***Welcome to Stillman Translations preliminary onboarding assessment!***

*This assessment has 5 sections. Make sure to follow the instructions and complete all the information needed.*

*The goal of this request is to analyze your performance and your potential.*

*Breathe in and out, and do your best. Hope we can count on you soon!*

**SECTION 1. INSTRUCTIONS**

Below you will find a special instruction for section 3:

\*Please make sure target text mirrors source format.

\*Normalize spaces.

**SECTION 2. GLOSSARY**

*In this section, you are required to complete this task:*

*\*Extract four terms (cells 1 to 4) from the text in Section 3 that you consider are worth being in the glossary.*

|  |  |  |
| --- | --- | --- |
|  | **Source** | **Target** |
| 1 | carbohydrate quality | calidad de los carbohidratos |
| 2 | dietary fibre | Fibra alimentaria |
| 3 | bias assessment | evaluación de sesgos |
| 4 | glycaemic index | Índice glucémico |

**SECTION 3. TRANSLATION**

Please, add your sample translation below (between 300-500 words). Bear in mind this should be the best sample of your work!

|  |  |
| --- | --- |
| **Source** | **Target** |
| Carbohydrate quality and human health: a series of systematic reviews and meta-analyses  **Background** Previous systematic reviews and meta-analyses explaining the relationship between carbohydrate quality and health have usually examined a single marker and a limited number of clinical outcomes. We aimed to more precisely quantify the predictive potential of several markers, to determine which markers are most useful, and to establish an evidence base for quantitative recommendations for intakes of dietary fibre.  **Methods** We did a series of systematic reviews and meta-analyses of prospective studies published from database inception to April 30, 2017, and randomised controlled trials published from database inception to Feb 28, 2018, which reported on indicators of carbohydrate quality and non-communicable disease incidence, mortality, and risk factors. Studies were identified by searches in PubMed, Ovid MEDLINE, Embase, and the Cochrane Central Register of Controlled Trials, and by hand searching of previous publications. We excluded prospective studies and trials reporting on participants with a chronic disease, and weight loss trials or trials involving supplements. Searches, data extraction, and bias assessment were duplicated independently. The GRADE approach was used to assess quality of evidence.  **Findings** Observational data suggest a 15–30% decrease in all-cause and cardiovascular related mortality, and incidence of coronary heart disease, stroke incidence and mortality, type 2 diabetes, and colorectal cancer when comparing the highest dietary fibre consumers with the lowest consumers. Risk reduction associated with a range of critical outcomes was greatest when daily intake of dietary fibre was between 25 g and 29 g. Dose-response curves suggested that higher intakes of dietary fibre could confer even greater benefit to protect against cardiovascular diseases, type 2 diabetes, and colorectal and breast cancer. Similar findings for whole grain intake were observed. Smaller or no risk reductions were found with the observational data when comparing the effects of diets characterised by low rather than higher glycaemic index or load. The certainty of evidence for relationships between carbohydrate quality and critical outcomes was graded as moderate for dietary fibre, low to moderate for whole grains, and low to very low for dietary glycaemic index and glycaemic load. Data relating to other dietary exposures are scarce.  Word count: 357 | La calidad de los carbohidratos y la salud humana: una serie de revisiones sistemáticas y metaanálisis  **Introducción** Las revisiones sistemáticas y los metaanálisis previos que explican la relación entre la calidad de los carbohidratos y la salud generalmente han examinado un solo marcador y un número limitado de resultados clínicos. Nuestro objetivo fue cuantificar con mayor precisión el potencial predictivo de varios marcadores para determinar cuáles son los más útiles y para establecer una base empírica para las recomendaciones cuantitativas de las ingestas de fibras alimentarias.  **Métodos** Realizamos varias revisiones sistemáticas y metaanálisis de estudios prospectivos publicados desde el inicio de la base de datos hasta el 30 de abril del 2017 y de ensayos aleatorizados y controlados publicados desde el inicio de la base de datos hasta el 28 de febrero del 2018, que informaron sobre los indicadores de la calidad de los carbohidratos y la incidencia de las enfermedades no transmisibles, la mortalidad y los factores de riesgo. Se identificaron los estudios mediante búsquedas en PubMed, Ovid MEDLINE, Embase y Cochrane Central Register of Controlled Trials y mediante búsquedas manuales de publicaciones anteriores. Excluimos estudios prospectivos y ensayos que informaron sobre los participantes con enfermedades crónicas y los ensayos de adelgazamiento o ensayos que involucraron suplementos. Se duplicaron independientemente las búsquedas, la extracción de datos y la evaluación de sesgos. Se usó el enfoque GRADE para evaluar la calidad de la evidencia.  **Descubrimientos** En los datos observacionales se sugiere una disminución del 15 al 30 % en la mortalidad cardiovascular y por todas las causas, y una incidencia de enfermedades coronarias, accidentes cerebrovasculares y mortalidad, diabetes tipo 2 y cáncer colorrectal cuando se comparan los mayores consumos de fibra alimentaria con los menores consumos. La reducción del riesgo asociada a una serie de resultados críticos fue mayor cuando la ingesta de fibra alimentaria fue entre 25 g y 29 g. En las curvas dosis-respuesta se sugiere que mayores ingestas de fibra alimentaria podrían tener un beneficio aún mayor para proteger contra las enfermedades cardiovasculares, la diabetes tipo 2 y los cánceres colorrectales y de mama. Se observaron datos similares para la ingesta de granos integrales. Se encontraron pequeñas disminuciones o ninguna con los datos observacionales cuando se compararon los efectos de las dietas caracterizadas por un índice glucémico o carga glucémica baja y no elevada. La certeza de la evidencia para las relaciones entre la calidad de los carbohidratos y los resultados críticos se evaluó como moderado para la fibra alimentaria, de bajo a moderado para los granos integrales y de bajo a muy bajo para el índice glucémico alimentario y carga glucémica. Los datos relacionados con otras exposiciones alimentarias son escasos.  Word count: 444 |

Source text: Carbohydrate quality and human health: a series of systematic reviews and meta-analyses

Authors: Andrew Reynolds, Jim Mann, John Cummings, Nicola Winter, Evelyn Mete, Lisa Te Morenga

Link: <https://tinyurl.com/yg4rpwpj>

**SECTION 4. QUESTIONS AND COMMENTS**

We also need to check your capacity to spot potential issues beforehand.

In the table below, please list your questions and comments in relation with this test:

1. Challenging sections from the source text or sections you are unsure of should be copied or inserted into the **Source Text** column.

2. Write your translation in the **Target Text** column.

3. Doubts and comments should be written in English.

|  |  |  |
| --- | --- | --- |
| Source Text | Target Text | Question / Comment  (in English) |
| Studies were identified by searches in PubMed, Ovid MEDLINE, Embase, and the Cochrane Central Register of Controlled Trials, and by hand searching of previous publications. | . Se identificaron los estudios mediante búsquedas en PubMed, Ovid MEDLINE, Embase y Cochrane Central Register of Controlled Trials y mediante búsquedas manuales de publicaciones anteriores | should I have used italics on website names in the target text? |
| Observational data suggest a 15–30% decrease in all-cause and cardiovascular related mortality | En los datos observacionales se sugiere una disminución del 15 al 30 % en la mortalidad cardiovascular | Should I have transferred the figure? |
|  |  |  |
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|  |  |  |

**SECTION 5. REFERENCES**

In the table below, please list the reference material you have consulted to carry out this test.

1. Please introduce the **Reference source** (including publisher and full title as appropriate) in the first column.
2. Specify if your reference source is general or specific. If specific, clarify which term or section the reference covers.

|  |  |
| --- | --- |
| Reference Source | General / Specific (Term) |
| Diciconario crítico de dudas – Fernando a. Navarrro | General |
| Oxford dictionary A Dictionary of Food and Nutrition By David A. Bender | General |
| Diccionary: Stedman bilingüe: diccionario de ciencias médicas: inglés-español, español Escrito por Thomas Lathrop Stedman, William K. Beatty | General |
| Dietary Guidelines 2015-2020  Health.gov | General |
| Diccionario Panhispánico de dudas - 2005  Real Academia Española | General |

Thanks!