

1. Reviewer: _____
2. Last name, first author: _____
3. Year of publication: _____

4. Does article study bariatric surgery?
(Check all that apply)
- Gastric bypass
 - Adjustable banding
 - Biliopancreatic diversion
 - Vertical banded gastroplasty.....
 - Other bariatric surgeries (STOP)
 - Not bariatric surgery..... (STOP)

If only "Other bariatric surgeries" or "Not bariatric surgery" is checked then STOP form. If interested in flagging article for background or want to order a reference, go to Q7/Q8.

5. Does the study focus on any of the following issues?
(Check all that apply)
- Fertility after surgery
 - Contraception recommendations
 - Contraception effectiveness.....
 - Recommendations for time following surgery to delay pregnancy.....
 - Nutrition and/or weight management during pregnancy
 - Pregnancy morbidity or mortality risks ..
 - C-Section after surgery
 - Neonatal outcomes
 - Other maternal outcomes.....
 - None of the above..... (STOP)

6. Study design: (Circle one)
- Background (historical, editorial etc.) 1 (STOP)
 - Non-systematic review 2 (STOP)
 - Systematic review / Meta-analysis 3 (STOP)
 - Case report (N=1) 4
 - Case series/Cohort 5
 - Controlled trial..... 6
 - Case control..... 7
 - Other 8

7. Total sample size of women entering study. If entering sample not reported then total completing sample size: (Enter # or 9999 if no sample reported)

8. Language of article: (Circle one)
- English..... 1
 - Other..... 2
- Language (specify): _____

9. Do you think that this article might be a duplicate or include the same data as another study? (Circle one)
- Yes 1
 - No 2
- If YES, which one(s) :

(Enter study ID #, author or 9999 if don't know.)

10. Is there a reference that needs to be checked? (Circle one)
- Yes 1
 - No 2
- If YES, which one(s) :

(Enter reference # and/or author or 9999 if don't know.)

11. Should article be flagged as background for report writing?
- Yes 1
 - No 2

Notes: