



Caffeine for daytime drowsiness Eligibility checklist

Study ID: _____

Screened by: _____

1. Study design

Is the study a randomised controlled trial?

- Yes No (**exclude**) Can't tell

2. Participants

Did the study include adults undergoing normal daily activities?

- Yes No (**exclude**) Can't tell

Did the study include adults reporting symptoms of daytime drowsiness (e.g. reduced alertness, fatigue or lowered mood)?

- Yes No (**exclude**) Can't tell

Did the study include participants under conditions of sleep deprivation?

- Yes (**exclude**) No Can't tell

Did the study include participants taking stimulants?

- Yes (**exclude**) No Can't tell

Did the study include participants with a psychiatric disorder, chronic fatigue or postviral syndrome?

- Yes (**exclude**) No Can't tell

3. Interventions

Did the intervention group receive a preparation or dose of caffeine (e.g. instant, brewed or espresso coffee; tea; cola; chocolate; intravenous or pill)?

- Yes No (**exclude**) Can't tell

Did the control group also receive a preparation or dose of caffeine?

- Yes (**exclude**) No Can't tell

Should this study be included in the review?

- INCLUDE** **EXCLUDE** Can't tell