CQ12-1 (GRADE)

- P: Patients in intensive care units
- I: Enteral nutrition
- C: Parental nutrition
- O: Mortality, length of hospital stay, length of mechanical ventilation, infection

			Certainty a	ssessment			№ of p	atients	Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality (90	day)											
4	randomised trials	serious	not serious	not serious	not serious	none	1015/2424 (41.9%)	962/2420 (39.8%)	RR 1.05 (0.95 to 1.17)	20 more per 1,000 (from 20 fewer to 68 more)	⊕⊕⊕⊖ Moderate	CRITICAL
Length of ho	spital stay											
10	randomised trials	very serious	very serious	serious	serious	none	2767	2748	1	MD 2.51 day lower (from 4.78 lower to 0.24 lower)	⊕⊖⊖ Very low	CRITICAL
Length of me	echanical ventilati	on										
4	randomised trials	very serious	very serious	not serious	serious	none	277	286	-	MD 0.36 day lower (from 0.93 lower to 0.2 higher)	⊕⊖⊖ Very low	CRITICAL
Sepsis (Bloc	od stream infection	n)					•	•				
9	randomised trials	very serious	not serious	not serious	serious	none	51/1479 (3.5%)	82/1497 (5.5%)	RR 0.66 (0.41 to 1.07)	19 fewer per 1,000 (from 32 fewer to 4 more)	⊕⊖⊖⊖ Very low	CRITICAL
Pneumonia ((Ventilator associa	ated pneumonia)	•				_					
8	randomised trials	serious	not serious	not serious	serious	none	150/1520 (9.9%)	181/1546 (11.7%)	RR 0.85 (0.65 to 1.10)	18 fewer per 1,000 (from 41 fewer to 12 more)	⊕⊕⊖ Low	CRITICAL
Abdominal in	nfection (Abdomir	nal abscess, necroti	izing pancreatitis)									
7	randomised trials	serious	not serious	not serious	not serious	none	48/1612 (3.0%)	100/1547 (6.5%)	RR 0.39 (0.29 to 0.53)	39 fewer per 1,000 (from 46 fewer to 30 fewer)	⊕⊕⊕ Moderate	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-2 (GRADE)

- P: Critically ill patients who received catecholamine/ Hypotensive patients in intensive care units
- I: Enteral nutrition
- C: Parental nutrition
- O: Mortality, length of hospital stay, serious adverse event, infection, serious intestinal complication

			Certainty a	ssessment			Nº of p	atients	Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Length of ho	spital stay											
1	randomised trials	serious	not serious	not serious	not serious	none	1202	1208	-	MD 1 day lower (from 2.42 lower to 0.42 higher)	⊕⊕⊕ Moderate	CRITICAL
Mortality (90	day)											
1	randomised trials	not serious	not serious	not serious	not serious	none	530/1202 (44.1%)	507/1208 (42.0%)	RR 1.05 (0.96 to 1.15)	21 more per 1,000 (from 17 fewer to 63 more)	⊕⊕⊕ _{High}	CRITICAL
Intestinal ps	eudo-obstruction											
1	randomised trials	serious	not serious	not serious	serious	none	11/1202 (0.9%)	3/1208 (0.2%)	RR 3.69 (1.03 to 12.93)	7 more per 1,000 (from 0 fewer to 30 more)	$\bigoplus_{Low}\bigcirc$	CRITICAL
Intensive ca	re unit acquired in	fection)	•	•		•	•	•	•	•		
1	randomised trials	serious	not serious	not serious	serious	none	173/1202 (14.4%)	194/1208 (16.1%)	RR 0.90 (0.74 to 1.08)	16 fewer per 1,000 (from 42 fewer to 13 more)	$\bigoplus_{Low}\bigcirc$	CRITICAL
Intestinal isc	hemia		•					,		*		
1	randomised trials	serious	not serious	not serious	very serious	none	19/1202 (1.6%)	5/1208 (0.4%)	RR 3.82 (1.43 to 10.19)	12 more per 1,000 (from 2 more to 38 more)	⊕⊖⊖ Very low	CRITICAL
Vomit			•					,		*		
1	randomised trials	serious	not serious	not serious	not serious	none	406/1202 (33.8%)	246/1208 (20.4%)	RR 1.66 (1.46 to 1.87)	134 more per 1,000 (from 94 more to 177 more)	⊕⊕⊕ Moderate	IMPORTANT
Diarrhea	-		•				•	•	•	*		
1	randomised trials	serious	not serious	not serious	not serious	none	432/1202 (35.9%)	393/1208 (32.5%)	RR 1.10 (0.99 to 1.23)	33 more per 1,000 (from 3 fewer to 75 more)	⊕⊕⊕ Moderate	IMPORTANT

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-3 (GRADE)

- P: Critically ill patients in intensive care units I: Early enteral nutrition (within 24-48 hours) C: Late enteral nutrition

- O: Mortality, length of hospital stay, serious adverse event, infection

			Certainty a	ssessment			Nº of p	patients	Effe	et		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
13	randomised trials	serious	not serious	not serious	serious	Publication bias was suspected	34/350 (9.7%)	47/359 (13.1%)	RR 0.79 (0.52 to 1.19)	27 fewer per 1,000 (from 63 fewer to 25 more)	⊕⊖⊖⊖ Very low	CRITICAL
Mortality (ICL	J)											
2	randomised trials	serious	not serious	not serious	serious	none	4/41 (9.8%)	5/39 (12.8%)	RR 0.81 (0.27 to 2.39)	24 fewer per 1,000 (from 94 fewer to 178 more)	⊕⊖⊖⊖ Very low	CRITICAL
Mortality (Ho	spital)											
2	randomised trials	serious	not serious	not serious	very serious	none	2/47 (4.3%)	1/48 (2.1%)	RR 2.00 (0.19 to 20.90)	21 more per 1,000 (from 17 fewer to 415 more)	⊕⊖⊖⊖ Very low	CRITICAL
Length of ICI	U stay			•								
6	randomised trials	serious	serious	not serious	serious	none	118	115	-	MD 0.38 day higher (from 3.89 lower to 4.65 higher)	Overy low	CRITICAL
Length of ho	spital stay			Į.		L			!	· · · · · · · · · · · · · · · · · · ·		
5	randomised trials	serious	serious	not serious	serious	none	107	110	-	MD 0.41 day higher (from 2.71 lower to 3.53 higher)	⊕⊖⊖ Very low	CRITICAL
Pneumonia												
6	randomised trials	serious	not serious	not serious	serious	none	60/216 (27.8%)	83/225 (36.9%)	RR 0.77 (0.53 to 1.11)	85 fewer per 1,000 (from 173 fewer to 41 more)	⊕⊖⊖⊖ Very low	CRITICAL
Bacteremia												
6	randomised trials	serious	not serious	not serious	serious	none	59/205 (28.8%)	38/149 (25.5%)	RR 1.19 (0.73 to 1.94)	48 more per 1,000 (from 69 fewer to 240 more)	⊕⊖⊖⊖ Very low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-4 (GRADE)

- P: Critically ill patients in intensive care units
- I: Patients receive enteral nutrition less than their energy expenditure
 C: Patients receive enteral nutrition as same as their energy expenditure
 O: Mortality, length of hospital stay, serious adverse event, infection

			Certainty a	ssessment			Nº of p	atients	Effec	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
18	randomised trials	not serious	not serious	not serious	not serious	none	1277/6317 (20.2%)	1297/6262 (20.7%)	RR 0.99 (0.89 to 1.10)	2 fewer per 1,000 (from 23 fewer to 21 more)	⊕⊕⊕ Moderate	CRITICAL
Mortality (Ho	spital)											
10	randomised trials	not serious	serious	not serious	not serious	none	949/5312 (17.9%)	978/5269 (18.6%)	RR 0.96 (0.83 to 1.12)	7 fewer per 1,000 (from 32 fewer to 22 more)	⊕⊕⊖⊖ Low	CRITICAL
Length of ho	spital stay											
10	randomised trials	not serious	serious	not serious	not serious	none	3371	3357	-	MD 0.35 day lower (from 2.68 lower to 1.99 higher)	⊕⊕⊖⊖ Low	CRITICAL
Infection	•		•			•				•		
11	randomised trials	not serious	serious	not serious	not serious	none	751/3144 (23.9%)	810/3101 (26.1%)	RR 0.99 (0.83 to 1.18)	3 fewer per 1,000 (from 44 fewer to 47 more)	⊕⊕⊖⊖ _{Low}	CRITICAL
Pneumonia								,		•		
10	randomised trials	not serious	not serious	not serious	serious	none	600/3935 (15.2%)	686/3843 (17.9%)	RR 0.86 (0.72 to 1.02)	25 fewer per 1,000 (from 50 fewer to 4 more)	⊕⊕⊕ Moderate	CRITICAL
Bacteremia	-		•					,		•		
9	randomised trials	not serious	not serious	not serious	not serious	none	460/5416 (8.5%)	491/5352 (9.2%)	RR 0.94 (0.80 to 1.12)	6 fewer per 1,000 (from 18 fewer to 11 more)	⊕⊕⊕ Moderate	CRITICAL
Catheter rela	ated blood stream	infection	•	•		,		•	•			
5	randomised trials	not serious	not serious	not serious	very serious	Publication bias was suspected	19/816 (2.3%)	36/792 (4.5%)	RR 0.59 (0.26 to 1.33)	19 fewer per 1,000 (from 34 fewer to 15 more)	⊕⊕⊖⊖ Low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-5 (GRADE)

- P: Critically ill patients in intensive care units I: Use of supplemental parental nutrition C: Not use of supplemental parental nutrition O: Mortality, infection

	Certainty assessment						№ of patients		Effect		Containtu	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality (90	day)											
1	randomised trials	not serious	not serious	not serious	very serious	none	17/60 (28.3%)	18/60 (30.0%)	RR 0.94 (0.54 to 1.65)	18 fewer per 1,000 (from 138 fewer to 195 more)	⊕⊕⊖⊖ Low	CRITICAL
Blood stream	n infection											
3	randomised trials	serious	serious	not serious	very serious	none	19/241 (7.9%)	22/263 (8.4%)	RR 1.07 (0.26 to 4.50)	6 more per 1,000 (from 62 fewer to 293 more)	⊕⊖⊖⊖ Very low	CRITICAL
Respiratory	infection											
4	randomised trials	serious	not serious	not serious	serious	none	70/301 (23.3%)	98/323 (30.3%)	RR 0.79 (0.53 to 1.16)	64 fewer per 1,000 (from 143 fewer to 49 more)	⊕⊕⊖⊖ _{Low}	CRITICAL
Urinary tract	infection		•					•				
3	randomised trials	serious	not serious	not serious	very serious	none	24/265 (9.1%)	23/285 (8.1%)	RR 1.31 (0.50 to 3.46)	25 more per 1,000 (from 40 fewer to 199 more)	⊕⊖⊖⊖ Very low	CRITICAL
Abdominal in	nfection											
2	randomised trials	serious	not serious	not serious	very serious	none	12/205 (5.9%)	8/225 (3.6%)	RR 2.47 (0.21 to 29.33)	52 more per 1,000 (from 28 fewer to 1000 more)	⊕⊖⊖ Very low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-6 (GRADE)

- P: Critically ill patients in intensive care units
 I: Patients receive more than 1 g/kg/day of protein
 C: Patients receive less than 1 g/kg/day of protein
 O: Mortality, length of hospital stay, length of mechanical ventilation, duration of antimicrobial agents, ADL score, physical function, muscle volume

			Certainty a	ssessment			Nº of p	atients	Effec	:t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
5	randomised trials	not serious	not serious	serious	serious	none	65/366 (17.8%)	66/364 (18.1%)	RR 0.98 (0.72 to 1.34)	4 fewer per 1,000 (from 51 fewer to 62 more)	⊕⊕⊖⊖ Low	CRITICAL
Length of ho	spital stay											
5	randomised trials	serious	not serious	serious	not serious	none	369	364	-	MD 2.36 day higher (from 1.42 lower to 6.15 higher)	⊕⊕⊖ Low	CRITICAL
Length of m	echanical ventilati	on										
5	randomised trials	serious	not serious	serious	not serious	none	390	387	-	MD 0.07 day higher (from 0.02 lower to 0.16 higher)	⊕⊕⊖⊖ Low	CRITICAL
Duration of a	antimicrobial agen	t										
1	randomised trials	serious	not serious	serious	not serious	none	239	235	-	MD 0.15 day higher (from 0.07 higher to 0.23 higher)	⊕⊕⊖⊖ Low	CRITICAL
Physical fun	ction			•	•							
3	randomised trials	serious	not serious	serious	serious	none	250	239	-	MD 0.45 higher (from 4.57 lower to 5.46 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Muscle volu	me		•			•	•	•	•			
2	randomised trials	serious	not serious	serious	serious	none	77	80	-	MD 0.2 higher (from 0.56 lower to 0.96 higher)	⊕⊖⊖⊖ Very low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ12-7-1 (GRADE)

P: Critically ill patients in intensive care units I: Use of vitamin C

C: Placebo or not use of vitamin C

O: Mortality, length of hospital stay, acute kidney injury

	Certainty assessment						№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality (28	day)											
5	randomised trials	not serious	serious	not serious	serious	none	248/837 (29.6%)	246/809 (30.4%)	RR 0.82 (0.57 to 1.17)	55 fewer per 1,000 (from 131 fewer to 52 more)	⊕⊕⊖⊖ Low	CRITICAL
Mortality (Ho	siptal)											
7	randomised trials	serious	serious	not serious	serious	none	321/923 (36.2%)	317/875 (36.2%)	RR 0.93 (0.71 to 1.23)	25 fewer per 1,000 (from 105 fewer to 83 more)	⊕⊖⊖ Very low	CRITICAL
Length of IC	U stay											
6	randomised trials	serious	not serious	not serious	not serious	none	717	677	-	MD 0.58 day lower (from 1.45 lower to 0.28 higher)	⊕⊕⊕ Moderate	CRITICAL
Length of ho	spital stay			!		-	1		!	<u> </u>		
5	randomised trials	serious	not serious	not serious	not serious	none	802	754	-	MD 0.64 day higher (from 1.24 lower to 2.52 higher)	⊕⊕⊕ Moderate	CRITICAL
Acute kidne	y injury		•	•				:	:			
2	randomised trials	serious	not serious	not serious	serious	none	75/126 (59.5%)	75/122 (61.5%)	RR 0.97 (0.82 to 1.15)	18 fewer per 1,000 (from 111 fewer to 92 more)	⊕⊕⊖⊖ _{Low}	CRITICAL

	JUDGEMENT									
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know			
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know			
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know			
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies			
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability						
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know			
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			

CQ12-7-2 (GRADE)

P: Critically ill patients in intensive care units I: Use of vitamin D

C: Placebo or not use of vitamin D

O: Mortality, length of hospital stay, hypercalcemia

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality (28	or 30 day)											
6	randomised trials	not serious	not serious	serious	serious	none	166/991 (16.8%)	161/975 (16.5%)	RR 0.95 (0.70 to 1.28)	8 fewer per 1,000 (from 50 fewer to 46 more)	⊕⊕⊖⊖ Low	CRITICAL
Mortality (90	day)											
3	randomised trials	not serious	not serious	very serious	serious	none	132/584 (22.6%)	113/573 (19.7%)	RR 1.14 (0.91 to 1.43)	28 more per 1,000 (from 18 fewer to 85 more)	⊕⊖⊖ Very low	CRITICAL
Mortality (Ho	ospital)											
4	randomised trials	serious	not serious	serious	serious	none	78/317 (24.6%)	107/315 (34.0%)	RR 0.72 (0.47 to 1.12)	95 fewer per 1,000 (from 180 fewer to 41 more)	⊕⊖⊖⊖ Very low	CRITICAL
Length of IC	U stay											
6	randomised trials	not serious	serious	serious	not serious	none	358	337	-	MD 0.24 day lower (from 3.72 lower to 3.23 higher)	⊕⊕⊖⊖ Low	CRITICAL
Length of ho	spital stay		•					,		•		
9	randomised trials	serious	very serious	serious	not serious	none	948	938	-	MD 0.32 day lower (from 2.15 lower to 1.5 higher)	⊕⊖⊖ Very low	CRITICAL
Hypercalcen	nia											
5	randomised trials	not serious	serious	serious	very serious	none	15/637 (59.5%)	15/639 (2.3%)	RR 0.70 (0.13 to 3.77)	7 fewer per 1,000 (from 20 fewer to 65 more)	⊕⊖⊖⊖ Very low	CRITICAL

	JUDGEMENT									
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know			
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know			
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know			
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies			
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability						
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know			
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			