

DiaMonD – Data Extraction Form

Initial screening questions

Q1 Document ID/Title	
Q2 Authors/Year published	

Q3 Does the paper inform one of our targeted search areas? (NB this could include outcomes)

Theme	Yes	No	Comments
Blood glucose management in PLWD			
Blood glucose management in other relevant population			
Self-management			
Education/skills training			
Assistive technology			
Exercise and or diet			

Q4 Does the paper relate to one of our target populations?

	Yes	No	Comments
Dementia			
Diabetes			
Mental health problem			
MCI			
Learning Disability			
Frail elderly			
Older people			

If yes to one item from Q3 and one item from Q4 then potentially include

Q5 Relevant?	Comments
Yes definitely	

Maybe	
No	
Not sure needs further discussion	

Full data extraction form

Q6 Document type (e.g. research study/ policy/local evidence/opinion?)	
Q7 If research please give study type	
Q8 What is the study's aim/purpose?	
Q9 What is the intervention (if applicable)? <i>Include details about duration, intensity and who delivered the intervention</i>	
Q10 What information is there about the design/method used and was it appropriate for the aims /purpose of the study?	
Q11 What data collection method was used?	
Q12 What outcomes were collected?	
Q13 Sample -type/size? What information is there about population and setting?	
13a) age (give mean and range if available)	
13b) sex	
13c) number of participants	
13d) other relevant information (e.g. socio demographic)	
13e) Setting	

Q14 If the study includes PLWD does it give information about type of dementia and severity of dementia (e.g. MMSE score)	
Q15 Study Quality	
Q15a) Study Relevance (relevance to theory areas)	
Q15b) Study Rigour	
Q16 Theory areas	Is there evidence about: Include any information on potential context, mechanism, outcomes
<u>16a) Theory area 1</u> <u>Clinically Based Approach</u>	
Individualised care (being invested in)	
Education & Information (tailor the knowledge)	
Dietary Management (give me a choice and help me remember)	
Blood glucose management (keep it simple and safe) N.B could include info on medication adherence	
Exercise (pushing the limits, positive encounters)	
<u>16 b) Theory area 2</u> <u>Collaborative Partnerships</u>	
Self-management (N.B for PLWD SM might involve family carer)	
Shared Decision making (e.g. a process in which clinicians and patients work together to select tests, treatments, management or support packages)	
Best interest (includes ideas about	

risk/benefit)	
16c) Theory area 3 Co-production <i>"...an approach to public services which enables citizens and professionals to share power and work together in equal partnership" (Cahn, 2004)</i>	
Co-design	
Experience based co-design	
Person-centred care	
Minimally disruptive medicine (e.g. achieving patient goals for life and health whilst imposing the smallest possible burden on patients' lives)	
Q17 Outcomes/impacts – report any outcome/impact data relating to <ul style="list-style-type: none"> • Glycaemic management (e.g. prevention of hypos, medication adherence) • Patient safety (e.g. falls) • Identification/prevention of long term complications • Service use • Quality of care • Patient and carer satisfaction • QoL 	
Co-design	
Q18 Implications of realist findings for practice	
Q19 Possible mechanisms and their	

<p>contexts</p> <p><i>“mechanisms are a combination of resources offered by the social programme under study and stakeholders’ reasoning in response” (Pawson & Tilley 1997)</i></p>	
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