## Newcastle-Ottawa score of study quality (NOS) as used in the present study

The following reproduces the protocol as encountered (ref 1) with insert in bold italics to adapt it to the present study.

Note: A study can be awarded a maximum of one star (*point*) for each numbered item within the Selection and Outcome categories. A maximum of two stars (*points*) can be given for Comparability

Selection for healthy persons representative of a community aiming for national (and eventually global) representation.

- 1) Representativeness of the exposed cohort
  - a) truly representative of the average \_\_adult mixed gender or male or female \_\_ in the community ? \*
  - b) somewhat representative of the average \_\_ adult mixed gender or male or female\_ in the community ?\* For example not full age range of the community for which type-2 diabetes is incident.
  - c) selected group of users eg nurses, volunteers
  - d) no description of the derivation of the cohort
- 2) <u>Selection of the non exposed cohort</u>
  - a) drawn from the same community as the exposed cohort ? \*
  - b) drawn from a different source
  - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure

be validated

- a) secure record (eg surgical records) ?\* Dietary instrument used and reported to
- b) structured interview ?\*
- c) written self report
- d) no description

4) Demonstration that outcome of interest (type-2 diabetes) was not present at start of
study
a) yes ?*
b) no
Comparability
1) Comparability of cohorts on the basis of the design or analysis
a) study controls forexposure to known non-nutrient risk factorsage,
BMI, smoking, physical activity. *
b) study controls for any additional factor? Exposure to suspected
macronutritional risk factors , at least two from intakes of dietary fibre (or
cereal fibre) intake, energy intake, fat (and or individual types of fat) intake,
alcohol intake.*
Outcome
1) <u>Assessment of outcome</u> *
a) independent blind assessment ?
b) record linkage? <i>Clinical report</i> *
c) self report
d) no description
2) Was follow-up long enough for outcomes to occur.
a) yes? Select yes if four or more years of follow-up (low to allow duration of
follow up to be assessed as a covariate) *
b) no
3) Adequacy of follow up of cohorts
a) complete follow up - all subjects accounted for ? *
b) subjects lost to follow up unlikely to introduce bias - small number lost -
_<20% or description provided of those lost ?*
c) follow up rate _>20%lost and no description of those lost.
d) no statement

## Reference

Wells G, Shea S, O'Connell D, et al. The Newcastle-Ottawa Scale (NOS) for assessing
the quality of nonrandomised studies in meta-analyses. URL
<a href="http://www.evidencebasedpublichealth.de/download/Newcastle\_Ottowa\_Scale\_Pope\_Bruce.pdf">http://www.evidencebasedpublichealth.de/download/Newcastle\_Ottowa\_Scale\_Pope\_Bruce.pdf</a>. Accessed 28th August 2009.