**Quality assessment for descriptive cross sectional studies**

1.     Becquey E, Savy M, Danel P *et al.* (2010) Dietary patterns of adults living in Ouagadougou and their association with overweight. *Nutrition journal* **9**, 13.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? | X |  |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? | X |  |  |
| **Quality rating/ risk of bias** | **Good** | | |

2.     Dake FA, Thompson AL, Ng SW *et al.* (2016) The local food environment and body mass index among the urban poor in Accra, Ghana. *Journal of Urban Health* **93**, 438-455.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? |  |  | NA |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? | X |  |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Overall risk of bias** | Good | | |

3.     Cockx L, Colen L, De Weerdt J (2018) From corn to popcorn? Urbanization and dietary change: Evidence from rural-urban migrants in Tanzania. *World Development* **110**, 140-159.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? |  |  | NA |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? | X |  |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| Quality rating/risk of bias | Good | | |

4.  Holdsworth M, Delpeuch F, Landais E *et al.* (2006) Knowledge of dietary and behaviour-related determinants of non-communicable disease in urban Senegalese women. *Public Health Nutrition* **9**, 975-981.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Quality rating/risk of bias** | Fair | | |

5. Van Zyl MK, Steyn NP, Marais ML (2010) Characteristics and factors infuencing fast food intake of young adult consumers in Johannesburg, South Africa. *S Afr J Clin Nutr* **23**, 124-130.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? | X |  |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Quality rating/risk of bias** | Fair | | |

6. Van Den Berg VL, Okeyo AP, Dannhauser A *et al.* (2012) Body weight, eating practices and nutritional knowledge amongst university nursing students, Eastern Cape, South Africa. *Afr J Prim Health Care Fam Med* **4**.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Quality rating/risk of bias** | **Fair** | | |

7. Hiamey SE, Amuquandoh FE, Boison GA (2013) Are we indeed what we eat? Street food consumption in the Market Circle area of Takoradi, Ghana. *Nutr Health* **22**, 215-235.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? |  | X |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? |  | X(no exclusion/inclusion criteria) |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Quality rating/risk of bias** | **Poor** | | |

8. Savy M, Martin-Prével Y, Danel P *et al.* (2008) Are dietary diversity scores related to the socio-economic and anthropometric status of women living in an urban area in Burkina Faso? *Public Health Nutrition* **11**, 132-141.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? | X |  |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? | X |  |  |
| **Quality rating/risk of bias** | **Good** | | |

9.     Gradidge PJL, Crowther NJ, Chirwa ED *et al.* (2014) Patterns, levels and correlates of self-reported physical activity in urban black Soweto women. *BMC Public Health* **14**.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X(relevant dates not mentioned) |  |
| 3. Was the participation rate of eligible persons at least 50%? |  |  | CD |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X (no description of how sample size was arrived at) |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? | X |  |  |
| **Quality rating/risk of bias** | **Fair** | | |

10.  Hattingh Z, Le Roux M, Nel M *et al.* (2014) Assessment of the physical activity, body mass index and energy intake of HIV-uninfected and HIV-infected women in Mangaung, Free State province. *S Afr Fam Pract* **56**, 196-200.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X (relevant dates not mentioned) |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X (no description of how sample size was arrived at) |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? | X |  |  |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? |  | X (tools used not well elaborated) |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? |  | X |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| Quality rating/risk of bias | **Fair** | | |

11.  Adeniyi AF, Ogwumike OO, Bamikefa TR (2013) Postpartum exercise among nigerian women: Issues relating to exercise performance and self-efficacy. *ISRN Obstetrics and Gynecology* **2013**.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X (relevant dates are missing) |  |
| 3. Was the participation rate of eligible persons at least 50%? |  |  | NR |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? |  | X (Not clear how study size was arrived at) |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? | X |  |  |
| 10. Was the exposure(s) assessed more than once over time? |  |  | NA |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? |  | X |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  | X |  |
| **Quality rating/risk of bias** | **Fair** | | |

12.  Afolabi WAO, Addo AA, Sonibare MA (2004) Activity pattern, energy intake and obesity among Nigerian urban market women. *International Journal of Food Sciences and Nutrition* **55**, 85-90.

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| **Criteria** | Yes | No | Other (CD, NR, NA) |
| 1. Was the research question or objective in this paper clearly stated? | X |  |  |
| 2. Was the study population clearly specified and defined? |  | X (relevant dates missing) |  |
| 3. Was the participation rate of eligible persons at least 50%? | X |  |  |
| 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? | X |  |  |
| 5. Was a sample size justification, power description, or variance and effect estimates provided? | X |  |  |
| 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? |  |  | NA |
| 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? |  |  | NA |
| 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? |  |  | NA |
| 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? |  | X |  |
| 10. Was the exposure(s) assessed more than once over time? | X |  |  |
| 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? |  | X |  |
| 12. Were the outcome assessors blinded to the exposure status of participants? |  |  | NA |
| 13. Was loss to follow-up after baseline 20% or less? |  |  | NA |
| 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)? |  |  | NR |
| **Quality rating/risk of bias** | **Fair** | | |