

**S2 Table. Quality assessment checklist for prevalence studies (adapted from Hoy et al [1])**

Name of author(s):		
Year of publication:		
Study title:		
<b>Risk of bias items</b>	<b>Risk of bias levels</b>	<b>Points scored</b>
1. Was the study's target population a close representation of the national population in relation to relevant variables, e.g. age, sex, occupation?	<b>Yes (LOW RISK):</b> The study's target population was a close representation of the national population.	0
	<b>No (HIGH RISK):</b> The study's target population was clearly NOT representative of the national population.	1
2. Was the sampling frame a true or close representation of the target population?	<b>Yes (LOW RISK):</b> The sampling frame was a true or close representation of the target population.	0
	<b>No (HIGH RISK):</b> The sampling frame was NOT a true or close representation of the target population.	1
3. Was some form of random selection used to select the sample, OR, was a census undertaken?	<b>Yes (LOW RISK):</b> A census was undertaken, OR, some form of random selection was used to select the sample (e.g. simple random sampling, stratified random sampling, cluster sampling, systematic sampling).	0
	<b>No (HIGH RISK):</b> A census was NOT undertaken, AND some form of random selection was NOT used to select the sample.	1
4. Was the likelihood of non-response bias minimal?	<b>Yes (LOW RISK):</b> The response rate for the study was $\geq 75\%$ , OR, an analysis was performed that showed no significant difference in relevant demographic characteristics between responders and non-responders	0
	<b>No (HIGH RISK):</b> The response rate was $<75\%$ , and if any analysis comparing responders and non-responders was done, it showed a significant difference in relevant demographic characteristics between responders and non-responders	1
5. Were data collected directly from the subjects (as opposed to a proxy)?	<b>Yes (LOW RISK):</b> All data were collected directly from the subjects.	0
	<b>No (HIGH RISK):</b> In some instances, data were collected from a proxy.	1
6. Was an acceptable case definition used in the study?	<b>Yes (LOW RISK):</b> An acceptable case definition was used.	0
	<b>No (HIGH RISK):</b> An acceptable case definition was NOT used	1
7. Was the study instrument that measured the parameter of interest (e.g. prevalence of low back pain) shown to have reliability and validity (if necessary)?	<b>Yes (LOW RISK):</b> The study instrument had been shown to have reliability and validity (if this was necessary), e.g. test-re-test, piloting, validation in a previous study, etc.	0
	<b>No (HIGH RISK):</b> The study instrument had NOT been shown to have reliability or validity (if this was necessary).	1
8. Was the same mode of data collection used for all subjects?	<b>Yes (LOW RISK):</b> The same mode of data collection was used for all subjects.	0
	<b>No (HIGH RISK):</b> The same mode of data collection was NOT used for all subjects.	1
9. Were the numerator(s) and denominator(s) for the parameter of interest appropriate	<b>Yes (LOW RISK):</b> The paper presented appropriate numerator(s) AND denominator(s) for the parameter of interest (e.g. the prevalence of low back pain).	0
	<b>No (HIGH RISK):</b> The paper did present numerator(s) AND denominator(s) for the parameter of interest but one or more of these were inappropriate.	1
10. Summary on the overall risk of study bias	<b>LOW RISK</b>	0-3
	<b>MODERATE RISK</b>	4-6
	<b>HIGH RISK</b>	7-9

1. Hoy D, Brooks P, Woolf A, Blyth F, March L, Bain C, et al. Assessing risk of bias in prevalence studies: modification of an existing tool and evidence of interrater agreement. J Clin Epidemiol. 2012;65: 934-939.