

Supplementary File B: Data Extraction Tool

Reviewer Name: _____

Date: _____

Data Extraction Tool

Study Title: _____

Author Name(s): _____

Journal: _____

Year: _____ **Country:** _____

Publication Type:

<input type="checkbox"/> Original Research <input type="checkbox"/> Review <input type="checkbox"/> Grey Literature <input type="checkbox"/> Report	<input type="checkbox"/> Abstract <input type="checkbox"/> Conference Proceedings <input type="checkbox"/> Thesis/Dissertation <input type="checkbox"/> Other (specify): _____
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Population or Target Group Characteristics (specify, if applicable):

Age group: _____

Sex/Gender: _____

Race/Ethnicity: _____

Disability: _____

Other (specify): _____

Study Type:

<input type="checkbox"/> Clinical	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Intervention	<input type="checkbox"/> Epidemiological	

Study Design (specify): _____

Is this design.... Cross-sectional or Longitudinal
 (Interval to follow-up: _____)

Physical Illness Diagnosis (ICD preferred): _____

Physical health markers, if any: _____

Mental Illness Diagnosis (DSM preferred): _____

Data Analysis Methods:	
Main Findings:	
Study Limitations:	
Study Recommendations:	