

### Additional file 3: Data extraction form

Study identification:	Date form completed:	
First author:	Year of study:	Name of extractor:
Full citation (including doi):		

#### GENERAL INFORMATION

Publication type: <input type="checkbox"/> Journal article <input type="checkbox"/> Abstract <input type="checkbox"/> Other (specify: _____)
Country of study:
Funding source of study:
Potential conflict of interest from funding source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

#### STUDY ELIGIBILITY

<b>Study characteristics</b>	<b>Page/ Para/ Fig #</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Type of study</td> <td> <input type="checkbox"/> Randomized controlled trial  <input type="checkbox"/> Controlled clinical trial  <input type="checkbox"/> Other (specify: _____)                 </td> </tr> <tr> <td style="vertical-align: top;">Does the study design meet the criteria for inclusion?</td> <td> <input type="checkbox"/> Yes    <input type="checkbox"/> No → <b>Exclude</b>    <input type="checkbox"/> Unclear                 </td> </tr> <tr> <td colspan="2">Description in text:</td> </tr> </table>	Type of study	<input type="checkbox"/> Randomized controlled trial <input type="checkbox"/> Controlled clinical trial <input type="checkbox"/> Other (specify: _____)	Does the study design meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear	Description in text:		
Type of study	<input type="checkbox"/> Randomized controlled trial <input type="checkbox"/> Controlled clinical trial <input type="checkbox"/> Other (specify: _____)						
Does the study design meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear						
Description in text:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Participants</td> <td>Describe the participants:</td> </tr> <tr> <td style="vertical-align: top;">Do the participants meet the criteria for inclusion?</td> <td> <input type="checkbox"/> Yes    <input type="checkbox"/> No → <b>Exclude</b>    <input type="checkbox"/> Unclear                 </td> </tr> <tr> <td colspan="2">Description in text:</td> </tr> </table>	Participants	Describe the participants:	Do the participants meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear	Description in text:		
Participants	Describe the participants:						
Do the participants meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear						
Description in text:							

**STUDY ELIGIBILITY (CONTINUED)**

Type(s) of intervention(s)	Describe the intervention(s):		
	Does/do the intervention(s) meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear	
	Description in text:		
Type(s) of outcome(s) assessed	Describe the physical activity outcome(s) assessed:		
	Does/do the physical activity outcome(s) meet the criteria for inclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear	
	Description in text:		
	Were additional outcomes assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>Exclude</b> <input type="checkbox"/> Unclear	
	If yes, what additional outcome(s) was/were assessed?		
	Description in text:		

**SUMMARY OF ASSESSMENT FOR INCLUSION**

<input type="checkbox"/> Include in review <input type="checkbox"/> Exclude from review <input type="checkbox"/> Unclear	
Independently assessed and then compared? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disagreement resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Request further details? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact details of corresponding authors:
Notes:	

**DO NOT PROCEED IF PAPER EXCLUDED FROM REVIEW**

## STUDY DETAILS

Study intention	Descriptions as stated in the report/paper	Page/ Para/ Fig #
Aim of intervention(s)	What was the problem that the intervention(s) was/were designed to address?	
Aim(s) of study	What was the study designed to assess? Is/are the aim clearly stated?	
Total study duration		
Notes:		

Methods	Descriptions as stated in the report/paper	Page/ Para/ Fig #
Method(s) of recruitment of participants <i>(How were potential participants approached and invited to participate? Where were participants recruited from? Does this differ from the intervention setting?)</i>		
Inclusion/exclusion criteria for participation in study	Inclusion:  Exclusion:	
Representativeness of sample: Are participants in the study likely to be representative of the target population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Details:	
Total number of intervention groups		
Sample size calculation: What assumptions were made? Were these assumptions appropriate?	Assumptions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
What was the unit of randomization (if applicable)? Was allocation by individuals or cluster/groups?	Unit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
What was the unit of analysis? Is this the same as the unit of randomization?	Unit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Statistical method(s) used and appropriateness of these methods		
Notes:		

<b>Participants</b>	<b>Include information for each group (i.e., intervention(s) and control(s)) under study</b>	<b>Page/ Para/ Fig #</b>
What percentage of selected individuals agreed to participate?		
Total number randomized (or total population at start of study for controlled clinical trials)		
Number of individuals allocated to each group		
Where there any significant baseline imbalances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Details:	
Number and reason for withdrawals and exclusions for each group		
What percentage of participants completed the study?		
What percentage of participants received the allocated intervention(s)?		
Is the analysis performed by intervention(s) allocation status (intention-to-treat) rather than the actual intervention received? Have any attempts been made to impute missing data? If imputation was used, what imputation method(s) was used?		
Age (median, mean, range, and variance, if possible)	Median:            Mean:            Range: Standard deviation (or other variance):	
Sex	<input type="checkbox"/> Male (n=    ) <input type="checkbox"/> Female (n=    )	
Race/Ethnicity		
Principal health problem (include type of cancer, stage of disease, and treatment status if possible)		

Comorbid health condition(s)?		
Notes:		

<b>Intervention group 1</b> ( <i>copy and paste table if multiple intervention groups</i> )		<b>Page/ Para/ Fig #</b>
Specify setting (e.g., multi-centre, community clinic, GP clinic)		
Theoretical framework	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Describe (provide key references):	
Content (list the strategies intended and delivered)	Details:	
Delivery (e.g., timing, frequency, duration, intensity, fidelity)		
Providers (e.g., who, number, profession, training)		
Follow-up assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear If yes, duration:	
What are the moderators/mediators of changes stated in the study?		
Control/comparison (what information is provided about what the control or comparison group received?)	Details:	
Notes:		

**OUTCOMES**

	<b>Outcome 1</b>	<b>Page/ Para/ Fig #</b>
Outcome name and definition		
Time points measured		
Time points reported		
How is the measure applied? (e.g., telephone survey, mail survey, in person, routinely collected data)		
How is the outcome assessed?	<input type="checkbox"/> Self-reported <input type="checkbox"/> Objective Describe:	
Unit of measurement (if relevant)		
Has the outcome measure validated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Is the outcome measure reliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Notes:		

<i>(copy and paste table if multiple intervention groups)</i>	<b>Outcome 2...k</b>	<b>Page/ Para/ Fig #</b>
Outcome name and definition		
Time points measured		
Time points reported		
How is the measure applied? (e.g., telephone survey, mail survey, in person, routinely collected data)		
How is the outcome assessed?	<input type="checkbox"/> Self-reported <input type="checkbox"/> Objective Describe:	
Unit of measurement (if relevant)		
Has the outcome measure validated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Is the outcome measure reliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Notes:		

## RESULTS

	For continuous outcomes						Page/ Para/ Fig #
Description (as reported in text)							
Comparison							
Outcome(s)							
Subgroups							
Time points							
Post- intervention or change from baseline?							
Results	Intervention			Comparison			
	Mean/ Median	SD (or other variance)	Number of participants	Mean/ Median	SD (or other variance)	Number of participants	
Any other results reported							
Number of missing participants and reasons							
Re-analysis required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Reasons:						
Re-analysis possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Reasons:						
Re- analyzed results							
Notes:							

	<b>For dichotomous or categorical outcomes</b>						<b>Page/ Para/ Fig #</b>
Description (as reported in text)							
Comparison							
Outcome(s)							
Subgroups							
Time points							
Post- intervention or change from baseline?							
Results	Intervention			Comparison			
	Effect estimate	CI (or other variance)	Number of participants	Effect estimate	CI (or other variance)	Number of participants	
Any other results reported							
Number of missing participants and reasons							
Re-analysis required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Reasons:						
Re-analysis possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Reasons:						
Re- analyzed results							
Notes:							

**OTHER RELEVANT INFORMATION**

Were outcomes relating to harms/adverse events of the intervention described? Include any data for these in the outcomes tables above	
Key conclusions of the study authors	
Could the inclusion of this study potentially bias the generalizability of the review?	

**ATTACH CHECKLIST FOR ASSESSING RISK OF BIAS**