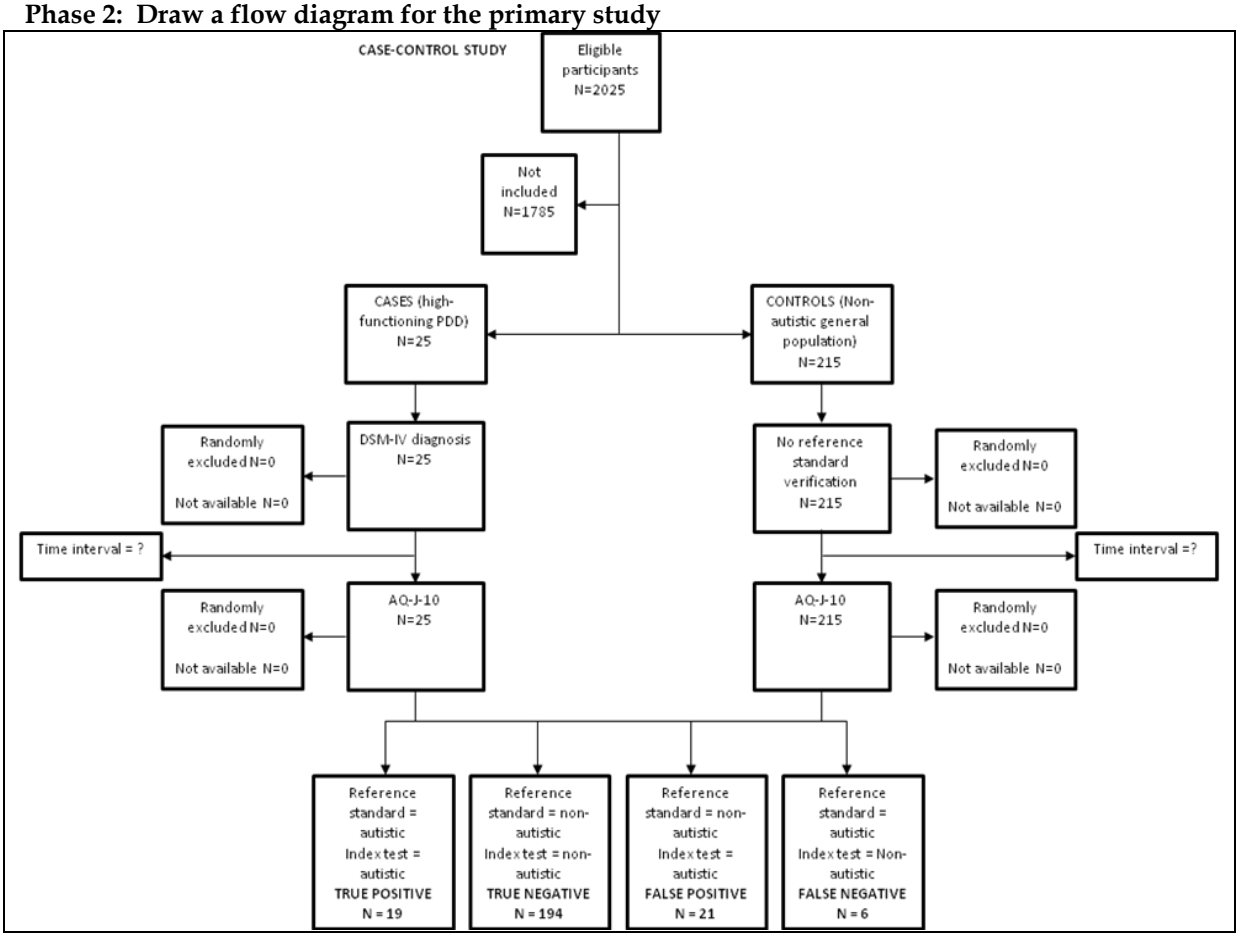
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

KURITA2005

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Autistic cases were outpatients at the Child Guidance Clinic in Tokyo (a leading clinic for developmental disorders). Controls were those who responded to a postal mental health survey which was sent out to 2000 people in their 20s and 30s who were selected by a stratified two-stage random sampling based on residential registers in 100 sites from all over Japan.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ>70 so not clear that the spectrum of participants was representative of the patients who will receive the test in practice. The control group may also be unrepresentative of the target sample as the control participants were from the general population rather than participants for which a suspicion of autism had already been raised. The case-control design also meant that more clinical data was available when the test results were interpreted then would be when the test is used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The AQ-J was a Japanese	

translation of the AQ-50. Based on AQ-J-50 data, short forms were obtained, e.g. AQ-J-21 and AQ-J-10. The AQ-J was self-reported. The cut-off point was not pre-specified but determined post-hoc as the cut-off that best balanced sensitivity and specificity. The case-control design also meant that index test results were interpreted with knowledge of the reference standard results.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was DSM-IV diagnosis of autism. At the clinic, a clinical team consisting of experienced clinicians (a child psychiatrist, pediatric neurologist, psychologist, and social worker) made diagnoses.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**

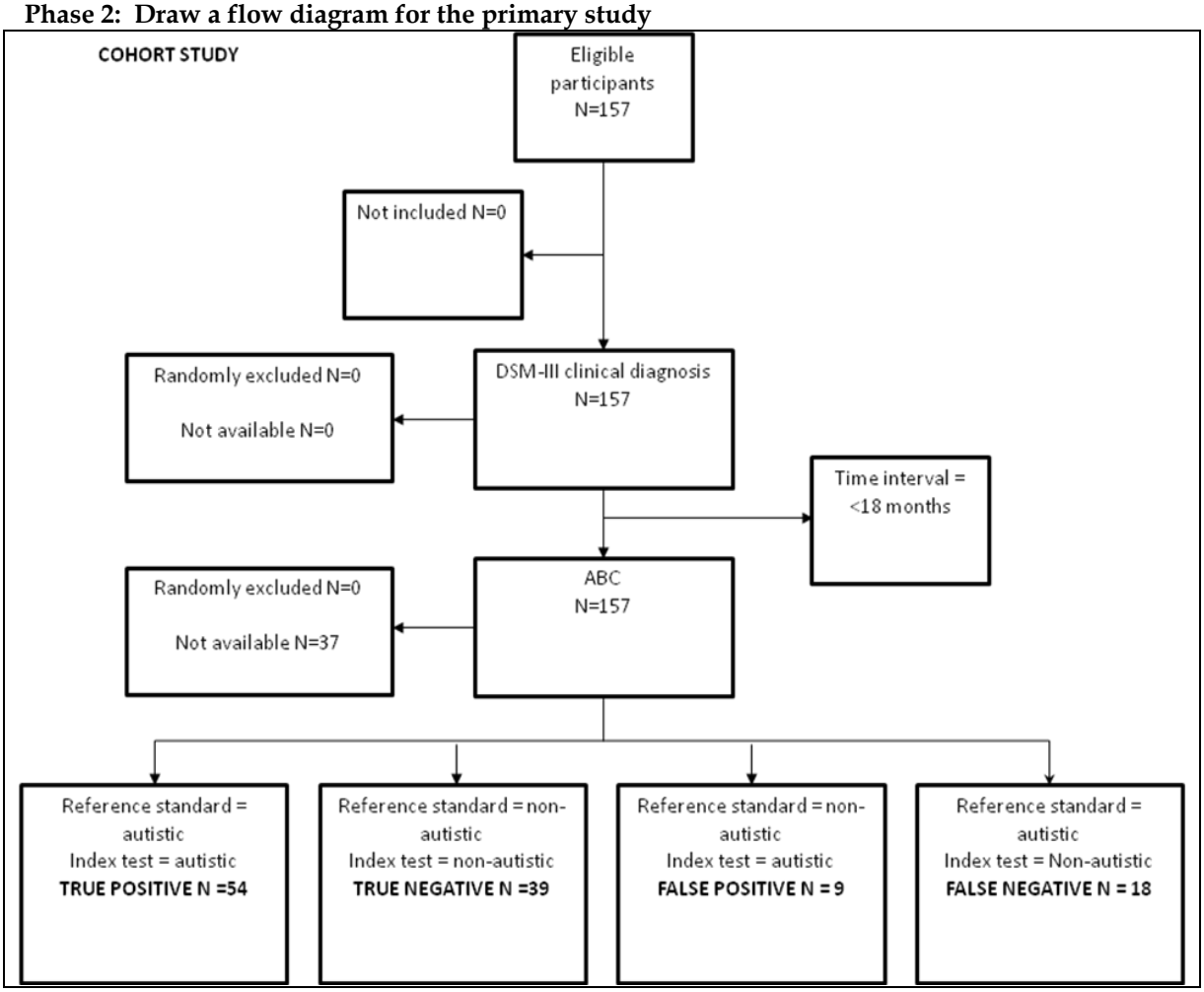
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Only control participants who returned the AQ-J mail questionnaire were included. There was an 11% response rate for intact data, resulting in 1785 eligible cases which were not included, and 215 eligible cases which were included. The reference standard was not verified in the control group. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the index test and reference standard are not reported	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

VOLKMAR1998

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical diagnoses were established using DSM-III criteria prior to scoring and analysis of ABC data. Diagnoses were assigned by experienced clinicians on the basis of clinical assessment and the analysis of available information other than the ABC.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Participants with intermediate ABC scores (N=37) were classified as 'questionable' and were excluded from the sensitivity and specificity analysis.	

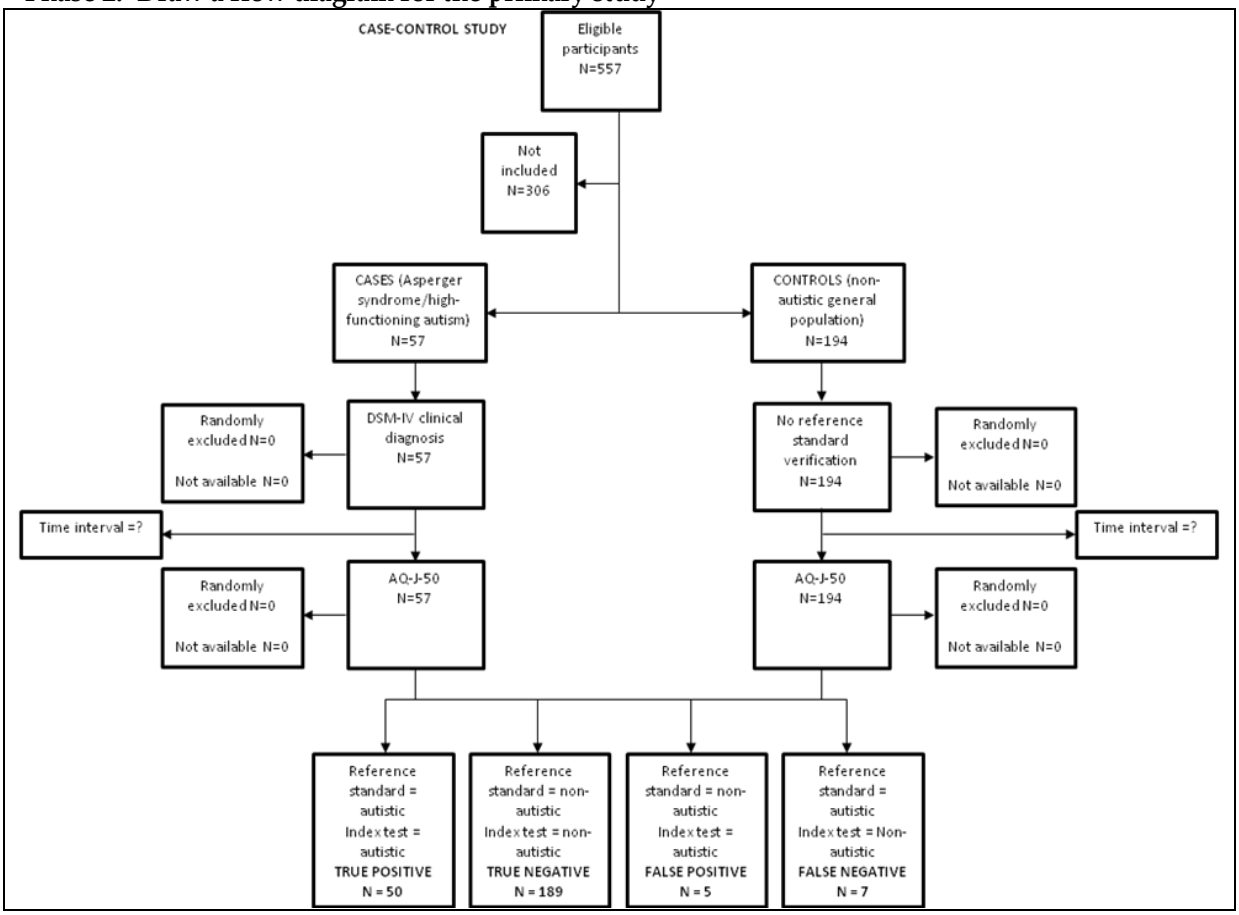
Describe the time interval and any interventions between index test(s) and reference standard: The exact time interval and any interventions between reference standard and index test are not reported. However, data was collected over a period of 18 months.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

WAKABAYASHI2006

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Autistic cases were recruited via several sources, including the Japanese Autistic Society, specialist clinics carrying out diagnostic assessment, and some self-help groups. General population controls were recruited through companies that were willing to participate to cooperate in the study. The AQ was sent to 500 employees randomly and those who returned the postal questionnaire were included.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
*Describe included patients (prior testing, presentation, intended use of index test and setting)***:** All participants had IQ>70 so not clear that the spectrum of participants was representative of the patients who will receive the test in practice. The control group may also be unrepresentative of the target sample as the control participants were from the general population rather than participants for which a suspicion of autism had already been raised. The case-control design also meant that more clinical data was available when the test results were interpreted then would be when the test is used in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The index test was theAQ-50 translated into Japanese. The test is self-report. The index test results were not interpreted	

blind to the reference standard results. The threshold used was also not pre-specified.	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: All of the autistic cases had been diagnosed by psychiatrists or psychologists using DSM-IV criteria for autism or Asperger syndrome. The diagnosis for most of the autistic cases was confirmed by checking the clinical reports, or in some cases from parental report. However, diagnosis was not validated by the research team and only available data on diagnosis was utilised.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	

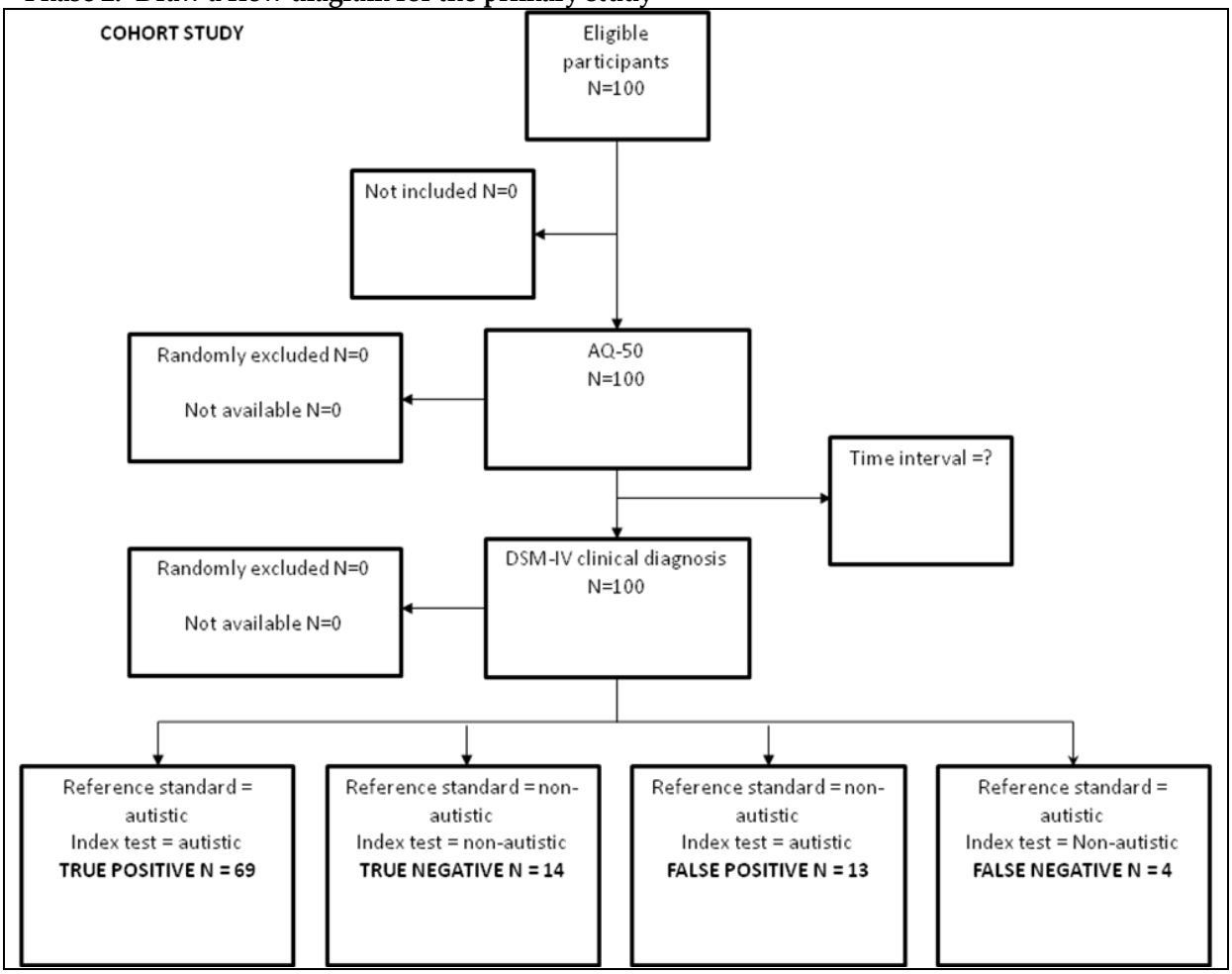
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Only the autistic cases received the reference standard, and the same reference standard was not received by all autistic cases as different clinicians performed the diagnosis. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the reference standard and the index test are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

WOODBURYSMITH2005

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



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DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: The sample consisted of the first 100 patients evaluated in the Cambridge Lifespan Asperger Syndrome Service (CLASS). This is a diagnostic clinic for adults, aged 18 years and over, suspected of having Asperger Syndrome or high functioning autism. Referrals are accepted from all health professionals, with most referrals being from general practitioners.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): All participants had IQ>70 so not clear that the spectrum of participants was representative of the patients who will receive the test in practice.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The index test was the AQ50 which is a self-completed 50-item questionnaire. The cut-off point was not pre-specified but determined post-hoc as the cut-off that best balanced sensitivity and specificity.	
Were the index test results interpreted without knowledge of the results of the	Yes

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: All patients were interviewed by two clinicians and with an informant. At the end of the clinical interview, both clinicians independently rated the patient according to the DSM-IV diagnostic criteria for Asperger Syndrome. It is not clear that the reference standard results were not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all 100 consecutive referrals received both the index test and reference standard	

Describe the time interval and any interventions between index test(s) and reference standard: The time interval and any interventions between the index test and the reference standard are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

1.3 ASSESSMENT INSTRUMENTS

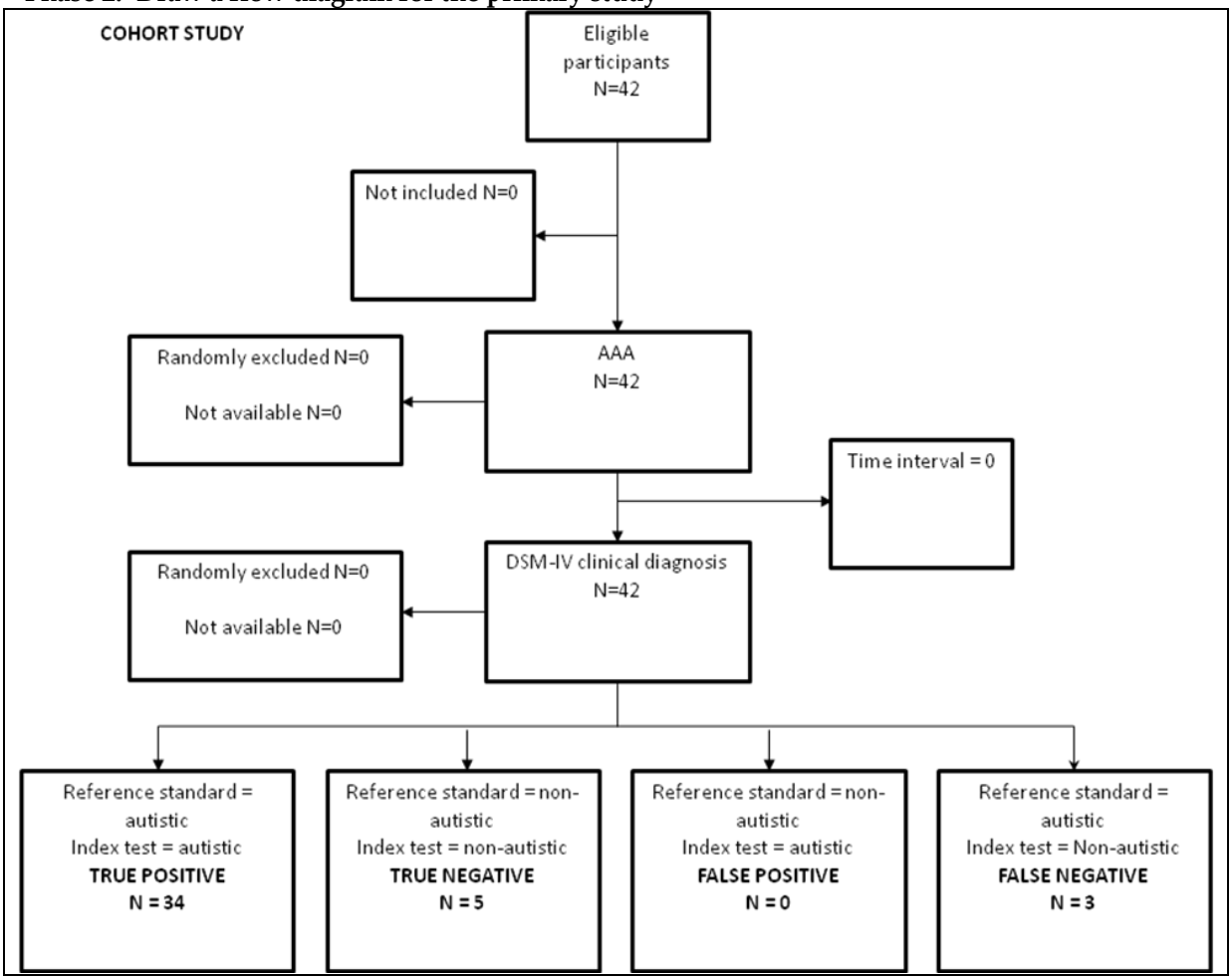
1.3.1 Studies of diagnostic test accuracy

BARONCOHEN2005

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection:	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
*Describe included patients (prior testing, presentation, intended use of index test and setting)***:** All participants had IQ>70	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The AQ and EQ were self-report questionnaires sent by post in advance and the AAA consisted of interpretation of the AQ and EQ and clinical interview. The AAA was administered by a team comprising wither a consultant clinical psychologist or consultant psychiatrist and a clinical psychologist in the team. Two professionals were involved in every assessment and each patient was accompanied by at least one parent as an informant. The team of two clinicians filled in the AAA independently. The same clinicians performed the index test and reference standard. The index test can only be administered to individuals with autism without learning disability	
Were the index test results interpreted without knowledge of the results of the reference standard?	No
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the DSM-IV clinical diagnosis of Asperger syndrome or high-functioning autism. The same clinicians performed the index test and reference standard.	
Is the reference standard likely to correctly	Yes

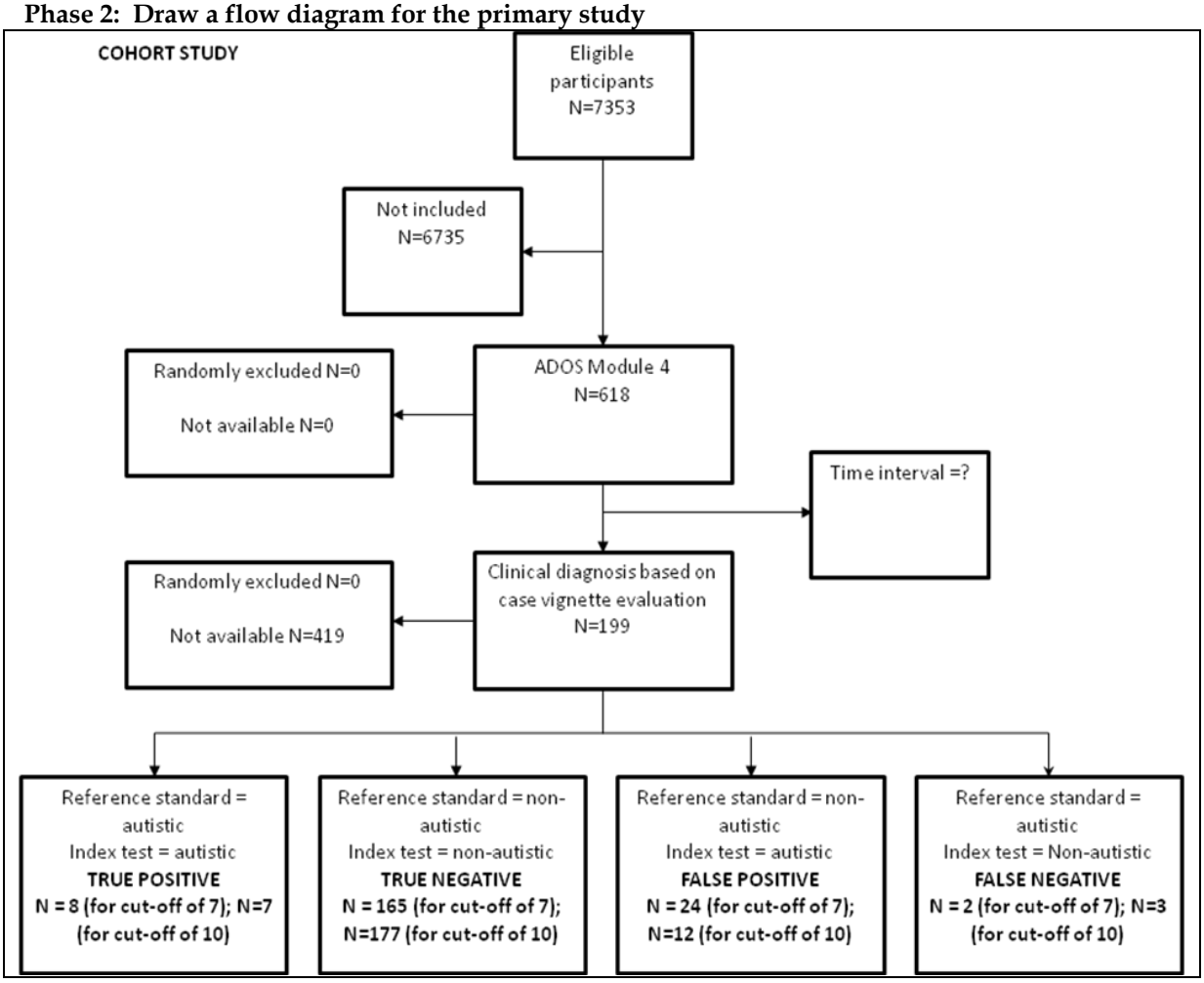
classify the target condition?	
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis *Describe the time interval and any interventions between index test(s) and reference standard:* The indes test and reference standard were performed at the same time	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

BRUGHA2012

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was clinical diagnosis based on case vignette evaluation. Each vignette included a full report of the ADOS-4, together with AQ-20 scores, relevant information on sociodemographics, social functioning, adverse life experiences, scores on the SCID-II, Adult ADHD Screen (ASRS), and the Clinical Interview Schedule Revised (CIS-R). Case vignette evaluation is not the gold standard for clinical diagnosis. The reference standard was also not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: HIGH**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Of 400 case vignette reviews and 618 ADOS tests data were only available on both tests for 199 participants. *Describe the time interval and any interventions between index test(s) and reference standard:* The	

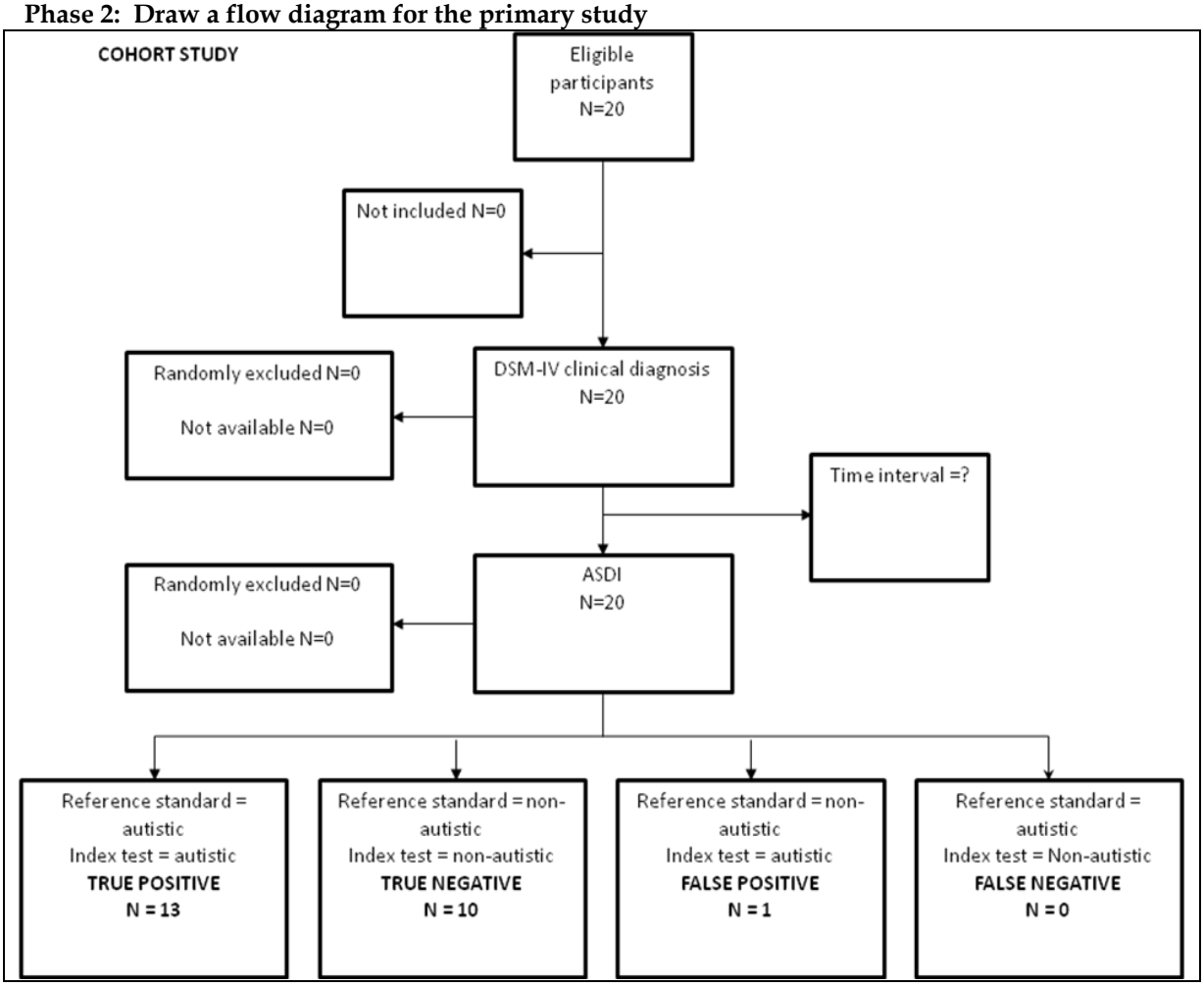
time interval and any interventions between index test and reference standard are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

GILLBERG2001

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: All those with a psychiatric diagnosis had been examined by at least two independent neuropsychiatrists or by a neuropsychiatrist and a neuropsychologist with special expertise in the field of autism. Cases with Asperger syndrome were only accepted into the study if both experts had arrived at independent diagnosis of that disorder.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis.	

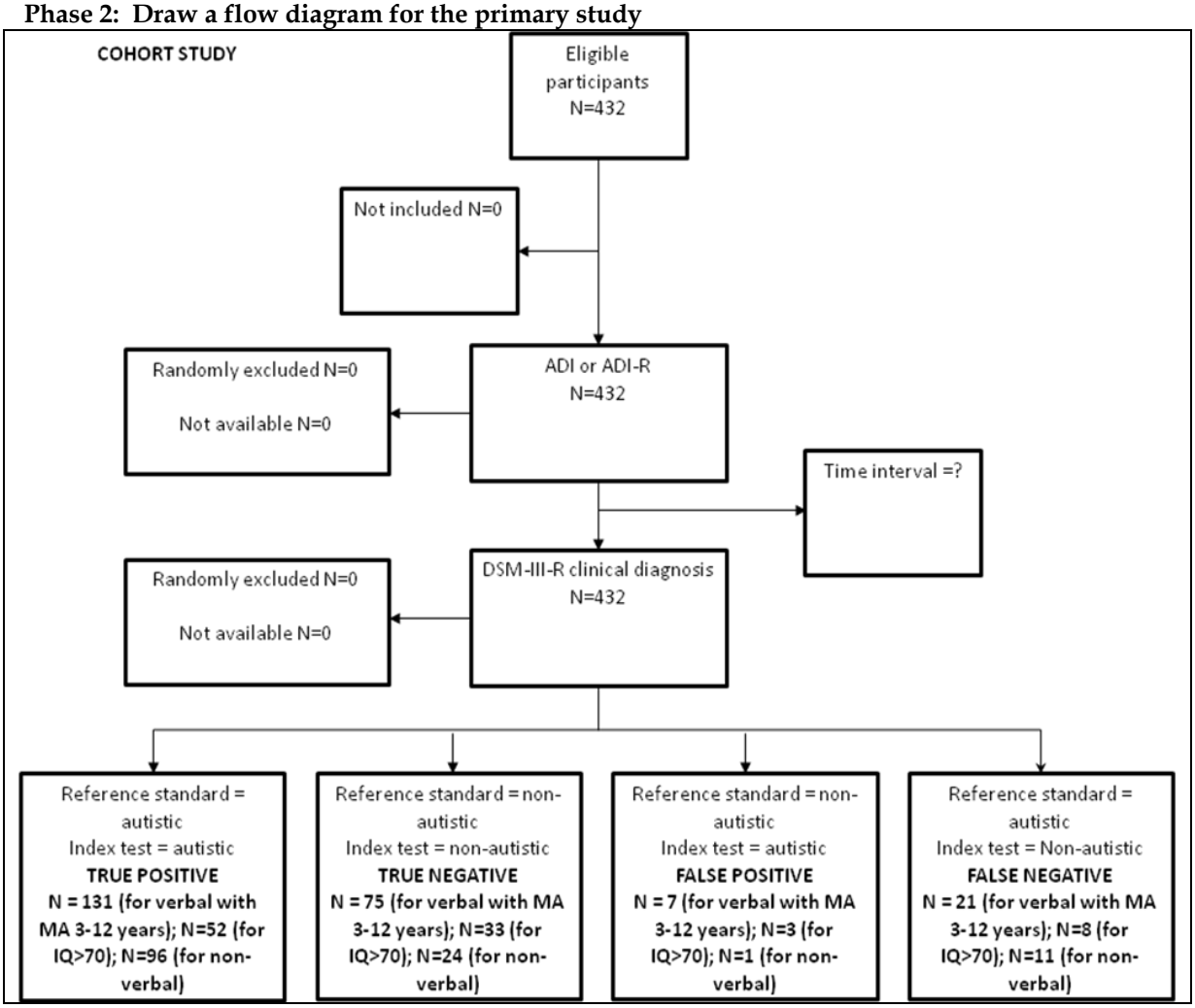
Describe the time interval and any interventions between index test(s) and reference standard: The time interval and any interventions between index test and reference standard are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Unclear
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

LORD1997

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of Bias**	
Describe methods of patient selection: Eight sites contributed data on 432 children and adults for whom satisfactory scores were available from either the ADI or ADI-R. Participant enrolment was not consistently consecutive or random across the eight sites.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting)**:** Sample included children and adults	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of Bias**	
Describe the index test and how it was conducted and interpreted: The ADI and ADI-R are standardized investigator-based interviews intended for use in the differential diagnosis of PDD. At each site, the interview was administered by a trained clinician.	
Were the index test results interpreted	Yes

without knowledge of the results of the reference standard?	
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical diagnoses were made at each site on the basis of observation and access to all available information. Consensus diagnosis was reached between two experienced clinicians. The reference standard was not interpreted blind to the index test results.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis	

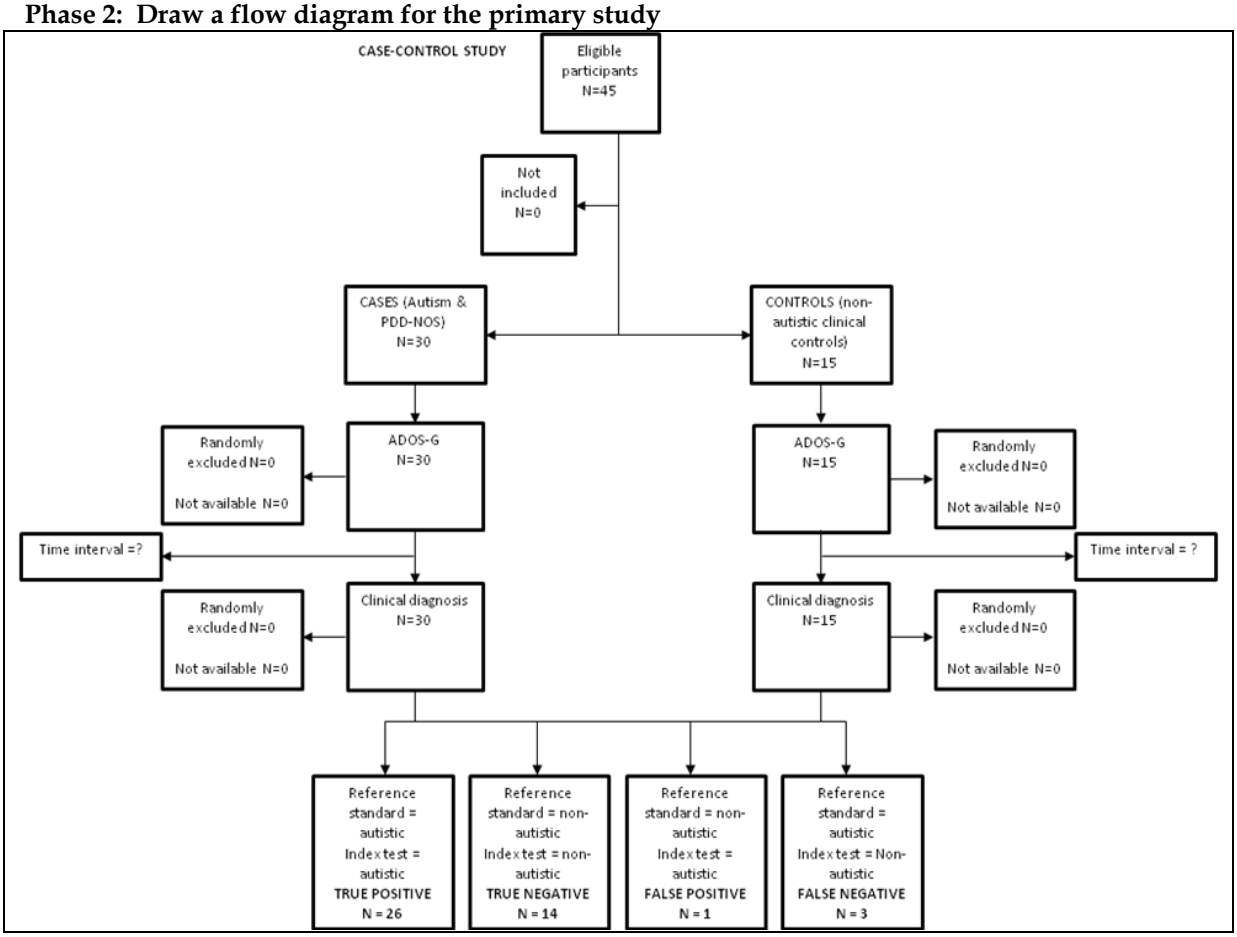
Describe the time interval and any interventions between index test(s) and reference standard: The time interval and any interventions between the index test and reference standard are not reported. All participants did not receive the same reference standard as clinical diagnosis was performed by different clinicians across different sites.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	No
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

LORD2000

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Consensus clinical diagnosis was assigned based on clinical impressions of a clinical psychologist and a child psychiatrist who each interviewed the parents and observed the child separately. The clinicians had access to history, results of a physical examination, and scores on the ADI-R. The reference standard and index test was conducted at the same time and thus results were not interpreted blindly.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): One participant is missing from the data table on which sensitivity and specificity estimates are based.	

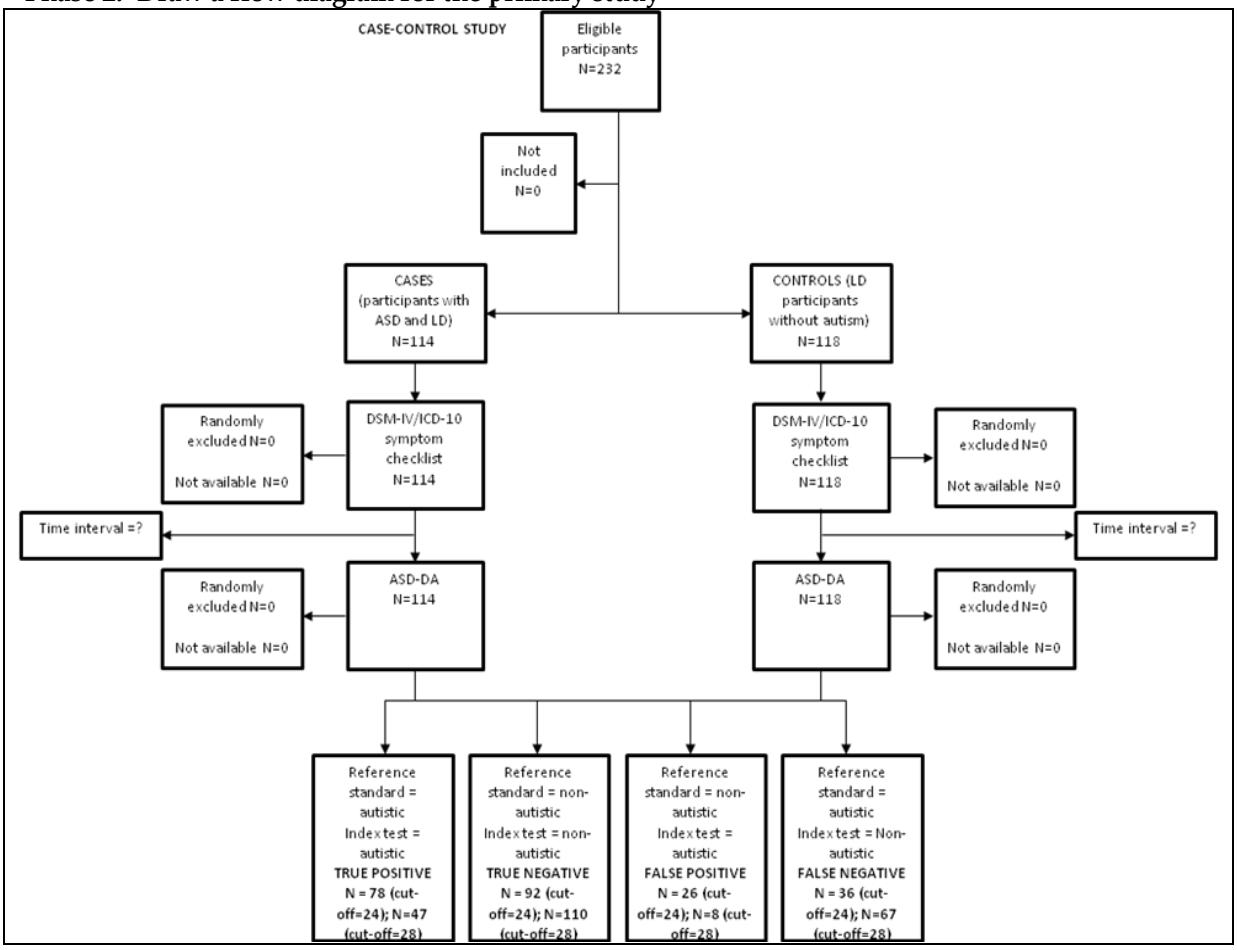
Describe the time interval and any interventions between index test(s) and reference standard: The reference standard and index test were conducted at the same time.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: LOW**

MATSON2007A

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Clinical psychology doctoral students rated participants based on item endorsements of the DSM-IV /ICD-10 checklist by direct care staff. DSM-IV/ICD-10 diagnosis was not performed by experienced healthcare professionals.	
Is the reference standard likely to correctly classify the target condition?	No
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis.	

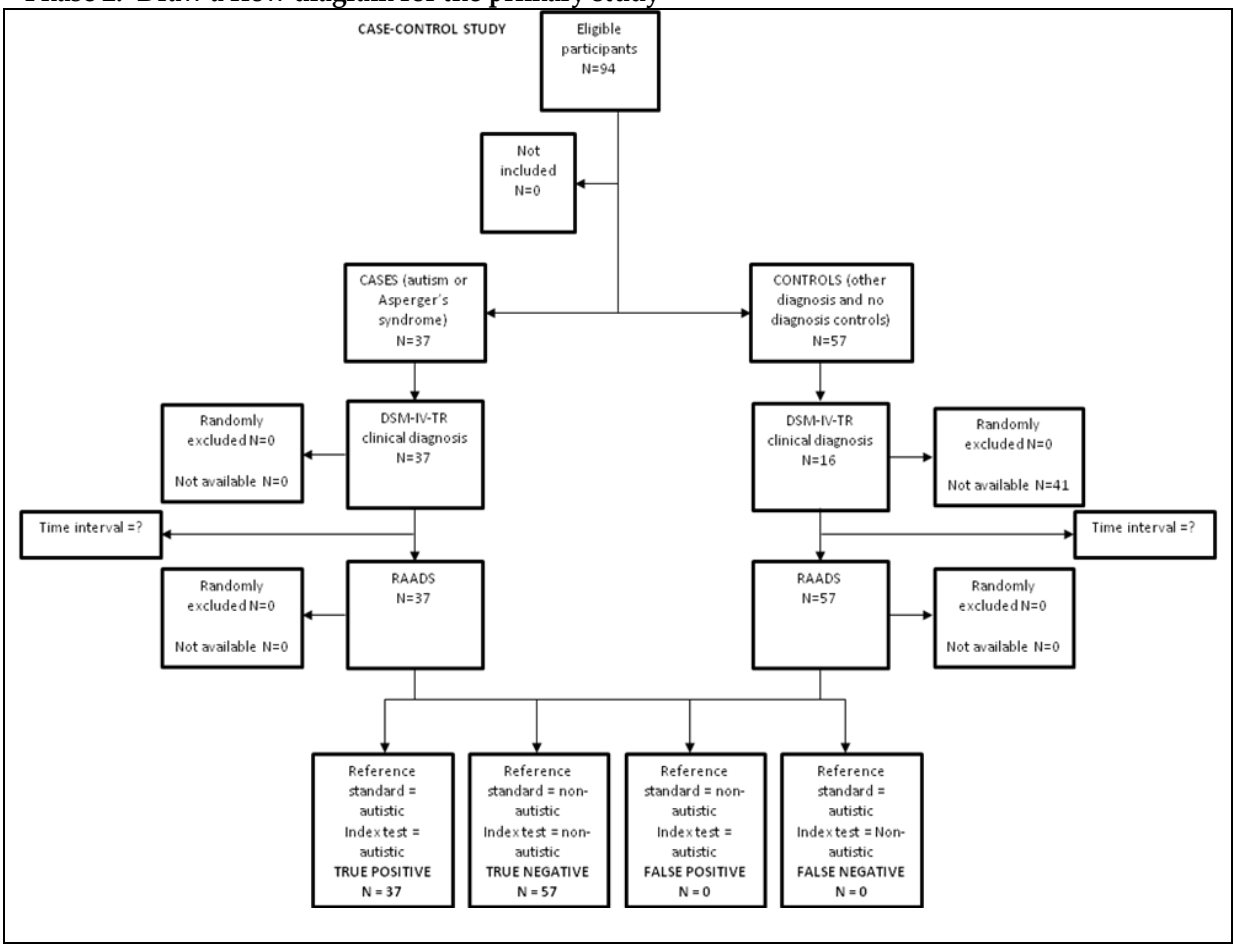
Describe the time interval and any interventions between index test(s) and reference standard: The time interval and any interventions between reference standard and index test are not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

RITVO2008

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Two independent psychiatrists diagnosed cases using DSM-IV-TR criteria for Asperger's Disorder or autism. Evaluations consisted of reviewing prior medical records when available, obtaining a developmental history, conducting an interview, and a mental status examination.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis. However, control participants with no diagnosis (N=41) did not receive verification with the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval and any interventions between the reference standard and index test were not	

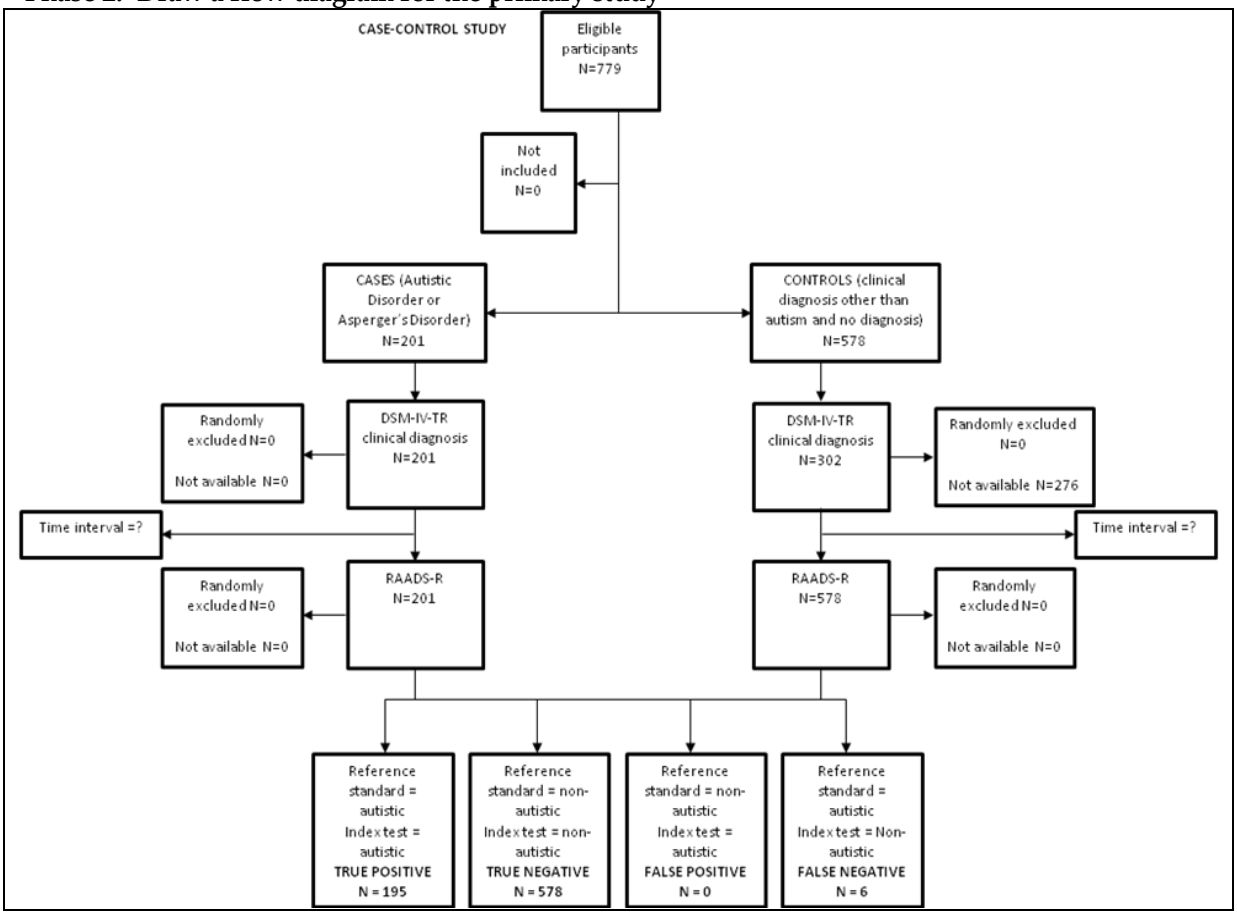
reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: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

RITVO2011

Phase 1: State the review question:

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

Phase 2: Draw a flow diagram for the primary study



Phase 3: Risk of bias and applicability judgments

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

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

reference standard?	
If a threshold was used, was it pre-specified?	No
Could the conduct or interpretation of the index test have introduced bias?	**RISK: HIGH**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of Bias**	
Describe the reference standard and how it was conducted and interpreted: Reference standard was a clinical diagnosis of autism according to DSM-IV-TR criteria. A clinician interviewed each participant to confirm diagnostic information and IQ data.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of Bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): According to the paper all participants were included in the analysis. However, control participants with no diagnosis (N=276) did not receive verification with the reference standard.	

Describe the time interval and any interventions between index test(s) and reference standard: The time interval and any interventions between the reference standard and index test were not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

1.4 PSYCHOSOCIAL INTERVENTIONS

1.4.1 Randomised controlled trials

Study ID		**BOTSFORD2004**
Bibliographic reference: Botsford, A.L. & Rule, D. (2004) Evaluation of a group intervention to assist aging parents with permanency planning for an adult offspring with special needs. *Social Work, 49*, 423-431.		
Guideline topic: Adults with autism		**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Unclear

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

Study ID		GARCIAVILLAMISAR2010
Bibliographic reference: García-Villamsiar, D.A. & Dattilo, J. (2010) Effects of a leisure programme on quality of life and stress of individuals with ASD. *Journal of Intellectual Disability Research, 54*, 611-619.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

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

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

Study ID		GARCIAVILLAMISAR2011
Bibliographic reference: García-Villamisar, D. & Dattilo, J. (2011) Social and clinical effects of a leisure program on adults with autism spectrum disorder. *Research in Autism Spectrum Disorders, 5*, 246-253.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes

A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		GOLAN2006
Bibliographic reference: Golan, O. & Baron-Cohen, S. (2006) Systemizing empathy: teaching adults with Asperger syndrome or high-functioning autism to recognize complex emotions using interactive multimedia. *Development and Psychopathology, 18*, 591-617.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

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

Study ID		KHEMKA2000
Bibliographic reference: Khemka, I. (2000) Increasing independent decision-making skills of women with mental retardation in simulated interpersonal situations of abuse. *American Journal on Mental Retardation, 105*, 387-401.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

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

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

Study ID		KHEMKA2005
Bibliographic reference: Khemka, I., Hickson, L. & Reynolds, G. (2005) Evaluation of a decision-making curriculum designed to empower women with mental retardation to resist abuse. *American Journal of Mental Retardation, 110*, 193-204.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear

A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID	LAUGESON2009
Bibliographic reference: Laugeson, E.A., Frankel, F., Mogil, C., *et al*. (2009) Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *Journal of Autism & Developmental Disorders, 39*, 596-606.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
High risk of bias
Likely direction of effect: Effect size bigger

Study ID		LEE1977
Bibliographic reference: Lee, D.Y. (1977) Evaluation of a group counseling program designed to enhance social adjustment of mentally retarded adults. *Journal of Counseling Psychology, 24*, 318-323.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	No

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
High risk of bias
Likely direction of effect: Unknown

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

Study ID	MATSON1981
Bibliographic reference: Matson, J.L., DiLorenzo, T.M. & Esveldt-Dawson, K. (1981) Independence training as a method of enhancing self-help skills acquisition of the mentally retarded. *Behaviour Research and Therapy, 19*, 399-405.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
High risk of bias
Likely direction of effect: Effect size bigger

1.4.2 Observational studies (cohort studies)

Study reference		ELLIOTT1991
Bibliographic reference: Elliott, R.O. Jr., Hall, K.L. & Soper, H.V. (1991) Analog language teaching versus natural language teaching: generalization and retention of language learning for adults with autism and mental retardation. *Journal of Autism and Developmental Disorders, 21*, 433-447.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

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

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

Study reference	ERGUNERTEKINALP2004
Bibliographic reference: Ergüner-Tekinalp, B. & Akkök, F. (2004) The effects of a coping skills training program on the coping skills, hopelessness, and stress levels of mothers of children with autism. *International Journal for the Advancement of Counselling, 26*, 257-269.	
Guideline topic: Adults with autism	**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference	GARCIAVILLAMISAR2000
Bibliographic reference: García-Villamisar, D., Ross, D. & Wehman, P. (2000) Clinical differential analysis of persons with autism in a work setting: a follow-up study. *Journal of Vocational Rehabilitation, 14*, 183-185.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	

A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes

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

C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference	GARCIAVILLAMISAR2002
Bibliographic reference: García-Villamisar, D., Wehman, P. & Diaz Navarro, M. (2002) Changes in the quality of autistic people's life that work in supported and sheltered employment. a 5-year follow-up study. *Journal of Vocational Rehabilitation, 17*, 309-312.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

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

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

Study reference	GARCIAVILLAMISAR2007
Bibliographic reference: García-Villamisar, D. & Hughes, C. (2007) Supported employment improves cognitive performance in adults with autism. *Journal of Intellectual Disability Research, 51*, 142-150.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	
A1 The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear

C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

Study reference	HARRIS1984
Bibliographic reference: Harris, M.B. & Bloom, S.R. (1984) A pilot investigation of a behavioral weight control program with mentally retarded adolescents and adults: effects on weight, fitness, and knowledge of nutritional and behavioral principles. *Rehabilitation Psychology, 29*, 177-182.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

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

Study reference	LINDSAY2004
Bibliographic reference: Lindsay, W.R., Allan, R., Parry, C., *et al*. (2004) Anger and aggression in people with intellectual disabilities: treatment and follow-up of consecutive referrals and a waiting list comparison. *Clinical Psychology and Psychotherapy, 11*, 255-264.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

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

Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

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

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

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

Study reference	ROSE2005
Bibliographic reference: Rose, J., Loftus, M., Flint, B., *et al*. (2005) Factors associated with the efficacy of a group intervention for anger in people with intellectual disabilities. *British Journal of Clinical Psychology, 44*, 305-317.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	
A1 The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference	RUSSELL2009
Bibliographic reference: Russell, A.J., Mataix-Cols, D., Anson, M.A.W., *et al*. (2009) Psychological treatment for obsessive-compulsive disorder in people with autism spectrum disorders - a pilot study. *Psychotherapy and Psychosomatics, 78*, 59-61.	
Guideline topic: Adults with autism	**Review question number:** C1 & C6
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No

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

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

Study reference	TAYLOR2005
Bibliographic reference: Taylor, J.L., Novaco, R.W., Gillmer, B.T., *et al*. (2005) Individual cognitive-behavioural anger treatment for people with mild-borderline intellectual disabilities and histories of aggression: a controlled trial. *British Journal of Clinical Psychology, 44*, 367-382.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.4.3 Observational studies (before-and-after studies)

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

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	BENSON1986
Bibliographic reference: Benson, B.A., Rice, C.J. & Miranti, S.V. (1986) Effects of anger management training with mentally retarded adults in group treatment. *Journal of Consulting and Clinical Psychology, 54*, 728-729.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

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

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

Study reference	HERBRECHT2009
Bibliographic reference: Herbrecht, E., Poustka, F., Birnkammer, S., *et al*. (2009) Pilot evaluation of the frankfurt social skills training for children and adolescents with autism spectrum disorder. *European Child and Adolescent Psychiatry, 18*, 327-335.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	
A1 The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA

C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

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

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

Study reference	HOWLIN1999
Bibliographic reference: Howlin, P. & Yates, P. (1999) The potential effectiveness of social skills groups for adults with autism. *Autism, 3*, 299-307.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

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

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

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference	KING1999
Bibliographic reference: King, N., Lancaster, N., Wynne, G., *et al*. (1999) Cognitive-behavioural anger management training for adults with mild intellectual disability. *Scandinavian Journal of Behaviour Therapy, 28*, 19-22.	
Guideline topic: Adults with autism	**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA

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

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

Study reference	MYLES1996A
Bibliographic reference: Myles, B.S., Simpson, R.L. & Smith, S.M. (1996) Collateral behavioral and social effects of using facilitated communication with individuals with autism. *Focus on Autism and Other Developmental Disabilities, 11*, 163-169.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA

C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
High risk of bias
Likely direction of effect: Unclear

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

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

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

Study reference	TSE2007
Bibliographic reference: Tse, J., Strulovitch, J., Tagalakis, V., *et al*. (2007) Social skills training for adolescents with Asperger syndrome and high-functioning autism. *Journal of Autism and Developmental Disorders, 37*, 1960–1968.	
Guideline topic: Adults with autism	**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study reference		WEBB2004
Bibliographic reference: Webb, B.J., Miller, S.P., Pierce, T.B., *et al*. (2004) Effects of social skill instruction for high-functioning adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 19*, 53-62.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA

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

C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.5 BIOMEDICAL INTERVENTIONS

1.5.1 Randomised controlled trials

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

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

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

Study ID	BUITELAAR1992
Bibliographic reference: Buitelaar, J.K., van Engeland, H., de Kogel, K., *et al*. (1992) The adrenocorticotrophic hormone (4-9) analog ORG 2766 benefits autistic children: Report on a second controlled clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 1149-1156.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes

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

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID	BUITELAAR1996
Bibliographic reference: Buitelaar, J.K., Dekker, M.E.M., van Ree, J.M., *et al*. (1996) A controlled trial with ORG 2766, an ACTH-(4-9) analog, in 50 relatively able children with autism. *European Neuropsychopharmacology, 6*, 13-19.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

Study ID	CHEZ2002
Bibliographic reference: Chez, M.G., Buchanan, C.P., Aimonovitch, M.C., *et al*. (2002) Micronutrients versus standard medication management in autism: a naturalistic case-control study. *Journal of Child and Adolescent Psychopharmacology, 17*, 833-837.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 6; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 6; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

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

Study ID	DUNNGEIER2000
Bibliographic reference: Dunn-Geier, J., Ho, H.H., Auersperg, E., *et al*. (2000) Effect of secretin on children with autism: a randomized controlled trial. *Developmental Medicine and Child Neurology, 42*, 796-802.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes

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

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID	GAGIANO2005
Bibliographic reference: Gagiano, C., Read, S., Thorpe, L., *et al*. (2006) Short- and long-term efficacy and safety of risperidone in adults with disruptive behaviour disorders. *Psychopharmacology, 179*, 629-636.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

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

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Unclear/unknown risk
Likely direction of effect:

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

Study ID	HELLINGS2005
Bibliographic reference: Hellings, J.A., Weckbaugh, M., Nickel, E.J., *et al*. (2005) A double-blind, placebo-controlled study of valproate for aggression in youth with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 15*, 682-692.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

Study ID	HOLLANDER2010
Bibliographic reference: Hollander, E., Chaplin, W., Soorya, L., *et al*. (2010) Divalproex sodium vs placebo for the treatment of irritability in children and adolescents with autism spectrum disorders. *Neuropsychopharmacology, 35*, 990-998.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 14	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: Not clear; Control group N: Not clear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
High risk of bias
Likely direction of effect: Unknown

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

Study ID	JAHROMI2009
Bibliographic reference: Jahromi, L.B., Kasari, C.L., McCracken, J.T., *et al*. (2009) Positive effects of methylphenidate on social communication and self-regulation in children with pervasive developmental disorders and hyperactivity. *Journal of Autism and Developmental Disorders, 39*, 395-404.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

Study ID	KING2001
Bibliographic reference: King, B.H., Wright, D.M., Handen, B.L., *et al*. (2001) Double-blind, placebo-controlled study of amantadine hydrochloride in the treatment of children with autistic disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 658-665.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes

A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		KNIVSBERG2003
Bibliographic reference: Knivsberg, A-M., Reichelt, K-L., Høien, T., *et al*. (2003) Effect of dietary intervention on autistic behavior. *Focus on Autism and Other Developmental Disabilities, 18*, 247-256.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

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

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

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

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

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

Study ID	MCDOUGLE1996
Bibliographic reference: McDougle, C.J., Naylor, S.T., Cohen, D.J., *et al*. (1996) A double-blind, placebo-controlled study of fluvoxamine in adults with autistic disorder. *Archives of General Psychiatry, 53*, 1001-1008.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

Study ID	MCKENZIE1966	
Bibliographic reference: McKenzie, M.E. & Roswell-Harris, D. (1966) A controlled trial of Prothipendyl (Tolnate) inmentally subnormal patients. *British Journal of Psychiatry, 112*, 95-100.		
Guideline topic: Adults with autism	**Review question number:** C4	
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes

A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 1	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 1 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID	MUNASINGHE2010
Bibliographic reference: Munasinghe, S.A., Oliff, C., Finn, J., *et al*. (2010) Digestive enzyme supplementation for autism spectrum disorders: a double-blind randomized controlled trial. *Journal of Autism and Developmental Disorders, 40*, 1131-1138.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes

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

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

Study ID	POSEY2007
Bibliographic reference: Posey, D.J., Aman, M.G., McCracken, J.T., *et al*. (2007) Positive effects of methylphenidate on inattention and hyperactivity in pervasive developmental disorders: an analysis of secondary measures. *Biological Psychiatry, 61*, 538-544.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

Study ID	REMINGTON2001
Bibliographic reference: Remington, G., Sloman, L., Konstantareas, M., *et al*. (2001) Clomipramine versus haloperidol in the treatment of autistic disorder: a double-blind, placebo-controlled, crossover study. *Journal of Clinical Psychopharmacology, 21*, 440-444.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 20 (clomipramine); Control group N: 11	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 4	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

Study ID	SINGH1992
Bibliographic reference: Singh, I. & Owino, J. E. (1992) A double-blind comparison of zuclopenithixol tablets with placebo in the treatment of mentally handicapped in-patients with associated behavioural disorders. *Journal of Intellectual Disability Research, 36*, 541-549.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 12	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Risperidone=11; Haloperidol=6 Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

Study ID	VANDENBORRE1993
Bibliographic reference: Vanden Borre, R., Vermote, R., Buttiëns, M., *et al*. (1993) Risperidone as add-on therapy in behavioural disturbances in mental retardation: a double-blind placebo-controlled cross-over study. *Acta Psychiatrica Scandinavica, 87*, 167-171.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect:

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

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

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

1.5.2 Observational studies (case-control)

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

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

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

1.5.3 Observational studies (before-and-after)

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

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

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

Study reference	COOK1992
Bibliographic reference: Cook, E.H. Jr., Rowlett, R., Jselskis, C., *et al*. (1992) Fluoxetine treatment of children and adults with autistic disorder and mental retardation. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 739-745.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	

A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 10; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 10; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	ERICKSON2007
Bibliographic reference: Erickson, C.A., Posey, D.J., Stigler, K.A., *et al*. (2007) A retrospective study of memantine in children and adolescents with pervasive developmental disorders. *Psychopharmacology, 191*, 141-147.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 6; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 12; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	HANDEN2006
Bibliographic reference: Handen, B.L. & Hardan, A.Y. (2006) Open-label, prospective trial of olanzapine in adolescents with subaverage intelligence and disruptive behavioral disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 928-935.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	
A. Selection bias (systematic differences between the comparison groups)	
A1 The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	NA
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	NA
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference	HARDAN2004
Bibliographic reference: Hardan, A.Y., Jou, R.J. & Handen, B.L. (2004) A retrospective assessment of topiramate in children and adolescents with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 14*, 426-432.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA

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

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

Study reference	MARTINEAU1988
Bibliographic reference: Martineau, J., Barthelemy, C., Cheliakine, C., *et al*. (1988) Brief report: an open middle-term study of combined vitamin B6-magnesium in a subgroup of autistic children selected on their sensitivity to this treatment. *Journal of Autism and Developmental Disorders, 18*, 435-447.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

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

Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: NA	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference	MOUSAINBOSC2006
Bibliographic reference: Mousain-Bosc, M., Roche, M., Polge, A., *et al*. (2006) Improvement of neurobehavioral disorders in children supplemented with magnesium-vitamin B6. II. Pervasive developmental disorder-autism. *Magnesium Research, 19*, 53-62.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA

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

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

Study reference	NICOLSON2006
Bibliographic reference: Nicolson, R., Craven-Thuss, B. & Smith, J. (2006) A prospective, open-label trial of galantamine in autistic disorder. *Journal of Child and Adolescent Psychopharmacology, 16*, 621-629.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	PAAVONEN2003
Bibliographic reference: Paavonen, E.J., Nieminen-von Wendt, T., Vanhala, R., *et al.* (2003) Effectiveness of melatonin in the treatment of sleep disturbances in children with asperger disorder. *Journal of Child and Adolescent Psychopharmacology, 13*, 83-95.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference	READ2007
Bibliographic reference: Read, S.G. & Rendall, M. (2007) An open-label study of risperidone in the improvement of quality of life and treatment of symptoms of violent and self-injurious behaviour in adults with intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 20*, 256-264.	
Guideline topic: Adults with autism	**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

1.6 ORGANISATION AND DELIVERY OF CARE: SETTINGS FOR CARE

1.6.1 Randomised controlled trials

Study ID		HASSIOTIS2009
Bibliographic reference: Hassiotis, A., Robotham, D., Canagasabey, A., *et al*. (2009) Randomized, single-blind, controlled trial of a specialist behaviour therapy team for challenging behaviour in adults with intellectual disabilities. *American Journal of Psychiatry, 166*, 1278-1285.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

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

Study ID	RAGHAVAN2009	
Bibliographic reference: Raghavan, R., Newell, R., Waseem, F., *et al*. (2009) A randomized controlled trial of a specialist liaison worker model for young people with intellectual disabilities with challenging behaviour and mental health needs. *Journal of Applied Research in Intellectual Disabilities, 22*, 256-263.		
Guideline topic: Adults with autism	**Review question number:** E1 & E2	
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes

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

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

1.6.2 Observational studies (cohort studies)

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

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

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

Study reference	CHOU2008
Bibliographic reference: Chou, Y-C., Lin, L-C., Pu, C-Y., *et al*. (2008) Outcomes and costs of residential services for adults with intellectual disabilities in Taiwan: a comparative evaluation. *Journal of Applied Research in Intellectual Disabilities, 21*, 114-125.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Not reported	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unknown
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		

Likely direction of effect: Effect size bigger

Study reference	CULLEN1995
Bibliographic reference: Cullen, C., Whoriskey, M., Mackenzie, K., *et al*. (1995) The effects of deinstitutionalization on adults with learning disabilities. *Journal of Intellectual Disability Research, 39*, 484-494.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA

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

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

Study reference		DAGNAN1994A
Bibliographic reference: Dagnan, D., Howard, B. & Drewett, R.F. (1994a) A move from hospital to community-based homes for people with learning disabilities: activities outside the home. *Journal of Intellectual Disability Research, 38*, 567-576.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study reference		HOLBURN2004
Bibliographic reference: Holburn, S., Jacobson, J.W., Schwartz, A.A., *et al*. (2004) The willowbrook futures project: a longitudinal analysis of person-centered planning. *American Journal on Mental Retardation, 109*, 63-76.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 2	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference	KEARNEY1995
Bibliographic reference: Kearney, C.A., Durand, V.M. & Mindell, J.A. (1995) It's not where but how you live: choice and adaptive/maladaptive behavior in persons with severe handicaps. *Journal of Developmental and Physical Disabilities, 7*, 11-24.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA

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

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

Study reference	MCCONKEY2007
Bibliographic reference: McConkey, R., Abbott, S., Walsh, P. N., *et al*. (2007) Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. *Journal of Intellectual Disability Research, 51*, 207–217.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

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

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

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

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

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

Study reference	SCHWARTZ2003
Bibliographic reference: Schwartz, C. (2003) Self-appraised lifestyle satisfaction of persons with intellectual disability: the impact of personal characteristics and community residential facilities. *Journal of Intellectual and Developmental Disability, 28*, 227-240.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		

Likely direction of effect: Effect size bigger

Study reference	SPREAT1998
Bibliographic reference: Spreat, S., Conroy, J.W. & Rice, D.M. (1998) Improve quality in nursing homes or institute community placement? implementation of OBRA for individuals with mental retardation. *Research in Developmental Disabilities, 19*, 507-518.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA

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

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

1.6.3 Observational studies (before-and-after studies)

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

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

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

Study reference	BOURAS1993
Bibliographic reference: Bouras, N., Kon, Y. & Drummond, C. (1993) Medical and psychiatric needs of adults with a mental handicap. *Journal of Intellectual Disability Research, 37*, 177-182.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 20; Control group N: NA	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 20; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	DAGNAN1998
Bibliographic reference: Dagnan, D., Ruddick, L. & Jones, J. (1998) A longitudinal study of the quality of life of older people with intellectual disability after leaving hospital. *Journal of Intellectual Disability Research, 42*, 112-121.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

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

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

Study reference	GASKELL1995
Bibliographic reference: Gaskell, G., Dockrell, J. & Rehman, H. (1995) Community care for people with challenging behaviours and mild learning disability: an evaluation of an assessment and treatment unit. *British Journal of Clinical Psychology, 34*, 383-395.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 16; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 19; Control group N: 23	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 25; Control group N: 24	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

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

Study reference	SIAPERAS2006
Bibliographic reference: Siaperas, P. & Beadle-Brown, J. (2006) A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. *Autism, 10*, 330-343.	
Guideline topic: Adults with autism	**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

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

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

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

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

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

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