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LEADING ARTICLE

Economic and Human Costs of Restless legs Syndrome

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Supplementary Material

This supplementary material contains the checklist referred to in the full version of this article, which can be found at http://pharmacoeconomics.adisonline.com

Checklist: Primary studies (RCTs, cohort studies, case-control studies)			
	Yes	**No**	**n.r.**
A Selection of study participants			
Are the inclusion and exclusion criteria for the study participants adequate and clearly defined	☐	☐	☐
Was the inclusion and exclusion criteria fixed before the start of intervention?	☐	☐	☐
Was the state of the illness valid and reliably recorded?	☐	☐	☐
Is the study population a representative sample of the "standard user" for the intervention?	☐	☐	☐
B Allocation and study participation			
Are intervention and control groups comparable at the start of the study?	☐	☐	☐
Did the random selection follow standardized procedure?	☐	☐	☐
Did randomisation occur blind?	☐	☐	☐
Are known and possible confounders considered at the start of the study?	☐	☐	☐
C Intervention / Exposition			
Was intervention valid, reliably and uniformly recorded?	☐	☐	☐
Did intervention and control groups with the exception of intervention receive similar therapy	☐	☐	☐
In case of divergent treatments, are these valid and reliably recorded?	☐	☐	☐
Were study subjects blinded?	☐	☐	☐
D Study management			
Are there indications for "overmatching"	☐	☐	☐
In multicentre studies were the diagnostic and therapeutic methods as well as outcome measurement in the participating centres identical?	☐	☐	☐
E Outcome measurement			
Was patient-close outcome parameter applied?	☐	☐	☐
Were the outcomes valid and reliably recorded?	☐	☐	☐
Was outcome measurement blinded?	☐	☐	☐
Were adequate measuring methods used?			
F Drop outs			
Was the response rate in the intervention and control groups satisfactory?	☐	☐	☐
Were the reasons for the drop outs recorded?	☐	☐	☐
Were the outcomes for the drop outs described and considered in the assessment?	☐	☐	☐
If differences were found – are these significant?	☐	☐	☐
If differences were found – are these relevant?	☐	☐	☐
G Statistical analysis			
Are the described procedure for analysis correct and the information for a proper analysis sufficient?	☐	☐	☐
Was an ITT-Analysis conducted?	☐	☐	☐
Was the mean values and significant intervals specified?	☐	☐	☐

Checklist for health economic studies	
	Yes No Not relevant
Question	
1. Were the questions precisely formulated?	
2. Were the medical and economical context adequately outlined?	
Evaluation framework	
3. Were all incorporated technology adequately described in detail?	
4. Was all relevant technology within the framework of the question checked?	
5. Was the choice of comparative technology conclusively established?	
6. Was the target population clearly described?	
7. Was a suitable time limit for cost and health effect chosen and specified?	
8. Was the type of evaluation for health economics explicitly mentioned?	
9. Was the perspective of the investigation well chosen and explicitly mentioned?	
Analytical methods and modelling	
10. Were adequate statistical tests/ models for analysing data chosen and adequately and thoroughly described?	
11. In the decisive analytical models were the model structure and all parameters fully and comprehensibly documented?	
12. Were the relevant assumptions explicitly formulated?	
13. In the decisive analytical models were adequate data resources for the path/mapping probability chosen and clearly mentioned?	
Health effects	
14. Were all relevant health conditions for the chosen perspective and time limit considered and explicitly carried out?	
15. Were adequate sources for the data on health effects selected and clearly mentioned?	
16. Were the epidemiological study design and the methods of assessment adequately selected and described and were the results given in detail (if based on a single study)?	
17. Were suitable methods for identification, extraction and the synthesis of the effect parameter applied and were they described in detail? (if based on an information synthesis)	
18. Were the various health conditions with preference assessed and suitable methods and measuring instruments for this selected and indicated?	
19. Were adequate sources of assessment data fort he health conditions selected and clearly stated?	
20. Were the evidence of health effects sufficiently substantiated (see if applicable the context documents)	
Costs	
21. Were the underlying scaffolding costs effectively and thoroughly presented?	
22. Were adequate sources and methods for determining quantity structure selected and clearly stated?	
23. Was the cost underlying price structures effectively and thoroughly described?	
24. Were adequate sources and methods to determine prices selected and clearly mentioned?	
25. Was the incorporated cost based on the perspective selected and the time limit chosen conclusively established and were all relevant costs considered?	
26. Were data on costs for loss of productivity (if considered) separately listed and methodically correctly included in the analysis?	
27. Was the currency mentioned?	
28. Was the currency conversion adequately carried out?	

29. Were price adjustments for inflation and deflation adequately carried out?	
Discounting	
30. Were future health effects and costs adequately discounted?	
31. Was the reference year for the discounting, alternatively in case of missing discounting of reference year for the cost, specified?	
32. Were the discounted rates specified?	
33. Was the choice of discount rates or the waiving of discounting feasibly established	
Presentation of results	
34. Were measures for model validation taken and described?	
35. Were absolute health effects and absolute costs each per head identified and presented?	
36. Were incremental health effects and incremental costs each per head identified and presented?	
37. Was an expedient measure fort he type of health economic evaluation fort he relationship between costs and health effect indicated?	
38. Were purely (not quality of life adjusted) clinical effects reported?	
39. Were the relevant results in disaggregated form presented?	
40. Were population aggregated costs and health effects indicated?	
Treatment of uncertainties	
41. Was univariate sensitivity analysis for the relevant parameters conducted?	
42. Was multivariate sensitivity analysis for the relevant parameters conducted?	
43. Was sensitivity analysis for the relevant structural elements conducted?	
44. Were in the sensitivity analysis realistic values or range of values or alternatively Structure variants considered and indicated?	
45. Were the results of the sensitivity analysis adequately documented?	
46. Were adequate statistical inference methods (statistical tests, confidence intervals) for stochastic date applied and the results reported?	
Discussion	
47. Was the quality of the data critically judged?	
48. Were the direction and the extent of the influence of uncertain or distorted parameter estimation on the result consistently discussed?	
49. Were the direction and the extent of the influence of structural model assumptions on the result consistently discussed?	
50. Were the important constraints and weakness of the study discussed?	
51. Were feasible specifications for generalisation of results made?	
52. Were important ethical and distribution questions discussed?	
53. Was the result meaningful in context with independent health programmes discussed?	
Conclusions	
54. Were conclusions from the reported data / results deduced in a consistent manner?	
55. Was an answer based on knowledge and study results to the question given?	