Published in final edited form as:

Med Inform Internet Med. 2006 September ; 31(3): 227–236. doi:10.1080/14639230600887866.

Surfing the Net for medical information about psychological trauma: An empirical study of the quality and accuracy of trauma-related websites

J. DOUGLAS BREMNER^{1,2,4,6}, JOHN QUINN⁷, WILLIAM QUINN⁷, and EMIR VELEDAR^{3,5}

¹Departments of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, USA

²Department of Radiology, Emory University School of Medicine, Atlanta, USA

³Department of Medicine (Cardiology), Emory University School of Medicine, Atlanta, USA

⁴Emory Center for Positron Emission Tomography, Emory University School of Medicine, Atlanta, USA

⁵Emory Program for Clinical and Outcomes Research in Epidemiology (EPICORE), Emory University School of Medicine, Atlanta, USA

⁶Atlanta VAMC, Decatur, USA

⁷Celtsoft, Inc., Atlanta, USA

Abstract

Psychological trauma is a major public-health problem, and trauma victims frequently turn to the Internet for medical information related to trauma. The Internet has many advantages for trauma victims, including low cost, privacy, use of access, and reduced direct social interactions. However, there are no regulations on what is posted on the Internet, or by whom, and little is known about the quality of information currently available related to the topic of psychological trauma. The purpose of this study was to evaluate the quality of Internet sites related to the topic of psychological trauma. The top 20 hits for searches on Google, AllTheWeb, and Yahoo were tabulated, using search words of 'psychological trauma', 'stress', 'PTSD', and 'trauma'. From these searches, a list of 94 unique unsponsored hits that represented accessible websites was generated. Fourteen sites were unrelated or only peripherally related, and eight were related but were not comprehensively evaluated because they represented brochures, online book sales, etc. Seventy-two websites underwent evaluation of the content, design, disclosure, ease of use, and other factors based on published guidelines for medical information sites. Forty-two per cent of sites had inaccurate information, 82% did not provide a source of their information, and 41% did not use a mental-health professional in the development of the content. Ratings of content (e.g. accuracy, reliability, etc.) were 4 (2 SD) on a scale of 1 – 10, with 10 being the best. There were similar ratings for the other variables assessed. These findings suggest that although abundant, websites providing information about psychological trauma are often not useful, and can sometimes provide inaccurate and potentially harmful information to consumers of medical information.

Keywords

Informatics; PTSD; trauma; stress; anxiety; Internet

1. Introduction

Psychological trauma is an important public health problem, affecting over half of Americans and leading to chronic psychiatric conditions such as post-traumatic stress disorder in 8% of cases [1]. Consumers of medical information in the area of psychological trauma, including trauma victims, their friends, and family, have a number of barriers to accessing that information, traditionally provided by mental-health-care providers (psychiatrists, psychologists, social workers, nurses, and counsellors). Barriers to access of information are related to cost, geographical and cultural barriers, fear of stigmatization, issues of shame about the traumatic event, and trauma-related fear, guilt, mistrust, and social impairment.

A number of studies have demonstrated that education about symptoms and responses can be very helpful in recovery from stress and psychiatric disorders. The primary nonmedication-based treatment of stress and trauma is cognitive behavioural therapy, which includes a heavy emphasis on psychological education [2]. A number of studies have demonstrated the usefulness of cognitive behavioural therapies in the treatment of stress-related disorders [2 – 4]. Treatment programmes often utilize psychoeducation for the treatment of trauma-related disorders. Although there has been limited research specifically evaluating education for trauma survivors, it has been widely assessed for coping with stress related to a variety of physical disorders. For example, studies have shown that patient education about stress is useful in improving outcomes related to several physical-health-related outcomes, including diabetes [5], arthritis [6], and cancer [7], as well as undergoing stressful medical procedures [8].

The advent of the Internet has provided an excellent, anonymous resource for trauma victims to obtain information and educate themselves about psychological trauma [9,10]. Trauma victims can also network with other survivors in a cost-effective and anonymous way. However, much of the information provided on the Internet is inaccurate, incomplete, and sometimes outright harmful. Consumers spend hours being linked from one useless site to the next. No credentials or qualifications are required for posting medical information on the Internet. There are a plethora of sites from well-meaning trauma survivors and others who have provided information of varying accuracy. Little is known, however, about the overall content of Internet sites related to trauma. The purpose of this study was to use published, established guidelines for medical-information websites, in order to evaluate quality, content, and other specific criteria in the most frequently recovered websites related to psychological trauma that are accessed in typical Internet searches.

2. Methods

2.1. Identification of websites with information about psychological trauma

The top 20 hits for searches on Google, AllTheWeb, and Yahoo were tabulated, using search words of 'psychological trauma', 'stress', 'PTSD', and 'trauma'. From these searches, a list of 94 unique unsponsored hits that represented accessible websites was tabulated. Fourteen sites were unrelated or only peripherally related (e.g. engineering stress), leaving 80 sites that underwent evaluation of the basic content. Eight of these sites did not undergo comprehensive evaluation because they comprised information about brochures, links to book purchases, and other non-comprehensive content. We first evaluated sites based on

content (trauma/stress/PTSD relevant, unrelated, foreign, duplication, peripheral relation), authorship (physician, psychologist, mental health professional, lay person/testimonial, commercial), commercial interests (commercial non-pharmaceutical, professional/academic, lay/self-help, pharmaceutical industry), medical information content (relevant original medical information, primarily links to other sites, conversational or testimonial, primarily conventional treatment information, alternative treatment, society Web page, scientific or organizational meeting page), accuracy (accurate and relevant medical information, inaccurate anecdotal but not harmful information, information that is inaccurate and potentially harmful), and use of sources (peer review cites/textbook, citations of meetings, non-peer reviewed information, no citations).

2.2. Methods for evaluation of medical websites

Seventy-two websites underwent a full evaluation based on published guidelines for medical information sites [11,12]. These criteria included:

- *Source*: The most important factor for websites is the source of the information [12]. This refers to the validity of the source of website information.
- *Credentials*: The credibility of the site is emphasized by the credentials of the source of the content. The website should fully disclose the credentials of the personnel involved in its development with a specific emphasis on the credentials of the individual who provides the bulk of the content. The consultant should be prominently featured on the website as an expert, and their credentials to serve as an expert will be fully displayed.
- *Conflict of interest*: The site should include a full disclosure of sponsorship and the nature of support provided for the site. This should include a specific link which will lead to a disclosure of all aspects of financial support for the site.
- *Context*: The context of the site should be fully disclosed so that consumers will understand how the product was developed, e.g. any support for advertisers, or support through fees.
- *Currency*: The site should keep current and up to date with the latest medical information and technology. This would include a date of the initial posting and of the most recent update of content.
- *Relevance/utility*: Relevance relates to the fact that the content fits the intended audience, which consists of consumers of medical information with an interest in trauma and stress.
- *Accuracy of content*: Accuracy of content has been shown to be the most important factor in evaluating the quality of a site [12]. This requires a medical expert.
- *Hierarchy of evidence*: The information in the site should be derived from evidence-based medicine and research findings.
- *Original source stated*: The source of any information that is not original should be clearly stated. Credentials of the authors should be clearly shown and documentation of the authors expertise represented.
- *Disclaimer*: There should be a disclaimer to describe the limitations, purpose, scope, authority, and currency of the information. Sources of information and reporting errors should be disclosed. The disclaimer should also report that the site represents information and not medical advice, and that only a physician, pharmacist, or other health professional can advise the individual on matters of their health based on personal and family history and other factors discovered and

documented in the health professional – patient relationship. The disclaimer should also clearly identify the relationship, in terms of scope of responsibility and control, between the original website content and links to other sites.

- *Disclosure:* The purpose of the site should be fully disclosed. The use of any user input or registration should be fully disclosed. The user should be given the right to refuse the forwarding of information to others for promotional purposes. The sponsor and purpose of the site should be fully disclosed.
- *Links:* Links can be a helpful method for allowing users to find additional information, but more often they lead to a pointless circling in search of receding information. Websites should alert users when links are leading to an external site.
- *Design:* The site should be designed in order to promote an orderly, logical, and aesthetic movement through the site by the user. The site should be accessible by a non-sophisticated Web browser and with a minimum of advanced plug-ins and programs. There should be a simple and logical design to permit navigation through the site. The site should also have an internal search engine that permits searches by single word or text string and retrieves only relevant material.
- *Interactivity:* The site should have contact information and a mechanism for providing feedback from users. Chat rooms should allow information to be shared between individuals, while bulletin boards should allow users to post information. These criteria were evaluated on a scale of 1 – 10, with 1 being very poor and 10 being excellent.

3. Results

Of 94 websites evaluated based on the search criteria, 80 (85%) were related to psychological trauma. One (1%) was unrelated, one (1%) peripherally related, and 12 (13%) related to medical trauma (Table I). Of these 94 sites, only 56% were primarily medical information. The rest were links to book promotions, journals, or society sites (Table II).

Eighty sites were specifically related to psychological trauma. Of these, only 30% had content input from a physician, and 20% from a psychologist. Forty-one per cent had no input from a mental health professional of any kind (Table III). Forty-six per cent of sites were of a commercial nature (Table IV). Forty-six per cent of sites did not have medical information as the primary focus (e.g. content included testimonials, personal information, etc.) (Table V).

Forty-two per cent of sites had inaccurate information, deemed to be harmful in 6% of cases (Table VI). Seventy-five per cent did not provide a source of their information (Table VII).

Seventy-two sites had adequate content to justify rating (Table VIII). Mean ratings of content (e.g. accuracy, reliability, etc.) were 4 (2 SD) on a scale of 1 – 10, with 10 being the best. There were similar ratings for the other variables assessed, including design, currency of information, links, documentation, nature of intended audience, and contact information, all of which received mean ratings of 4. The mean rating of user support was 3 (2 SD). Ratings for disclosure, authoritative nature of source, ease of use, accessibility, and quality of links were 5.

4. Conclusions

This study shows that websites related to psychological trauma are not providing appropriate information for consumers of medical information. Forty-two per cent of sites provide

inaccurate information, and 75% of sites do not provide a source for their information. Mental-health professionals are not involved in at least 41% of sites, and psychiatrists or psychologists are involved in the development of a minority of sites. Many of the sites surveyed were developed by lay persons with no direct or technical knowledge of the topic, although these websites were the first point of contact of a typical search on the most commonly used Web browsers. The findings suggest that consumers of medical information related to psychological trauma are at best destined to spend considerable time being bounced from site to site to obtain the information they seek, and at worst are obtaining information that is inaccurate and potentially harmful.

Although the advent of the World Wide Web has provided an excellent resource for easily accessible health information, the results of this study show that there is cause for concern [13]. A recent survey showed that 60 million people went online in America seeking health-related information in a single year [14], and the number is continuing to grow. Recently, 37% of consumers were using the Internet for health-related information, and 70% of those people stated that this information influenced a treatment decision [11]. Most recently, there has been an increase in the number of minorities and individuals with lower income and lower education gaining access to the World Wide Web [15,16]. The World Wide Web circumvents problems related to geography, limited resources, and lack of knowledge about available resources to provide unprecedented opportunities for access about information about health to health-care consumers [17,18]. Although a great deal of health information is available on the Internet, little is known about the accessibility or efficacy of this information. There tends to be an excess of information, and little of it is authoritative [19]. There are in fact no criteria restricting the placement of medical information on the Internet, or the credentials or qualifications required of the authors. Health information on the web is often posted haphazardly without forethought about content, accuracy, or usability. Sites are abandoned with little maintenance. Much of the information available is actually harmful, inaccurate, or so poorly accessible that it inefficiently uses the time and energy of the health-care consumer [19 – 31]. Consumers spend a great deal of time navigating from site to site with little return for their investment. Health-care consumers are willing to pay for quality Internet information if they feel there is a return in terms of a quality product.

Few studies have examined the role of the Internet in providing medical information about mental health. One study assessed websites related to depression and found similar patterns of poor information and inaccuracy as reported in the current study [24]. Little has been done, however, in the arena of evaluation of websites related to mental health and psychology, in spite of the plethora of sites available. The meagre information available suggests cause for concern.

Limitations of the current study are worthy of note. Evaluations of websites were performed unblinded by a single rater. There is the possibility that bias could affect ratings of sites. However, blinding the nature of websites is technically difficult. We do not have any data on reliability or validity of the ratings used. However, the ratings are based on published and well-established criteria for evaluation of websites. Given the lack of research in this area, the information provided in the current report will be useful in moving forward in the area of providing medical information about psychological trauma on the Internet.

The results of this study suggest that measures are needed to ensure accurate information for consumers of medical information. The medical profession should take responsibility for endorsing websites with accurate and useful medical information to protect consumers of medical information. It is often pointed out that the Internet provides for true freedom of expression and should not be regulated. Although this is true, that freedom can sometimes have deleterious effects. If trauma victims receive information that is inaccurate, as is

suggested by the current study, this could have harmful effects. Short of regulating the Internet, we propose posting lists of ratings of the accuracy of websites so that consumers can understand the quality and accuracy of the material they are accessing. Also, future studies are required to assess the psychological impact and effects on symptoms of accessing material about trauma through the Internet.

References

1. Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*. 1995; 52:1048–1060. [PubMed: 7492257]
2. Meadows, EA.; Foa, EB. Cognitive-behavioral treatment of traumatized adults. In: Saigh, PA.; Bremner, JD., editors. *Posttraumatic stress disorder: A comprehensive text*. Allyn & Bacon; Needham Heights, MA: 1999. p. 376–390.
3. Foa EB, Feske U, Murdock TB, Kozak MJ, McCarthy PR. Processing of threat related information in rape victims. *Journal of Abnormal Psychology*. 1991; 100:156–162. [PubMed: 2040766]
4. Saigh, PA.; Bremner, JD. *Posttraumatic stress disorder: A comprehensive text*. Allyn & Bacon; Needham Heights, MA: 1999.
5. Surwit RS, van Tilburg MA, Zucker N, McCaskil CC, Parekh P, Feinglos MN, Edwards CL, Williams P, Lane JD. Stress management improves long-term glycemic control in type 2 diabetes. *Diabetes Care*. 2002; 25:30–34. [PubMed: 11772897]
6. Read E, McEachern C, Mitchell T. Psychological well being of patients with rheumatoid arthritis. *British Journal of Nursing*. 2001; 10:1385–1391. [PubMed: 11865243]
7. Belleau FP, Hagan L, Masse B. Effects of an educational intervention on the anxiety of women awaiting mastectomies. *Canadian Oncology Nursing Journal*. 2001; 11:172–180. [PubMed: 11842449]
8. Kolk AM, van Hoof R, Fiedeldij R, Dop MJ. Preparing children for venipuncture: The effect of an integrated intervention on distress before and during venipuncture. *Child: Care, Health and Development*. 2000; 26(3):251–260.
9. Dong P, Mondry A. Enhanced quality and quantity of retrieval of critically appraised topics using the CAT Crawler. *Medical Informatics and the Internet in Medicine*. 2004; 29(1):43–55. [PubMed: 15204609]
10. Dorup J, Hansen M, Schacht, Ribe L, Riisgaard, Larsen K. A comparison of technologies for database-driven websites for medical education. *Medical Informatics and the Internet in Medicine*. 2002; 27(4):281–289. [PubMed: 12745908]
11. Ambre, J.; Guard, R.; Perweiler, FM.; Renner, J.; Rippen, H. [accessed 29 July 2003] Criteria for assessing the quality of health information on the Internet. 1999. Available from: <http://hitiweb.mitretrek.org/docs/criteria.html>
12. Kim P, Eng TR, Deering MJ, Maxfield A. Published criteria for evaluating health related websites: Review. *British Medical Journal*. 1999; 318:647–649. [PubMed: 10066209]
13. Lawrence S, Giles CL. Searching the World Wide Web. *Science*. 1998; 280:98–100. [PubMed: 9525866]
14. Fox, S.; Rainie, L. The online health care revolution: How the Web helps Americans take better care of themselves. Pew Charitable Trusts; Washington, DC: 2000.
15. Berland GK, Elliott MN, Morales LS, Algazy JI, Kravitz RL, Broder MS, Kanouse DE, Munoz JA, Puyol J, Lara M. Health information on the Internet: Accessibility, quality and readability in English and Spanish. *Journal of the American Medical Association*. 2001; 285:2612–2638. others. [PubMed: 11368735]
16. Fox, S.; Horrigan, J.; Lenhart, A. More online, doing more: 16 million newcomers gain Internet access in the last half of 2000 as women, minorities, and families with modest incomes continue to surge online. Pew Internet and American Life Project; Washington, DC: 2001.
17. Eng TR, Maxfield A, Patrick K, Deering MJ, Ratzan S, Gustafson D. Access to health information and support: A public highway or a private road. *Journal of the American Medical Association*. 1998; 280:1371–1375. [PubMed: 9794322]

18. Robinson TN, Patrick K, Eng TR, Gustafson D. An evidence-based approach to interactive health communication: A challenge to medicine in the Information Age. *Journal of the American Medical Association*. 1998; 280:1264–1269. [PubMed: 9786378]
19. Silberg WM, Lundberg GD, Musacchio RA. Assessing, controlling, and assuring the quality of medical information on the internet. Caveant lector et viewor—let the reader and buyer beware. *Journal of the American Medical Association*. 1997; 277:1244–1245.
20. Beredjiklian PK, Bozentka DJ, Steinberg DR, Bernstein J. Evaluating the source and content of orthopedic information on the Internet: the case of carpal tunnel syndrome. *Journal of Bone and Joint Surgery American*. 2000; 82A:1540–1543.
21. Biermann JS, Golladay GJ, Greenfield MLVH, Baker LH. Evaluation of cancer information on the Internet. *Cancer*. 1999; 86:381–390. [PubMed: 10430244]
22. Coiera E. The Internet's challenge to health care provision. *British Medical Journal*. 1996; 312:3–4. [PubMed: 8555856]
23. Davison K. The quality of dietary information on the World Wide Web. *Clinical Performance and Quality Health Care*. 1997; 5:64–66. [PubMed: 10167213]
24. Griffiths KM, Christensen H. Quality of web based information on treatment of depression: cross sectional survey. *British Medical Journal*. 2000; 321:1511–1515. [PubMed: 11118181]
25. Impicciatore P, Pandolfini C, Casella N, Bonati M. Reliability of health information for the public on the World Wide Web: Systematic survey of advice on managing fever in children at home. *British Medical Journal*. 1997; 314:1875–1879. [PubMed: 9224132]
26. Jadad AR, Gagliardi A. Rating health information on the Internet. Navigating to knowledge or to Babel? *Journal of the American Medical Association*. 1998; 279:611–614. [PubMed: 9486757]
27. Jiang YL. Quality evaluation of orthodontic information on the World Wide Web. *American Journal of Orthodontic and Dentofacial Orthopaedics*. 2000; 118:4–9.
28. McClung HJ, Murray HD, Heitlinger LA. The Internet as a source for current patient information. *Pediatrics*. 1998; 101:1–4. [PubMed: 9417143]
29. Sonnenberg FA. Health information on the Internet. Opportunities and pitfalls [editorial]. *Archives of Internal Medicine*. 1997; 157:151–152.
30. Soot LC, Moneta GL, Edwards JM. Vascular surgery and the Internet: a poor source of patient-oriented information. *Journal of Vascular Surgery*. 1999; 30:84–91. [PubMed: 10394157]
31. Wyatt JC. Commentary: Measuring quality and impact of the World Wide Web. *British Medical Journal*. 1997; 314:1879–1881. [PubMed: 9224133]

Table I

Relevance of websites listed in response to trauma-related search.

Content (N=94)	Number (%)
Trauma/PTSD	80 (85%)
Unrelated	1 (1%)
Peripheral relation	1 (1%)
Medical trauma	12 (13%)

Table II

Content of websites listed in response to trauma-related search.

Source (N=94)	Number (%)
Medical information site	53 (56%)
Conference site	4 (4%)
Book promotion	2 (2%)
Journal site or paper	7 (7%)
Personal	5 (5%)
Society site only	8 (9%)
Society site with medical information	14 (15%)
Law practice	1 (1%)

Table III

Author of information in trauma-related websites.

Author (N=80)	Number (%)
Physician	24 (30%)
Psychologist	16 (20%)
Other mental health professional	7 (9%)
Lay person	21 (26%)
Commercial	12 (15%)

Table IV

Commercial nature of trauma-related websites.

Commercial nature (N=80)	Number (%)
Commercial non-pharmaceutical	37 (46%)
Professional or academic	29 (36%)
Lay person or self help	14 (18%)
Pharmaceutical	0 (0%)

Table V

Commercial nature of trauma-related websites.

Type of information (N=80)	Number (%)
Medical information	43 (54%)
Primarily links	4 (5%)
Conversational, testimonial	12 (15%)
Treatment	5 (6%)
Alternative treatment	2 (3%)
Society site	6 (8%)
Meeting site	1 (1%)
Society site with medical info	7 (9%)

Table VI

Accuracy of information on trauma-related websites.

Accuracy (N=80)	Number (%)
Accurate medical information	46 (58%)
Inaccurate anecdotal information	29 (36%)
Harmful inaccurate information	5 (6%)

Table VII

Authoritative nature of sources of information of trauma-related websites.

Sources of information (N=80)	Number (%)
Peer-reviewed literature	14 (18%)
Meetings	6 (7%)
No source listed	60 (75%)

Table VIII

Quality and other factors of websites based on ratings.

Category	Topic	Question	Comments Mean rating (SD), scale of 1–10
<i>A. Content</i>			
	A1. Quality	Was the content of the site of high quality?	4 (2)
	A2. Reliability	Did you find the site reliable? Were the sources of information referenced?	4 (2)
	A3. Accuracy	In your opinion was the information accurate? Was it based on scientific evidence? Evidence-based medicine?	4 (2)
	A4. Scope	Was there an appropriate scope of information? Was there a disclaimer about purpose and scope, responsibility, errors?	4 (2)
	A5. Depth	Did the information of the site have sufficient depth? Were there any links to authoritative articles and texts?	4 (2)
	A6. Relevance/Utility	Was the site relevant for the intended audience? Did it have utility?	4 (2)
<i>B. Design</i>			
	B1. Layout	Did the site have an attractive layout? Was the layout logical?	4 (2)
	B2. Interactivity	Did you like the way you interact with the site? Was it easy to navigate? Were there any internal chat rooms and bulletin boards?	4 (2)
	B3. Presentation	Did the site have a good presentation? Was it clear and simple?	4 (2)
	B4. Appeal	How appealing was the site?	4 (2)
	B5. Graphics	What was the quality of the graphics?	4 (2)
	B6. Use of media	Did the site make good use of media? Was there an internal search engine?	5 (2)
	B7. Accessibility	Was it accessible to lower-end browsers? Did it require high-end plug-ins or other software?	5 (2)
<i>C. Disclosure</i>			
	C1. Identification of purpose	Did the site adequately identify its purpose? Were users given the opportunity to refuse information sharing?	5 (3)
	C2. Nature of organization	Was the nature of the organization clearly outlined? Were privacy policies made clear?	5 (2)
	C3. Sources of support	Were the sources of support for the site clearly outlined?	5 (2)
	C4. Authorship	Was it clear who the authors of the site were?	5 (3)
	C5. Origin	Was it clear what the origin of the site was?	5 (3)
<i>D. Currency of information</i>			
	D1. Frequency of update	Was the site frequently updated? Current info?	4 (2)
	D2. Freshness	Did the site have fresh content?	4 (2)

Category	Topic	Question	Comments Mean rating (SD), scale of 1–10
	D3. Maintenance of site	Was the site well maintained?	4 (2)
<i>E. Authority of source</i>			
	E1. Reputation of source	Was the source of the information of good reputation? Medical expert? Good credentials?	5 (3)
	E2. Credibility	Was the source of the site credible? Identifiable?	5 (3)
	E3. Trustworthiness	Was the source of the information on the site trustworthy? Conflict of interest? Potential Bias?	5 (3)
<i>F. Ease of use</i>			
	F1. Usability	Was the site easy to use?	5 (2)
	F2. Navigability	Was it easy to navigate around the site?	5 (2)
	F3. Functionality	Did you find the site functional?	5 (2)
<i>G. Accessibility and availability</i>			
	G1. Ease of access	Was the site easy to access?	5 (2)
	G2. Fee for access	Did you have to pay a fee, and if so, was it appropriate for the return?	5 (2)
	G3. Stability	Was the site stable?	5 (2)
<i>H. Links</i>			
	H1. Quality of links	Did the site have a good quality of links to other sites? Was it clear when you were sent to an external site? What were the quality and relevance of external links?	4 (2)
	H2. Links to other sources	Were there an adequate number of links to other sources? Too many?	4 (2)
<i>I. Attribution and documentation</i>			
	I1. Presentation of clear references	Were the references clearly presented?	4 (2)
	I2. Balanced evidence	Was there a balanced view of the available evidence on the topic?	4 (2)
<i>J. Intended audience</i>			
	J1. Nature of intended users	Was the nature of intended users clear?	4 (2)
	J2. Appropriateness for intended users	Was the site appropriate for the intended users?	4 (2)
<i>K. Contact addresses or feedback mechanism</i>			
	K1. Availability of contact information	Was contact information clearly available? Was there a feedback mechanism?	4 (2)
	K2. Contact address	Was a contact address clearly available?	4 (2)
<i>L. User support</i>			
	L1. Availability of support	Was user support available?	3 (2)
	L2. Documentation for users	Was there adequate documentation about the site for users?	3 (2)