

Internet Health Scams—Assessing the Risk of Deception

Does the product or service advertisement and marketing exhibit any of the following (yes or no)?

	Yes
AUTHORITY: The use of personal status or celebrity in promoting the product/service. If yes, score 1	1
SCARCITY: The use of claims of rarity or exclusivity (in short supply, imported, or exclusively available here). If yes, score 2	2
LIKING AND SIMILARITY: The use of popular association techniques, such as “people like you use this,” or “join the millions of satisfied customers.” This also includes the use of social influence—use of sociocultural memes promoting inclusivity: E.g., “Mom’s tips/ticks,” “Doctor’s don’t want you to know this,” “old/weird trick” etc. If yes, score 2	2
RECIPROCATATION: Something is provided free, and there becomes an obligation to provide something in return (e.g., a free sample or additional “gift” is given to solicit agreement to a follow-up telephone call, or sign up for a monthly scheme). If yes, score 1	1
EFFECTS CLAIMS: Extraordinary or miraculous effects, use of before and after pictures, testimonials of satisfied patients/customers. If yes, score 2	2
PSEUDOTECHNICAL LANGUAGE: Uses new words (neologisms), repetitive and tautological statements, or jargon to explain how it works. If yes, score 1	1
PSEUDOSCIENCE: It is presented as scientific, but is not. Uses an overreliance on citing studies with confirmation bias from disciplinary interest journals, with a lack of independent verification. Undertheorised with the use of vague unfalsifiable, faith-based or mystical theories and methods or language in explaining how it works. Use of compound science terms. For example, ancient, holistic, kemetic, integrative quantum-based, NASA, molecular or nano-science. If yes, score 2	2
EVIDENCE OF EFFICACY LEVEL: <i>Select only one. For example, if Low, assign a score of 3</i>	
Very low: No empirical evidence of efficacy, theoretical framework vague/absent, confirmation through users and testimonials, use of alternative (e.g., faith based) explanations of efficacy.	4
Low: Some empirical evidence, unproven theoretical framework, quasi-scientific work cited, overreliance on confirmation studies, quantitative, or pilot studies, lack of rigorous repeat studies or conflicting results, main publications cited in non-peer reviewed or in special-interest/alternative media, use of alternative (e.g. faith based) explanations of efficacy.	3
Moderate: Empirical evidence accessible but no consensus on efficacy, scientific theoretical framework established but contentious, good range of qualitative and quantitative large-scale studies available in varied conventional peer-reviewed scientific journals.	2
Good: Empirical evidence readily accessible and some good evidence of efficacy, scientific theoretical framework generally accepted, a large volume of qualitative and quantitative large-scale studies available supporting the practice in varied conventional peer-reviewed scientific journals. Established history of use and efficacy in practice.	1
Excellent: Established large volume of sound empirical evidence of efficacy, theoretical framework widely accepted, qualitative and quantitative large-scale studies, and systematic reviews or meta-analyses supporting efficacy available, established research base in varied conventional peer-reviewed scientific journals. Widespread history of use and efficacy in practice.	0
TOTAL (The higher the score, the higher the risk of deception):	