

Supplementary Material

Table S1: Screening questions

Is the document a guideline?	Did the guideline use the GRADE approach for developing recommendations?	Did the guideline provide evidence-to-decision (EtD) tables or an equivalent (e.g. all EtD sections covered, but only provided in a narrative way in the text of the guideline)?	Is the guideline an original main document? (e.g. it is not an annex, it is not one part of a range of guidelines on the same topic)	Is the guideline a public health guideline (see protocol for detailed definition)?	Does the guideline cover screening topics? (At least 50% of recommendations are related to screening.)
Yes – include No - exclude	Yes – include No - exclude	Yes – include No - exclude	Yes – include No – look for the main document	Yes – include No - exclude	Yes – include as a screening guideline No – include

Table S2: Data extraction instrument

Purpose (scope) of the guideline, including remit of the organisation (if stated)
Target audience (who will use the guidelines, who is it for)
How were stakeholders for the guideline identified?
How were outcomes identified and prioritized?
Was the GRADE approach to prioritizing outcomes used?
Were there any non-health outcomes? (examples: academic achievement, job satisfaction)
How did the panel/guideline development group decide on thresholds for decision-making (or minimal important difference, or important thresholds)? How were findings interpreted?
How did the panel/group assess the overall certainty of evidence?
What consensus methods were used to agree on the recommendations and their strength?
How many recommendations were based on high/moderate/low/very low certainty of evidence respectively?
Were there any strong recommendations based on low or very low certainty of evidence?
Were there any good practice statements in the guideline (or any formally approved statements other than recommendations)?
What study designs were included in the guideline? (examples: only RCTs, any type of study)
Were non-randomized controlled studies (NRS) used in the guideline?
Was there moderate or high certainty of evidence based on NRS/observational studies?
Was evidence from RCTs and NRS/observational studies pooled together in GRADE tables?
Did NRS or observational studies start at high certainty of evidence and then downgraded?
Were there any methodological concerns and/or challenges noted by guideline authors?
Were there any modifications made to the GRADE approach, and how were they justified?

Abbreviations: RCT – randomized controlled trial; NRS – non-randomized studies of interventions, EtD – evidence-to-decision framework