Energy Psychology JOURNAL

JADAD RCT Quality Scale

Oxford Quality Scoring System for Randomised Controlled Trials. Based on Jadad et al. (1996), Controlled Clinical Trials 17(1):1–12. Required for all RCT submissions to the Energy Psychology Journal.

Legend: EPJ — Specific to Energy Psychology Journal | Required — Mandatory — must not be omitted | +1 / −1 — Point added or deducted

How to score

Score 1 point for each YES answer to Q1, Q2, Q3, Q4, and Q5. Deduct 1 point if the randomisation method (Q2−) or blinding method (Q4−) was described but was inappropriate. The maximum possible score is 5. A score ≥3 indicates a high-quality RCT. Scoring should be performed independently by two raters; discrepancies resolved by consensus or a third rater.

Minimum EPJ requirement: Score ≥3 for RCT submissions. Authors should report their study's Jadad score in the Methods section and justify any items that could not be achieved (e.g., blinding limitations in psychotherapy trials).

Item	Question / Criterion	Points	Note
1. Randomisation			
Q1	☐ Was the study described as randomised (i.e., did it use the words random, randomly, or randomisation)? *A yes answer scores 1 point. This is the baseline criterion.*	+1	Required
Q2	☐ Was the method of randomisation described, and was the method appropriate? *Appropriate methods: computer-generated random numbers, random number tables, coin toss, shuffled cards. Score +1 only if appropriate.*	+1	
Q2−	☐ Was the method of randomisation described but inappropriate? *Inappropriate methods: odd/even birth dates, hospital record numbers, alternation, or investigator judgment. Deduct 1 point if described but inappropriate.*	−1	
2. Blinding *Note: Full double-blinding can be difficult in behavioural/psychological trials. Describe any blinding procedures used, including blind outcome assessment.*			
Q3	☐ Was the study described as double-blind? *A yes answer scores 1 point. Both participants and outcome assessors (or investigators) should be blinded.*	+1	
Q4	☐ Was the method of double-blinding described, and was the method appropriate? *Appropriate: use of identical placebo, active control with matching format. Score +1 only if described and appropriate.*	+1	EPJ
Q4−	☐ Was the method of blinding described but inappropriate? *Inappropriate: described as 'double-blind' but only one party was blinded, or method would not conceal assignment. Deduct 1 point.*	−1	

3. Withdrawals and Dropouts

Q5	☐ Was there a description of withdrawals and dropouts? *Must describe the number and reasons for withdrawal/dropout in each group. An attrition rate of 0% is acceptable only if explicitly stated.*	+1	Required

Score Interpretation

Score	Quality Level	Interpretation for EPJ Submissions
5	Rigorous	Excellent methodological quality. Full compliance with randomisation, blinding, and attrition reporting. Ideal standard for EPJ submissions.
4	High Quality	High quality. Minor deficiency in one element. Generally acceptable for EPJ review without major methodology concerns.
3	Acceptable	Acceptable quality. Meets minimum EPJ standard. Reviewers may request clarification on the weaker element.
2	Low Quality	Low quality. Significant methodological weaknesses. Likely to receive major revisions or rejection without substantial justification.
1	Very Low Quality	Very poor. Fundamental quality deficiencies. Unlikely to meet EPJ standards without complete redesign.
0	Unacceptable	Fails to meet minimum criteria for a randomised controlled trial. Not eligible for EPJ consideration as an RCT.

EPJ Guidance for Energy Psychology Trials

EPJ-Specific Guidance

Randomisation	Always describe the exact method used to generate the allocation sequence (e.g., 'computer-generated random numbers using R v4.2'). Avoid alternation, birth-date, or convenience-based allocation.
Blinding	Full double-blinding is often impractical in psychotherapy trials. At minimum, ensure blind outcome assessment. Describe who was blinded, how blinding was achieved, and how fidelity was checked.
Attrition	Report withdrawals and dropouts per group with reasons. Use CONSORT flow diagram. Conduct and report intention-to-treat (ITT) analysis as the primary analysis.
Fidelity	EPJ additionally requires reporting of treatment fidelity / adherence (not assessed by Jadad but required by EPJ). See Ideal Efficacy Study Elements document.
Pre-registration	Pre-register your trial (e.g., ClinicalTrials.gov, ANZCTR) before data collection. Include registration number in the manuscript (CONSORT item 23).

Reference: Jadad AR, Moore RA, Carroll D, Jenkinson C, Reynolds DJM, Gavaghan DJ, McQuay HJ. Assessing the quality of reports of randomised clinical trials: is blinding necessary? Controlled Clinical Trials. 1996;17(1):1–12. PMID: 8721797