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Supplementary material BMJ Open

Case-control studies

	Colorado (2014)	Kennedy (1997)	Livorsi (2015)	Lupion (2015)	Masse (2013)	Soon (2013)	Tarzi (2001)
1) Is the case definition adequate? a) yes, with independent validation * b) yes, eg record linkage or based on self reports c) no description	*	*	*	*	*	*	*
Representativeness of the cases a) consecutive or obviously representative series of cases * b) potential for selection biases or not stated	b	b	*	b	b	*	*
3) Selection of Controls a) community controls (studies of hospital patients) * b) hospital controls c) no description	*	*	*	*	*	*	*
Definition of Controls a) no history of disease (endpoint) * b) no description of source	*			*			
Comparability							
Comparability of cases and controls on the basis of the design or analysis a) study controls for diagnosis * b) study controls for any additional factor *	* (1)	* * (l, g)		* * (g)	* *(g)	* * (l, g)	* *(l, g)
Outcome							
1) Ascertainment of exposure a) secure record (eg surgical records) * b) structured interview where blind to case/control status * c) interview not blinded to case/control status d) written self report or medical record only e) no description	*	*	*	*	*	*	*
2) Same method of ascertainment for cases and controls a) yes * b) no	Functional Independence Measure ## *	Functional Independence Measure; Beck Inventory Depression; State Anxiety Inventory; Profile Mood States ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Charlston Comorbidity Index ## *	Hospital Anxiety and Depression Scale ## *	Geriatric Depression Scale; Profile of Mood States; Abbreviated Mental Test Score; Barthel Index ## *
3) Non-Response rate a) same rate for both groups * b) non respondents described c) rate different and no designation	*	*	*	*			*

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Cohort studies (1)

Selection	Croft (2015)	Day (2011) a	Day (2011)	Day (2012)	Day (2013)	Evans (2003)	Findink (2012)	Guilley (2017)
Representativeness of the exposed cohort a) truly representative of the average patient in the community * b) somewhat representative of the average patient in the community * c) selected group of users eg nurses, volunteers d) no description of the derivation of the cohort	*	*	*	*	* b	С	*b	*b
2) Selection of the non exposed cohort 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	*	*	*	*	*	*	*	*
ay Ascertainment of exposure	*	*	*	*	*	*	*	*
a) secure record (eg surgical records) * b) structured interview * c) written self report d) no description								
4) Demonstration that outcome of interest was not present at start of study a) yes * b) no	*	b	b	*	*	*		*
Comparability								
Comparability of cohorts on the basis of the design or analysis study controls for diagnosis * b) study controls for any additional factor *	* * (l,g)		* * (l,g)	* * (l,g)	* * (l,g)			* (g)
Outcome								
Assessment of outcome a) independent blind assessment * b) record linkage * c) self report d) no description	Global Trigger Tool ## *	Hospital Anxiety and Depression Scale ## *	*	Clinical diagnosis of delirium *	Hospital Anxiety and Depression Scale ## *	Clinical encounters per hour *	Hospital Anxiety and Depression Scale ## *	State-Trait Anxiety Inventory ## *
2) Was follow-up long enough for outcomes to occur a) yes (during hospitalisation or immediately afterwards) * b) no	*	*	*	*	* 3 days	*	*	
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 - > 90 % follow up, or description provided of those lost) * c) follow up rate < 90% and no description of those lost d) no statement	*	*	*	*	*	*	*	*

 $Community-was\ hospital\ population$ $Time\ to\ outcome\ of\ interest-question\ is\ regarding\ outcome\ during\ isolation$

a – age g- gender l – LOS

own scale ## validated scale/s used appropriately

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Cohort studies (2)

Selection	Kirkland (1999)	Lau (2016)	Mehotra (2013)	Stelfox (2003)	Spense (2011)	Saint (2003)	Tran (2016)	Wassenberg (2010)
Representativeness of the exposed cohort a) truly representative of the average patient in the community * b) somewhat representative of the average patient in the community * c) selected group of users eg nurses, volunteers d) no description of the derivation of the cohort	*b	*	*	*	b	sp.	*	*
Selection of the non exposed cohort 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	*	*	*	*	344	*	*	*
3) Ascertainment of exposure a) secure record (eg surgical records) * b) structured interview * c) written self report d) no description	*	*b	*b	*	No.	*	No.	*
4) Demonstration that outcome of interest was not present at start of study. a) yes * b) no	nje	*	nie.	nie.	ale.	n/s	aje.	*
Comparability								
Comparability of cohorts on the basis of the design or analysis study controls for diagnosis * b) study controls for any additional factor *		* (g)	* * (l,g)	* * (l,g)		₩.	* * (l,g)	(l,g)
Outcome								
Assessment of outcome a) independent blind assessment * b) record linkage * c) self report d) no description	#	Patient Health Quetionnaire- 9; CQ-5D c telephone /health records ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Clinical satisfaction # *	Clinical outcomes *	Observation of doctors *	Clinical outcomes *	EQ5-D; Hospital Anxiety and Depression Scale ## *
2) Was follow-up long enough for outcomes to occur a) yes (during hospitalisation or immediately afterwards) * b) no	*		*	*	No.	*	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 -> 90 % follow up, or description provided of those lost) * c) follow up rate < 90% and no description of those lost d) no statement	*		37/278 contact; 51/290 non	*	*		*	*

General notes
Community – the population of interest was a hospital population
Time to outcome of interest – question is regarding outcome during isolation or shortly afterwards