Effective Health Care Program

Comparative Effectiveness Review
Number 124

Meditation Programs for Psychological Stress and Well-Being—Appendixes

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Appendix A. Abbreviations and Glossary of Terms

Table A1. Abbreviations and acronyms

Abbreviation/Acronym	Explanation
AC	Active Control
ASG	Alcohol dependence Support Group
BAI	Beck Anxiety Index
BDI	Beck Depression Inventory
BSI	Brief Symptom Inventory
CBGT	Cognitive Behavioral Group Therapy
CESD	Center for Epidemiologic Studies Depression Scale
CHF	Congestive heart failure
COPD	Chronic obstructive pulmonary disease
CSM	Clinically Standardized Meditation
FFS	Freedom From Smoking Treatment
HE	Health Education
IBS	irritable bowel syndrome
IPAT	Institute for Personality and Ability Testing
Kcal/d	Kilocalorie per day
LSQ	Life Stress Ins Q
M-ADM	Maintenance Antidepressant Mono-Therapy
MBBT	Mindfulness-based Breathing Therapy
MBCT	Mindfulness-based Cognitive Therapy
MBRP	Mindfulness-based Relapse Prevention
MBSR	Mindfulness Based Stress Reduction
MG	Mindfulness Group/Mindfulness Treatment Group
MORE	Mindfulness-oriented Recovery Enhancement
MP	Meditation Program
MPI	Multidisciplinary Pain Intervention
MT	Mindfulness Training
NE	Nutrition Education
NEP	Nutrition Education Program
NP	Not Provided
NRS	Numeric Rating Scale
OM	Other Mantra (any mantra program other than TM)
P+CL	Placebo Plus Clinical Management
PANAS	Positive and Negative Affect Scale/Schedule
PANAS-N	Positive and Negative Affect Scale—Negative mood
PCT	Pharmacotherapy
POMS	Profile of Mood States
PMR	Progressive muscular relaxation
PPS	Pain Perception (Sensory)
PSQL	Pittsburgh Sleep Quality Index
PSS	Perceived Stress Scale
RG	Relaxation Treatment Group
RL	Progressive Muscle Relaxation Group
SCID	Structured Clinical Interview
SCL	Symptom Checklist
SCL90	Symptom Checklist 90
SCL90-GSI	Symptom Checklist 90 Global Severity Index
SF12:MC	Short Form-12: Mental Component Score of Health-related Quality of Life
SF36	Short Form-36
SF36:MC	Short Form 36: Mental Component Score of Health-related Quality of Life
SG	Support Group
SIAS	Social Interaction Scale
SP	Spiritual Meditation Group
SRDS	Self-rating Depression Scale
STAI	State Trait Anxiety Index

Abbreviation/Acronym	Explanation
TM	Transcendental Meditation
VR36	Veterans RAND 36 Item Health Survey
WHOQL	World Health Organization Quality of Life Assessment

Appendix Table A2. Glossary

Term	Definition
Affect	A clinical term that refers to emotion or mood. It can be positive, such as the feeling of well-being, or negative, such as anxiousness, depression, or stress. Studies usually measure affect through self-reported questionnaires designed to gauge how much someone experiences a particular affect.
Attrition	A reduction in sample size due to withdrawal of study participants
Difference in change	An analytic strategy that factors in baseline measurements of both the treatment group and control group in examining the effect of a treatment.
Intent-to-treat (ITT)	An analytic strategy that includes all patients based on their original assignment in a randomized controlled trial. This allows for more accurate assessment of the effectiveness of an intervention as everyone who is initially randomized is included in the analysis, regardless of their completion of the trial.
Mantra meditation	Any mantra meditation program, including transcendental meditation (TM), Clinically standardized meditation, or other mantra-based program
Meta-analysis	A statistical method of combining results from a group of research findings in order to determine patterns and an overall effect size (i.e., strength of a relationship).
Mindfulness meditation	Any mindfulness meditation program, including mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), or other variation
Modified mindfulness program	Any mindfulness program that has used a variation of MBSR or other Buddhist-based mindfulness technique
Nonspecific active control	A nonspecific active control only matches time and attention, and is not a known therapy
Other Mantra	Any mantra program other than transcendental meditation (TM)
Percent difference in change	Percent change that the difference in change (see above) represents from baseline.
Randomization	A process whereby participants in a research study are assigned to a treatment(s) or control group(s) by chance (i.e., there is an equal possibility that they will be assigned to either group(s)). This allows for equal allocation of factors that may impact study results (e.g., age, gender, race, etc.) in each group.
Scale	An instrument to measure something. Examples include the Perceived Stress Scale or the SF 36 Mental Health subscale.
Specific active control	A specific active control compares the intervention to another known therapy, such as progressive muscle relaxation.
Standardized mean difference	A statistic in meta-analysis when studies that assess an outcome using a variety of measures are made standard on a scale for a more direct comparison.

Appendix B. Detailed Search Strategies

PubMed

meditation[mh] OR meditat*[tiab] OR mindful*[tiab] OR transcendental Meditation[mh] OR "transcendental Meditation"[tiab] OR "mindfulness-based cognitive therapy"[tiab] OR "MBCT"[tiab] OR "mindfulness-based stress reduction"[tiab] OR "MBSR"[tiab] OR Vipassana[tiab] OR zen[tiab] OR Qi-gong[tiab] OR Qigong[tiab] OR Chi kung[tiab] OR Tai Chi[tiab] OR TaiChi[tiab] OR tai ji[mh] OR Yoga[mh]OR yoga[tiab] OR Yogic[tiab]OR dhyana[tiab] OR asana[tiab] OR pranayama[tiab] OR sudarshan[tiab]

CINAHL

TI meditat* OR SU meditation OR TI mindful* OR SU mindfulness OR TI "transcendental Meditation" OR SU transcendental Meditation OR TI "mindfulness-based cognitive therapy" OR TI "MBCT" OR TI "mindfulness-based stress reduction" OR TI "MBSR" OR TI Vipassana OR TI zen OR TI Qigong OR TI Qi gong OR SU Qigong OR TI Chi kung OR TI Tai Chi OR TI TaiChi OR SU Tai Chi OR TI Yoga OR SU yoga OR TI dhyana OR TI asana OR TI pranayama OR TI sudarshan

PsycINFO

TI meditat* OR SU meditation OR TI mindful* OR SU mindfulness OR TI "transcendental Meditation" OR SU transcendental Meditation OR TI "mindfulness-based cognitive therapy" OR TI "MBCT" OR TI "mindfulness-based stress reduction" OR TI "MBSR" OR TI Vipassana OR TI zen OR TI Qigong OR TI Qi gong OR SU Qigong OR TI Chi kung OR TI Tai Chi OR TI TaiChi OR SU Tai Chi OR TI Yoga OR SU yoga OR TI dhyana OR TI asana OR TI pranayama OR TI sudarshan

PsycARTICLES

TI meditat* OR SU meditation OR TI mindful* OR SU mindfulness OR TI "transcendental Meditation" OR SU transcendental Meditation OR TI "mindfulness-based cognitive therapy" OR TI "MBCT" OR TI "mindfulness-based stress reduction" OR TI "MBSR" OR TI Vipassana OR TI zen OR TI Qigong OR TI Qi gong OR SU Qigong OR TI Chi kung OR TI Tai Chi OR TI TaiChi OR SU Tai Chi OR TI Yoga OR SU yoga OR TI dhyana OR TI asana OR TI pranayama OR TI sudarshan

Scopus

(KEY(meditation) OR TITLE(meditation) OR KEY(mindfulness) OR TITLE(mindfulness) OR TITLE("transcendental Meditation") OR TITLE("mindfulness-based cognitive therapy") OR TITLE("MBCT") OR TITLE("mindfulness-based stress reduction") OR TITLE("MBSR") OR KEY(yoga) OR TITLE(yoga) OR TITLE-ABS-KEY(vipassana) OR TITLE-ABS-KEY(tai chi) OR TITLE-ABS-KEY(qigong) OR TITLE-ABS-KEY(chi kung) OR TITLE-ABS-KEY(dhyana) OR TITLE-ABS-KEY(asana) OR TITLE-ABS-KEY(pranayama) OR TITLE-ABS-KEY(sudarshan))

Cochrane

ID	Search
#1	(meditation):ti,ab,kw
#2	MeSH descriptor Meditation, this term only
#3	(meditation):ti or (meditation):kw
#4	(#2 OR #3)
#5	MeSH descriptor Tai Ji explode tree 1
#6	MeSH descriptor Yoga explode tree 1
#7	(#4 OR #5 OR #6)
#8	(Vipassana):ti or (Vipassana):kw or (zen):ti or (zen):kw or (Qigong):ti
#9	(#7 OR #8)
#10	"Tai Chi":ti or "Tai Chi":kw or (yoga):ti or (yoga):kw or (dhyana):kw
#11	(#9 OR #10)
#12	(Qigong):kw or (asana):ti or (asana):kw or (pranayama):ti or (pranayama):kw
#13	(#11 OR #12)

Embase

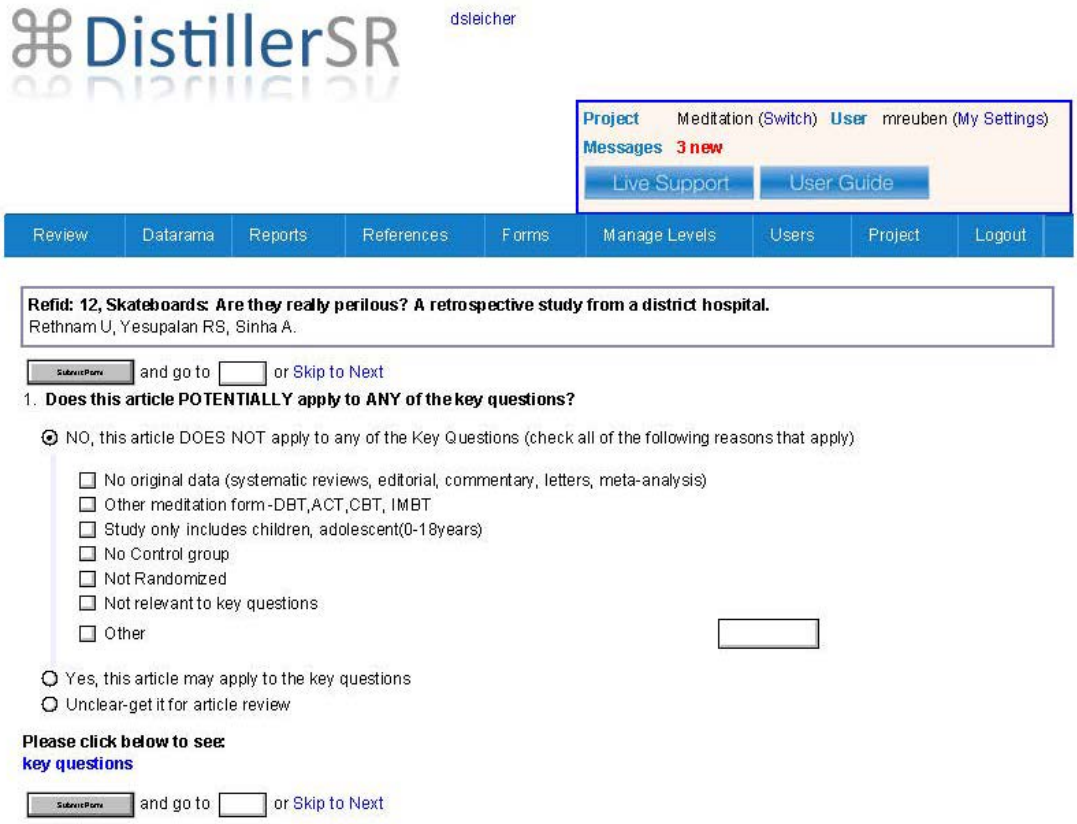
'meditation'/exp/mj OR meditat*:ab,ti OR mindful*:ab,ti OR transcendental AND meditation:ab,ti OR 'transcendental meditation':ab,ti OR 'mindfulness-based cognitive therapy':ab,ti OR 'mbct':ab,ti OR 'mindfulness-based stress reduction':ab,ti OR 'mbsr':ab,ti OR vipassana:ab,ti OR zen:ab,ti OR 'qi gong':ab,ti OR qigong:ab,ti OR chi AND kung:ab,ti OR tai AND chi:ab,ti OR taichi:ab,ti OR tai AND ji:ab,ti OR yoga:ab,ti OR yogic:ab,ti OR dhyana:ab,ti OR asana:ab,ti OR pranayama:ab,ti OR sudarshan:ab,ti AND [humans]/lim

AMED

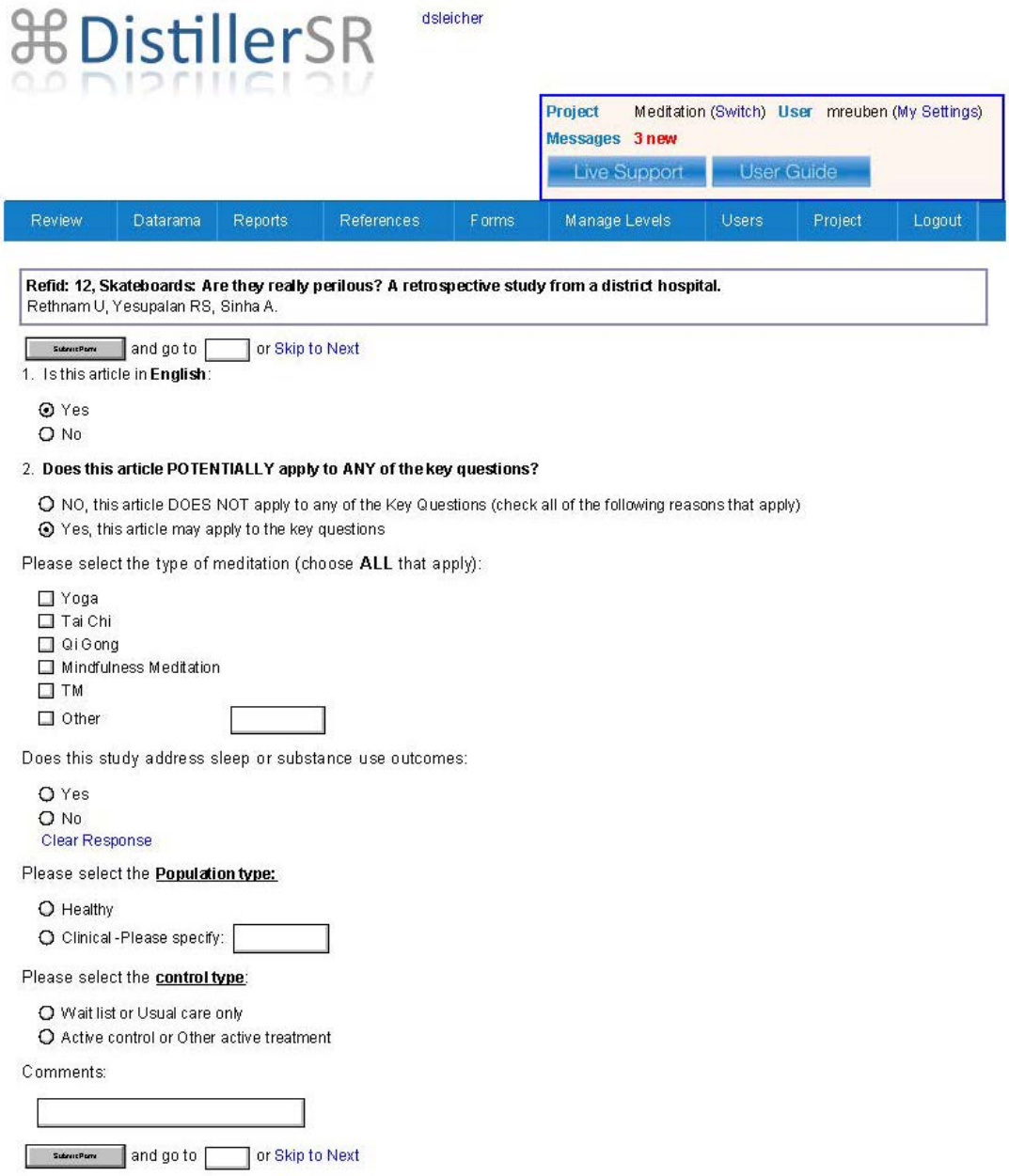
Meditation (TI) OR Meditation (Sh) OR Mindfulness (TI) OR Mindfulness (Sh) OR Transcendental Meditation (TI) OR Transcendental Meditation (Sh) OR Mindfulness-based cognitive therapy (TI) OR Mindfulness-based cognitive therapy (Sh) OR MBCT (TI) OR MBCT (Sh) OR Mindfulness-Based Stress Reduction(TI) OR Mindfulness-Based Stress Reduction (Sh) OR MBSR (TI) OR MBSR (Sh) OR Vipassana (TI) OR Vipassana (Sh) OR Zen (TI) OR Zen (Sh) OR Qi-gong(TI) OR Qi-gong (Sh) OR Qigong(TI) OR Qigong (Sh) OR Chi kung (TI) OR Chi kung (Sh) OR Tai Chi(TI) OR Tai Chi(Sh) OR TaiChi(TI) OR TaiChi (Sh) OR Tai ji(TI) OR Tai ji(Sh) OR Yoga (TI) OR Yoga(Sh) OR Yogic(TI) OR Yogic(Sh) OR Dhyana(TI) OR Dhyana(Sh) OR Asana(TI) OR Asana(Sh) OR Pranayama(TI) OR Pranayama(Sh) OR Surdarshan(TI) OR Surdarshan(Sh)

Appendix C. Screening Forms

Title—Abstract Review
Selected—No



Article Review
Selected—Yes



Article Review
Selected—No

Study Characteristics
Selected—Yes

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

1. After full review of this article, does it apply to, and contain abstractable data to answer any key questions?

- (•) Yes
- ( ) No -please provide reason [ ]

2. Where did the study occur? (Check all that apply)

- ( ) United States
- ( ) Canada
- ( ) United Kingdom
- ( ) Japan
- ( ) China
- ( ) India
- ( ) Multi-national Europe
- ( ) Worldwide
- ( ) Other (specify): [ ]
- ( ) Not reported

3. Study setting

- ( ) Outpatient
- ( ) Inpatient
- ( ) Meditation center
- ( ) Other -please specify [ ]

Recruitment/Enrollment

- [ ] Start Year [ ]
- [ ] End Year [ ]
- [ ] Not Reported [ ]

5. Total duration of study (including training and participants follow-up)

- ( ) Please specify: [ ]
- ( ) Not Reported

Please specify Inclusion/Exclusion criteria for all populations

Age (specify)

○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Understands English ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Substance use or dependence ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Significant psychiatric condition - please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Significant medical condition - please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Already trained in or currently practices meditation/ stress reduction technique ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ Clear Response
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ Clear Response
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Other please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ Clear Response
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ ○ Not Reported
Other please specify ○ Inclusion ☐ ○ Exclusion ☐ Clear Response

DistillerSR

Other please specify

○ Inclusion ○ Exclusion Clear Response

Other please specify

○ Inclusion ○ Exclusion Clear Response

Other please specify

○ Inclusion ○ Exclusion Clear Response

R2 only: If you are reviewing R1 data entry, enter you initials when you have completed the audit

Submit Form and go to or Skip to Next

Study Characteristics
Selected—No

DistillerSR

DistillerSR

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

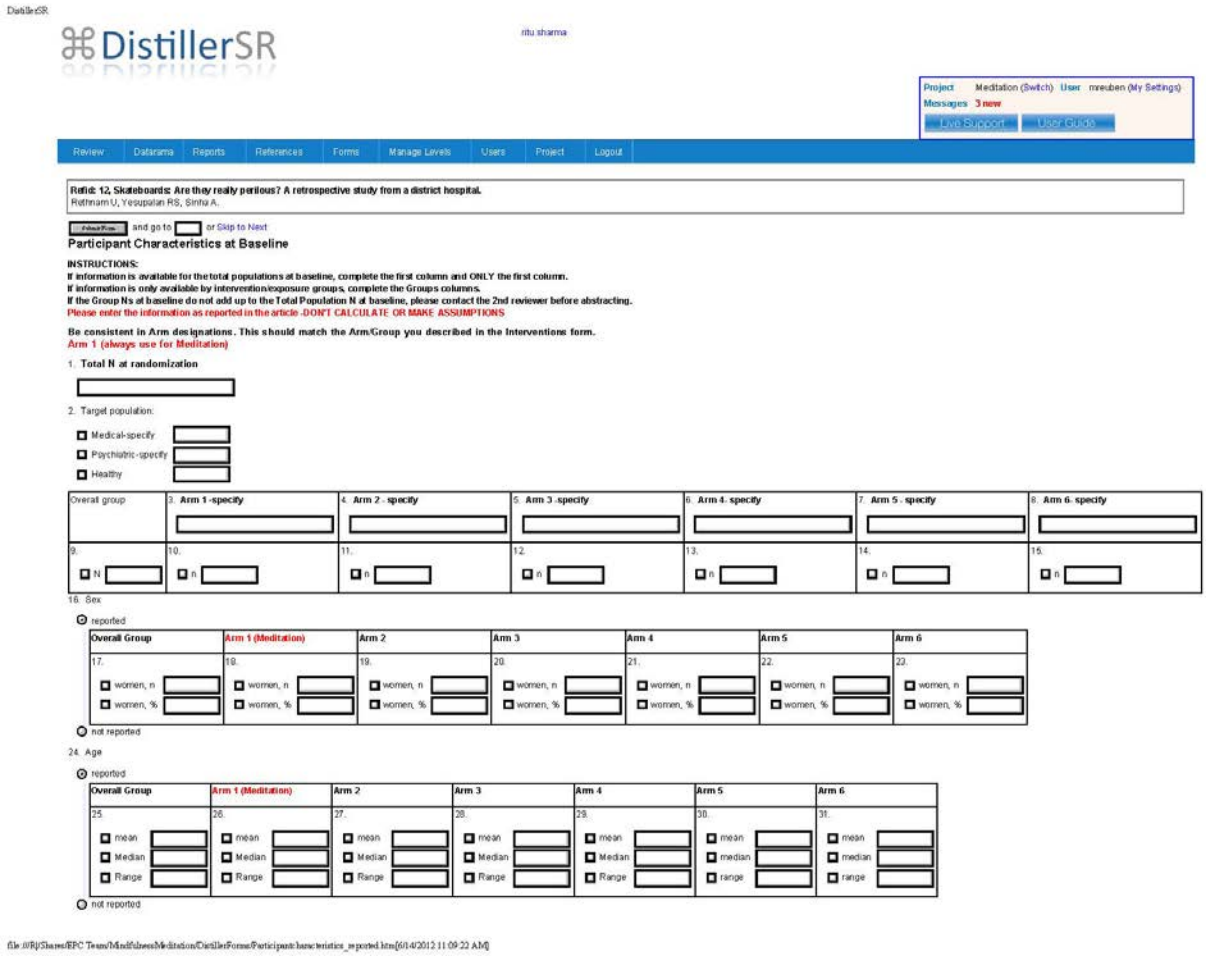
1. After full review of this article, does it apply to, and contain abstractable data to answer any key questions?

○ Yes
◉ No -please provide reason

R2 only: If you are reviewing R1 data entry, enter you initials when you have completed the audit

Submit Form and go to or Skip to Next

Participant Characteristics Selected—Reported


DistillerSR

DistillerSR

ritu.sharma

Project: Meditation (Switch) User: mreuben (My Settings)
Messages: 3 new
Live Support | User Guide

Review | Dataroma | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

and go to or Skip to Next

Participant Characteristics at Baseline

INSTRUCTIONS:
If information is available for the total populations at baseline, complete the first column and ONLY the first column.
If information is only available by intervention/exposure groups, complete the Groups columns.
If the Group Ns at baseline do not add up to the Total Population N at baseline, please contact the 2nd reviewer before abstracting.
Please enter the information as reported in the article -DON'T CALCULATE OR MAKE ASSUMPTIONS

Be consistent in Arm designations. This should match the Arm/Group you described in the Interventions form.
Arm 1 (always use for Meditation)

1. **Total N at randomization**

2. Target population:

- Medical-specify
- Psychiatric-specify
- Healthy

Overall group	3. **Arm 1-specify**	4. **Arm 2 - specify**	5. **Arm 3 -specify**	6. **Arm 4- specify**	7. **Arm 5 - specify**	8. **Arm 6- specify**
9. N	10. n	11. n	12. n	13. n	14. n	15. n

16. Sex

reported

Overall Group	**Arm 1 (Meditation)**	**Arm 2**	**Arm 3**	**Arm 4**	**Arm 5**	**Arm 6**
17. women, n women, %	18. women, n women, %	19. women, n women, %	20. women, n women, %	21. women, n women, %	22. women, n women, %	23. women, n women, %

not reported

24. Age

reported

Overall Group	**Arm 1 (Meditation)**	**Arm 2**	**Arm 3**	**Arm 4**	**Arm 5**	**Arm 6**
25. mean Median Range	26. mean Median Range	27. mean Median Range	28. mean Median Range	29. mean Median Range	30. mean median range	31. mean median range

not reported

file:///R|/Shared/EPC Team/MindfulnessMeditation/DistillerForms/Participantcharacteristics_reported.htm[6/14/2012 11:09:22 AM]

32. Race/ethnicity

Reported

	Overall Group	Arm 1 (Meditation)	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6
White, non-Hispanic	33. n / %	34. n / %	35. n / %	36. n / %	37. n / %	38. n / %	39. n / %
Black, non-Hispanic	40. n / %	41. n / %	42. n / %	43. n / %	44. n / %	45. n / %	46. n / %
Latino/Hispanic	47. n / %	48. n / %	49. n / %	50. n / %	51. n / %	52. n / %	53. n / %
Asian/Pacific Islander	54. n / %	55. n / %	56. n / %	57. n / %	58. n / %	59. n / %	60. n / %
American Indian/Alaska Native	61. n / %	62. n / %	63. n / %	64. n / %	65. n / %	66. n / %	67. n / %
Other	69. n / %	70. n / %	71. n / %	72. n / %	73. n / %	74. n / %	75. n / %
Other	77. n / %	78. n / %	79. n / %	80. n / %	81. n / %	82. n / %	83. n / %
Other	85. n / %	86. n / %	87. n / %	88. n / %	89. n / %	90. n / %	91. n / %

not reported

92. Education

Reported

	Overall Group	Arm 1 (Meditation)	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6
< High School	93. n / %	94. n / %	95. n / %	96. n / %	97. n / %	98. n / %	99. n / %
Completed High School	100. n / %	101. n / %	102. n / %	103. n / %	104. n / %	105. n / %	106. n / %
College Degree	107. n / %	108. n / %	109. n / %	110. n / %	111. n / %	112. n / %	113. n / %

Shares/EPC Team/MindfulnessMeditation/DistillerForms/Participantcharacteristics_reported.htm[6/14/2012 11:09:22 AM]

Post-graduate Degree	114. ☐ n ☐ %	115. ☐ n ☐ %	116. ☐ n ☐ %	117. ☐ n ☐ %	118. ☐ n ☐ %	119. ☐ n ☐ %	120. ☐ n ☐ %
Years of education	121. ☐ mean ☐ median ☐ min ☐ max	122. ☐ mean ☐ median ☐ min ☐ max	123. ☐ mean ☐ median ☐ min ☐ max	124. ☐ mean ☐ median ☐ min ☐ max	125. ☐ mean ☐ median ☐ min ☐ max	126. ☐ mean ☐ median ☐ min ☐ max	127. ☐ mean ☐ median ☐ min ☐ max
Other ☐	129. ☐ n ☐ %	130. ☐ n ☐ %	131. ☐ n ☐ %	132. ☐ n ☐ %	133. ☐ n ☐ %	134. ☐ n ☐ %	135. ☐ n ☐ %
Other ☐	137. ☐ n ☐ %	138. ☐ n ☐ %	139. ☐ n ☐ %	140. ☐ n ☐ %	141. ☐ n ☐ %	142. ☐ n ☐ %	143. ☐ n ☐ %
Other ☐	145. ☐ n ☐ %	146. ☐ n ☐ %	147. ☐ n ☐ %	148. ☐ n ☐ %	149. ☐ n ☐ %	150. ☐ n ☐ %	151. ☐ n ☐ %

○ not reported

152. BMI

◉ reported

Overall Group	Arm 1 (Meditation)	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6
153. ☐ mean ☐ Median ☐ Range	154. ☐ mean ☐ Median ☐ Range	155. ☐ mean ☐ Median ☐ Range	156. ☐ mean ☐ Median ☐ Range	157. ☐ mean ☐ Median ☐ Range	158. ☐ mean ☐ median ☐ range	159. ☐ mean ☐ median ☐ range

○ not reported

160. Weight

◉ reported

Overall Group	Arm 1 (Meditation)	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6
161. ☐ mean ☐ Median ☐ Range	162. ☐ mean ☐ Median ☐ Range	163. ☐ mean ☐ Median ☐ Range	164. ☐ mean ☐ Median ☐ Range	165. ☐ mean ☐ Median ☐ Range	166. ☐ mean ☐ median ☐ range	167. ☐ mean ☐ median ☐ range

○ not reported

168. If any of above characteristics differs by group, please describe

169. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit**

DistillerSR

Submit Form and go to ☐ or Skip to Next

Intervention Characteristics
Arm A

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Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

This is a "multi-form" meaning you can fill out the same form multiple time (i.e., a different set of data is entered for each study arms."

1. Please select the arm and specify

- (•) Arm A(Meditation)

Please select the intervention

- ( ) MBSR
- ( ) MBCT
- ( ) Vipassana
- ( ) Zen
- ( ) Mantra Meditation
- ( ) TM
- ( ) Meditative prayer
- ( ) Sahaj yoga
- ( ) Dhyan yoga
- ( ) Other (e.g. composite interventions) - please specify [ ]

Clear Response

3. Delivery of Intervention

- [ ] Group
- [ ] Individual
- [ ] Other-please specity [ ]

Frequency of Traning Intervention (how many times per day/week)

4. How many times	5. Per day/week
( ) Once ( ) Twice ( ) Other - please specify [ ]	( ) Daily ( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other-please specity [ ]

Duration of Intervention

6.	7.
[ ] Number of sessions [ ] [ ] Not Reported [ ] Other/additional sessions -please specify [ ]	( ) Length of time per session (hrs) [ ] ( ) Not Reported

Total Duration of Training

8.	9.
[ ] Total numbers of weeks [ ] [ ] Not Reported [ ] Other - please specify [ ]	[ ] Total hours [ ] [ ] Not Reported

Detail of Trainers

10. Number of trainers	11. Did a trained meditation instructor(s) deliver the intervention	12. Qualifications of Trainers	13. Year of meditation/teaching experience
☐ Enter number of trainers ☐ ☐ Not Reported	○ Yes ○ No ○ Not Reported	○ Certified ○ Not Certified ○ Not Reported ○ Other ☐	☐ Years of meditation practice ☐ ☐ Years of teaching experience ☐ ☐ Other-Please Specify ☐ ☐ Not Reported

Frequency of HOME PRACTICE (how many times per day/week)

14. How many times	15. Per day/week
○ Once ○ Twice ○ Other - please specify ☐ ○ Not Reported	○ Daily ○ Weekly ○ Biweekly ○ Monthly ○ Other-please specity ☐ ○ Not Reported Clear Response

16. How much time per home session in minutes

○ 5 minutes
○ 10 minutes
○ 15 minutes
○ Other - please specify ☐
○ Not Reported

17. Total home practice (hrs)

☐ Total number of hrs ☐
☐ Not Reported

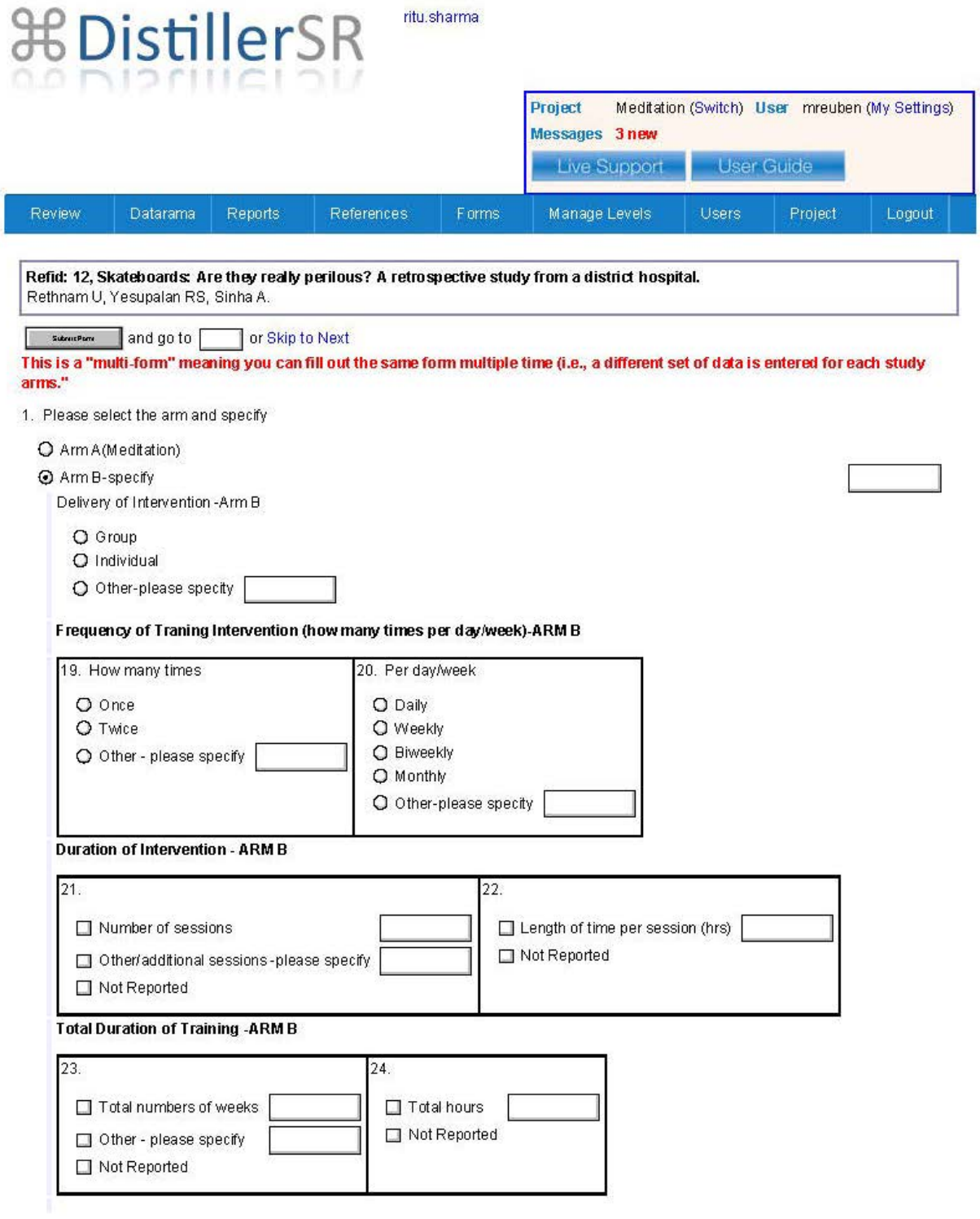
○ Arm B-specify ☐
○ Arm C-specify ☐
○ Arm D -Usual Care

37. R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit

☐

Submit Form and go to ☐ or Skip to Next

Intervention Arm B (same for Arm C)



Detail of Trainers -ARM B

25. What were the qualifications of the trainer for this ARM B?

- ○ Certified
- ○ Not Certified
- ○ Not Reported
- ○ Other

Frequency of HOME PRACTICE (how many times per day/week) -ARM B

26. Was any home practice/work done in the comparison group?

- ○ Matched to 1st Arm
- ○ Not Matched to 1st Arm
- ○ Other - please specify
- ○ Not Reported

- ○ Arm C-specify
- ○ Arm D -Usual Care

37. R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit

Submit Form and go to or Skip to Next

Intervention Arm D (Usual Care)

Outcomes for KQ 1
Anxiety Scales

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

◉ Anxiety

Outcome Scales -Anxiety

- ○ BAI [ ]
- ○ HADS [ ]
- ○ Penn State Worry Questionnaire [ ]
- ○ State Trait Anxiety Inventory [ ]
- ○ SCL-90 subscale [ ]
- ○ BSI -18 subscale [ ]
- ○ POMS tension anxiety [ ]
- ○ Other - please specify [ ]

Clear Response

- ○ Depression
- ○ Stress
- ○ General Distress
- ○ Subjective well being
- ○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ]

	☐ Other - please specify	☐ Hazard Ratio ☐ Other - please specify	☐ Hazard Ratio ☐ Other - please specify
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

57. Groups compared	58. Outcomes measures at **END OF TREATMENT**	59. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify [ ] Clear Response	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]
60. Groups compared	61. Outcomes measures at **END OF TREATMENT**	62. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify [ ] Clear Response	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]
63. Groups compared	64. Outcomes measures at **END OF TREATMENT**	65. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify [ ] Clear Response	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]
66. Groups compared	67. Outcomes measures at **END OF TREATMENT**	68. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify [ ] Clear Response	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]	☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Error [ ] ☐ 95% CI [ ] ☐ Risk difference [ ] ☐ P-value [ ] ☐ Hazard Ratio [ ] ☐ Other-pelase specify [ ]

Adverse Events

69. **Were any adverse events reported?**

- ☐ The paper specified that there were no AEs
- ☐ Paper reported on an AE- please specify [ ]
- ☐ Paper did not mention anything about an AE

70. Comments:

[ ]

Submit Form and go to [ ] or Skip to Next

Outcomes for KQ1
Depression Scales

DistillerSR

ritu.sharma

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

○ Anxiety
◉ Depression

Outcome Scales-Depression

○ BDI [ ]
○ Hospital Anxiety and Depression Scale [ ]
○ SCL-90 subscale [ ]
○ BSI-18 subscale [ ]
○ Other - please specify [ ]

Clear Response

○ Stress
○ General Distress
○ Subjective well being
○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**

	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
36. Arm D- please specify	37. Total N in ARM	38. Outcomes measures at **END OF TREATMENT**	39. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean	☐ Enter TIME ☐ Mean

		☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	40. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	41. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	42. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	44. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	45. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	46. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	48. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	49. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	50. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	51. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
52. Other please spcify	53. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	54. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	55. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	56. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

57. Groups compared	58. Outcomes measures at **END OF TREATMENT**	59. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D	☐ Enter TIME ☐ Mean	☐ Enter TIME ☐ Mean

○ Other - please specify ☐ Clear Response	☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
60. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	61. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	62. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
63. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	64. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	65. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
66. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	67. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	68. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐

Adverse Events

69. **Were any adverse events reported?**

- ☐ The paper specified that there were no AEs
- ☐ Paper reported on an AE- please specify ☐
- ☐ Paper did not mention anything about an AE

70. Comments:

☐

Submit Form and go to ☐ or Skip to Next

Outcomes for KQ1
Scales for Stress

DistillerSR

ritu.sharma

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

○ Anxiety
○ Depression
◉ Stress

Outcome Scales - Stress

○ PSS [ ]
○ Calgary Symptoms of Stress Inventory (c-sosi) [ ]
○ Other- please specify [ ]

Clear Response

○ General Distress
○ Subjective well being
○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline	☐ N [ ] ☐ Enter TIME	☐ N [ ] ☐ Enter TIME

	☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
36. Arm D- please specify	37. Total N in ARM	38. Outcomes measures at **END OF TREATMENT**	39. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error	☐ Enter TIME ☐ Mean ☐ Standard Error

		☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	40. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	41. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	42. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	44. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	45. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	46. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	48. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	49. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	50. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	51. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
52. Other please spcify	53. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	54. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	55. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	56. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

57. Groups compared	58. Outcomes measures at **END OF TREATMENT**	59. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify	☐ Enter TIME ☐ Mean ☐ Standard Error	☐ Enter TIME ☐ Mean ☐ Standard Error

Outcomes for KQ1
Scales for General Distress

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

- ○ Anxiety
- ○ Depression
- ○ Stress
- ◉ General Distress

Outcome Scales - General Distress

- ○ SCL - 90 total score [ ]
- ○ HADS [ ]
- ○ BSI - 18 general severity [ ]
- ○ Other - please specify [ ]

Clear Response

- ○ Subjective well being
- ○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N	☐ N	☐ N

	☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
36. Arm D- please specify	37. Total N in ARM	38. Outcomes measures at **END OF TREATMENT**	39. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean	☐ Enter TIME ☐ Mean

○ Other - please specify ☐ Clear Response	☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
60. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	61. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	62. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
63. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	64. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	65. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐
66. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify ☐ Clear Response	67. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐	68. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ ☐ Mean ☐ ☐ Standard Error ☐ ☐ 95% CI ☐ ☐ Risk difference ☐ ☐ P-value ☐ ☐ Hazard Ratio ☐ ☐ Other-pelase specify ☐

Adverse Events

69. **Were any adverse events reported?**

- ☐ The paper specified that there were no AEs
- ☐ Paper reported on an AE- please specify ☐
- ☐ Paper did not mention anything about an AE

70. Comments:

☐

Submit Form and go to ☐ or Skip to Next

Outcomes for KQ1
Scales for Subjective Well-Being

DistillerSR

ritu.sharma

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

- ○ Anxiety
- ○ Depression
- ○ Stress
- ○ General Distress
- ◉ Subjective well being

Outcome Scales - Subjective well being

- ○ SF -12 mental component [ ]
- ○ Other - please specify [ ]

Clear Response

- ○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean

	☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
36. Arm D- please specify	37. Total N in ARM	38. Outcomes measures at **END OF TREATMENT**	39. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI

		☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	40. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	41. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	42. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	44. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	45. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	46. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	48. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	49. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	50. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	51. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
52. Other please spcify	53. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	54. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	55. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	56. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

57. Groups compared	58. Outcomes measures at **END OF TREATMENT**	59. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI

	☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
60. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	61. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	62. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
63. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	64. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	65. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
66. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	67. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	68. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

Adverse Events

69. **Were any adverse events reported?**

- ☐ The paper specified that there were no AEs
- ☐ Paper reported on an AE- please specify
- ☐ Paper did not mention anything about an AE

70. Comments:

Submit Form and go to or Skip to Next

Outcomes for KQ 1—Harms

DistillerSR

ritu.sharma

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ1**

☐ No

KQ 1: What are the efficacy and harms of Meditation Programs on negative affect (e.g. anxiety, stress) and positive affect (e.g. well being) among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ1

2. Outcome

- ○ Anxiety
- ○ Depression
- ○ Stress
- ○ General Distress
- ○ Subjective well being
- ◉ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ]

	☐ Other - please specify	☐ Other - please specify	☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

24. Arm A (Meditation)	25. Total N in ARM	26. Outcomes measures at **END OF TREATMENT**	27. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
28. Arm B - please specify	29. Total N in ARM	30. Outcomes measures at **END OF TREATMENT**	31. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
32. Arm C - please specify	33. Total N in ARM	34. Outcomes measures at **END OF TREATMENT**	35. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
36. Arm D- please specify	37. Total N in ARM	38. Outcomes measures at **END OF TREATMENT**	39. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	40. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	41. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	42. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	44. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	45. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	46. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	48. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	49. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	50. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	51. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
52. Other please spcify	53. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	54. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	55. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	56. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

57. Groups compared	58. Outcomes measures at **END OF TREATMENT**	59. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

60. Groups compared	61. Outcomes measures at **END OF TREATMENT**	62. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
63. Groups compared	64. Outcomes measures at **END OF TREATMENT**	65. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
66. Groups compared	67. Outcomes measures at **END OF TREATMENT**	68. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

Adverse Events

69. **Were any adverse events reported?**

- ☐ The paper specified that there were no AEs
- ☐ Paper reported on an AE- please specify
- ☐ Paper did not mention anything about an AE

70. Comments:

Submit Form and go to or Skip to Next

Outcomes for KQ 2

DistillerSR

ritu.sharma

Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ2**

☐ No

KQ 2: What are the efficacy and harms of Meditation Programs on attention among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ 2

2. Outcome

- ○ Attentional Bias [ ]
- ◉ Associate Learning subtest [ ]
- ○ Word Fluency subtest [ ]
- ○ Overlearned Verbal Task (OVT) [ ]
- ○ Stroop Color-Word Interference Test (CW1T) [ ]
- ○ Cognitive scale of the Cognitive-Somatic Anxiety Questionnaire [ ]
- ○ Cognitive Interference Questionnaire [ ]
- ○ Attentional Interference Scale [ ]
- ○ Letter Cancellation Test [ ]
- ○ Trail making Test; Ruff [ ]
- ○ Digits Forward / Backward [ ]
- ○ Harms
- ○ Other- please specify [ ]

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]

ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

19. Arm A (Meditation)	20. Total N in ARM	21. Outcomes measures at **END OF TREATMENT**	22. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
23. Arm B - please specify	24. Total N in ARM	25. Outcomes measures at **END OF TREATMENT**	26. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
27. Arm C - please specify	28. Total N in ARM	29. Outcomes measures at **END OF TREATMENT**	30. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
31. Arm D- please specify	32. Total N in ARM	33. Outcomes measures at **END OF TREATMENT**	34. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME	☐ Enter TIME

Outcomes for KQ 3
Scales for Substance Use

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ3**

☐ No

KQ 3: What are the efficacy and harms of Meditation Programs on health-related behaviors affected by stress, specifically substance use, sleep, and eating, among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ3

2. Outcome

◉ Substance use

Outcome Scales -Substance use

- ○ Self-reported smoking (cigs/day) [ ]
- ○ Self-reported abstinence [ ]
- ○ Carbon monoxide (CO) [ ]
- ○ Penn Alcohol Craving Scale [ ]
- ○ Impaired Alcohol response inhibition scale [ ]
- ○ % days of substance use [ ]
- ○ drug/alcohol craving [ ]
- ○ Other - please specify [ ]

Clear Response

- ○ Sleep
- ○ Eating
- ○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]

ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

22. Arm A (Meditation)	23. Total N in ARM	24. Outcomes measures at **END OF TREATMENT**	25. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
26. Arm B - please specify	27. Total N in ARM	28. Outcomes measures at **END OF TREATMENT**	29. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
30. Arm C - please specify	31. Total N in ARM	32. Outcomes measures at **END OF TREATMENT**	33. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
34. Arm D- please specify	35. Total N in ARM	36. Outcomes measures at **END OF TREATMENT**	37. Outcomes measures at **LAST FOLLOWUP**

		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	38. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	39. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	40. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	41. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	42. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	43. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	44. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	45. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	46. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	47. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	48. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	49. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
50. Other please spcify	51. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	52. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	53. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	54. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

55. Groups compared	56. Outcomes measures at **END OF TREATMENT**	57. Outcomes measures at **LAST FOLLOWUP**

Outcomes for KQ 3
Scales for Sleep

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ3**

☐ No

KQ 3: What are the efficacy and harms of Meditation Programs on health-related behaviors affected by stress, specifically substance use, sleep, and eating, among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ3

2. Outcome

○ Substance use
◉ Sleep

Outcome Scales-Sleep

- ○ Total sleep time -Please specify if its coming from DIARY or ACTIGRAPHY [ ]
- ○ Sleep onset latency -Please specify if its coming from DIARY or ACTIGRAPHY [ ]
- ○ Wake after sleep onset-Please specify if its coming from DIARY or ACTIGRAPHY [ ]
- ○ sleep efficiency-Please specify if its coming from DIARY or ACTIGRAPHY [ ]
- ○ Pittsburgh Sleep Quality Index (PSQI) [ ]
- ○ Abridged PSQI [ ]
- ○ Insomnia severity index [ ]
- ○ Other- please specify [ ]

Clear Response

○ Eating
○ Harms
Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify

ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

22. Arm A (Meditation)	23. Total N in ARM	24. Outcomes measures at **END OF TREATMENT**	25. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
26. Arm B - please specify	27. Total N in ARM	28. Outcomes measures at **END OF TREATMENT**	29. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
30. Arm C - please specify	31. Total N in ARM	32. Outcomes measures at **END OF TREATMENT**	33. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
34. Arm D- please specify	35. Total N in ARM	36. Outcomes measures at **END OF TREATMENT**	37. Outcomes measures at **LAST FOLLOWUP**

		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	38. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	39. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	40. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	41. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	42. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	43. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	44. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	45. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	46. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	47. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	48. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	49. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
50. Other please spcify	51. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	52. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	53. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	54. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

55. Groups compared	56. Outcomes measures at **END OF TREATMENT**	57. Outcomes measures at **LAST FOLLOWUP**

○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
58. Groups compared	59. Outcomes measures at **END OF TREATMENT**	60. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
61. Groups compared	62. Outcomes measures at **END OF TREATMENT**	63. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
64. Groups compared	65. Outcomes measures at **END OF TREATMENT**	66. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

67. Comments:

Submit Form and go to or Skip to Next

Outcomes for KQ 3
Scales for Eating

DistillerSR

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Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ3**

☐ No

KQ 3: What are the efficacy and harms of Meditation Programs on health-related behaviors affected by stress, specifically substance use, sleep, and eating, among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ3

2. Outcome

○ Substance use
○ Sleep
◉ Eating

Outcome Scales - Eating

○ General food craving questionnaire, subdomains [ ]
○ Self reported dietary inventory [ ]
○ 7 day diet recall [ ]
○ Other-please specify [ ]

Clear Response

○ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline	☐ N [ ] ☐ Enter TIME [ ]	☐ N [ ] ☐ Enter TIME [ ]

	☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

22. Arm A (Meditation)	23. Total N in ARM	24. Outcomes measures at **END OF TREATMENT**	25. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
26. Arm B - please specify	27. Total N in ARM	28. Outcomes measures at **END OF TREATMENT**	29. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
30. Arm C - please specify	31. Total N in ARM	32. Outcomes measures at **END OF TREATMENT**	33. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
34. Arm D- please specify	35. Total N in ARM	36. Outcomes measures at **END OF TREATMENT**	37. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI

		☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	38. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	39. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	40. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	41. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	42. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	43. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	44. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	45. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	46. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	47. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	48. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	49. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
50. Other please spcify	51. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	52. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	53. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	54. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

55. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	56. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI	57. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI

Outcomes for KQ 3—Harms

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Project Meditation (Switch) User mreuben (My Settings)
Messages 3 new
Live Support | User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ3**

☐ No

KQ 3: What are the efficacy and harms of Meditation Programs on health-related behaviors affected by stress, specifically substance use, sleep, and eating, among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ3

2. Outcome

- ○ Substance use
- ○ Sleep
- ○ Eating
- ◉ Harms

Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

22. Arm A (Meditation)	23. Total N in ARM	24. Outcomes measures at **END OF TREATMENT**	25. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
26. Arm B - please specify	27. Total N in ARM	28. Outcomes measures at **END OF TREATMENT**	29. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
30. Arm C - please specify	31. Total N in ARM	32. Outcomes measures at **END OF TREATMENT**	33. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
34. Arm D- please specify	35. Total N in ARM	36. Outcomes measures at **END OF TREATMENT**	37. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
61. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	62. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	63. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
64. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	65. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	66. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

67. Comments:

Submit Form and go to or Skip to Next

Outcomes for KQ 4
Scales for Pain

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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ4**

☐ No

KQ 4: What are the efficacy and harms of Meditation Programs on pain and weight among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ 4

2. Outcome

◉ Pain (intensity, interference, unpleasantness)

Pain (intensity, interference, unpleasantness) outcome scales

- ○ Pain intensity [ ]
- ○ Pain interference [ ]
- ○ SF36 pain subscale [ ]
- ○ Pain perception scale (PPS), including subdomains [ ]
- ○ Roland-Morris Disability Questionnaire (RMDQ) [ ]
- ○ Visual Analogue Scale (VAS) for pain [ ]
- ○ Neuropathic pain scale [ ]
- ○ Other - please specify [ ]

Clear Response

○ Weight
○ Harms
Clear Response

TABLE 1: Measures of association

ARM A -Please specify [ ]	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N [ ]	☐ N [ ]	☐ N [ ]
	☐ At Baseline	☐ Enter TIME [ ]	☐ Enter TIME [ ]
	☐ Mean [ ]	☐ Mean [ ]	☐ Mean [ ]
	☐ Standard Deviation [ ]	☐ Standard Deviation [ ]	☐ Standard Deviation [ ]
	☐ CI OR pvalue (specify)	☐ CI or pvalue (specify) [ ]	☐ CI or pvalue (specify) [ ]
	☐ RR or OR(specify) [ ]	☐ RR or OR(specify) [ ]	☐ RR or OR(specify) [ ]
	☐ Hazard Ratio [ ]	☐ Hazard Ratio [ ]	☐ Hazard Ratio [ ]
	☐ Other - please specify [ ]	☐ Other - please specify [ ]	☐ Other - please specify [ ]

ARM B -Please specify [ ]	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N [ ]	☐ N [ ]	☐ N [ ]
	☐ At Baseline	☐ Enter TIME [ ]	☐ Enter TIME [ ]
	☐ Mean [ ]	☐ Mean [ ]	☐ Mean [ ]
	☐ Standard Deviation [ ]	☐ Standard Deviation [ ]	☐ Standard Deviation [ ]
	☐ CI OR pvalue (specify)	☐ CI or pvalue (specify) [ ]	☐ CI or pvalue (specify) [ ]
	☐ RR or OR(specify) [ ]	☐ RR or OR(specify) [ ]	☐ RR or OR(specify) [ ]
	☐ Hazard Ratio [ ]	☐ Hazard Ratio [ ]	☐ Hazard Ratio [ ]
	☐ Other - please specify [ ]	☐ Other - please specify [ ]	☐ Other - please specify [ ]

ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**

		☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

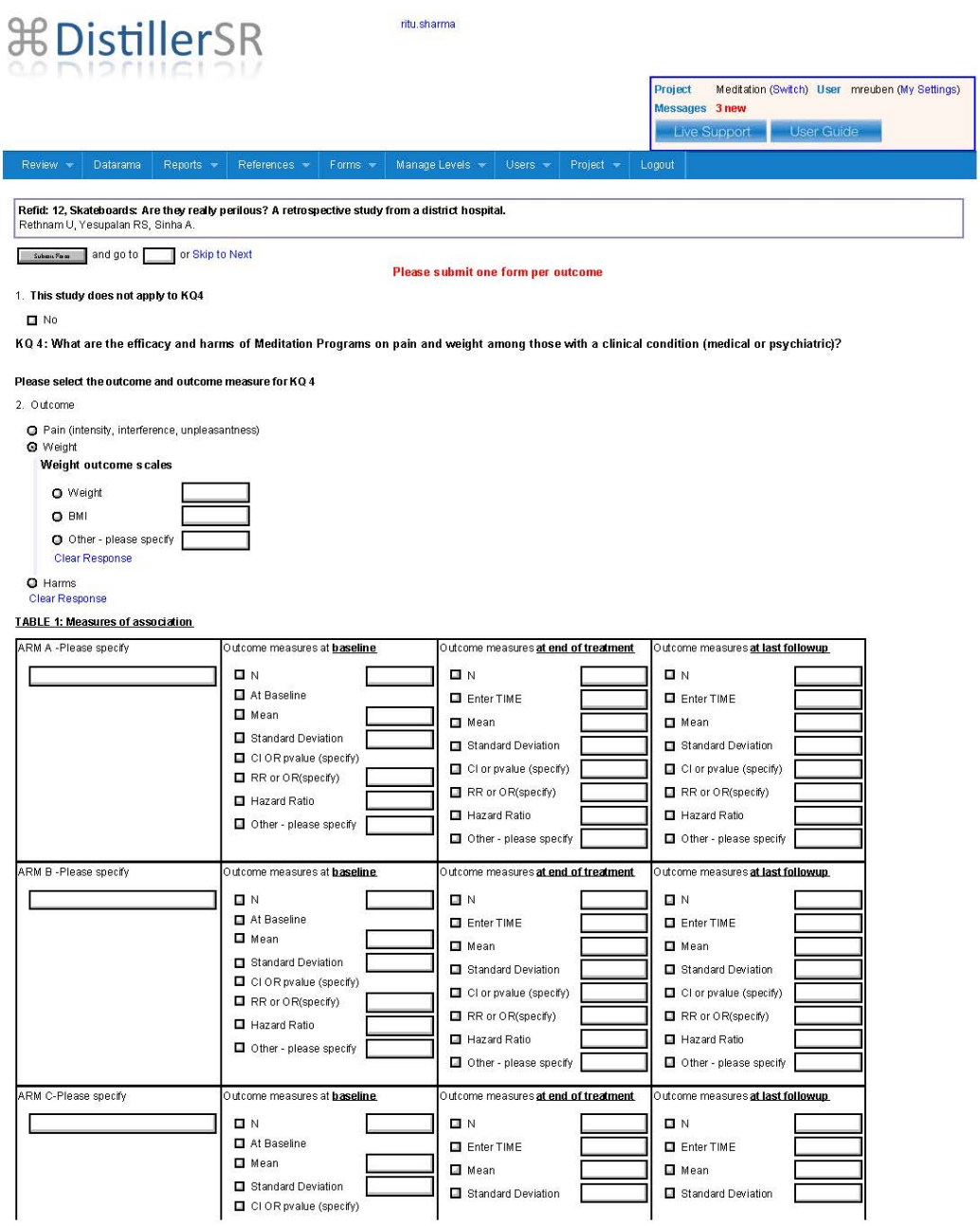
Arm A (Meditation) Vs. Arm B	37. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	38. Outcome **At BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	39. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	40. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	41. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	42. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	44. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	45. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	46. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	48. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
49. Other please spcify	50. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	51. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	52. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	53. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

54. Groups compared	55. Outcomes measures at **END OF TREATMENT**	56. Outcomes measures at **LAST FOLLOWUP**
○ A vs. B ○ A vs. C	☐ Enter TIME	☐ Enter TIME

Outcomes for KQ 4
Scales for Weight

DistillerSR



	☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify
ARM D- Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

21. Arm A (Meditation)	22. Total N in ARM	23. Outcomes measures at **END OF TREATMENT**	24. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
25. Arm B - please specify	26. Total N in ARM	27. Outcomes measures at **END OF TREATMENT**	28. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
29. Arm C - please specify	30. Total N in ARM	31. Outcomes measures at **END OF TREATMENT**	32. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
33. Arm D- please specify	34. Total N in ARM	35. Outcomes measures at **END OF TREATMENT**	36. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value

	☐ Hazard Ratio ☐ Other-pelase specify	☐ Hazard Ratio ☐ Other-pelase specify
57. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	58. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	59. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
60. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	61. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	62. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
63. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	64. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	65. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

66. Comments:

Submit Form and go to or Skip to Next

Outcomes for KQ 4—Harms

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to [ ] or Skip to Next

Please submit one form per outcome

1. **This study does not apply to KQ4**

☐ No

KQ 4: What are the efficacy and harms of Meditation Programs on pain and weight among those with a clinical condition (medical or psychiatric)?

Please select the outcome and outcome measure for KQ 4

2. Outcome

○ Pain (intensity, interference, unpleasantness)
○ Weight
◉ Harms
Clear Response

TABLE 1: Measures of association

ARM A -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM B -Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM C-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**
[ ]	☐ N [ ] ☐ At Baseline ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI OR pvalue (specify) ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]	☐ N [ ] ☐ Enter TIME [ ] ☐ Mean [ ] ☐ Standard Deviation [ ] ☐ CI or pvalue (specify) [ ] ☐ RR or OR(specify) [ ] ☐ Hazard Ratio [ ] ☐ Other - please specify [ ]
ARM D-Please specify	Outcome measures at **baseline**	Outcome measures **at end of treatment**	Outcome measures **at last followup**

	☐ N ☐ At Baseline ☐ Mean ☐ Standard Deviation ☐ CI OR pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify	☐ N ☐ Enter TIME ☐ Mean ☐ Standard Deviation ☐ CI or pvalue (specify) ☐ RR or OR(specify) ☐ Hazard Ratio ☐ Other - please specify

TABLE 2: Mean difference from baseline

21. Arm A (Meditation)	22. Total N in ARM	23. Outcomes measures at **END OF TREATMENT**	24. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
25. Arm B - please specify	26. Total N in ARM	27. Outcomes measures at **END OF TREATMENT**	28. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
29. Arm C - please specify	30. Total N in ARM	31. Outcomes measures at **END OF TREATMENT**	32. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
33. Arm D- please specify	34. Total N in ARM	35. Outcomes measures at **END OF TREATMENT**	36. Outcomes measures at **LAST FOLLOWUP**
		☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 3: Mean difference between groups

Arm A (Meditation) Vs. Arm B	37. Total N in ARM	38. Outcome **At BASELINE**	39. Outcomes at **END OF TREATMENT**	40. Outcomes at **LAST FOLLOWUP**
		☐ At Baseline		

	☐ Total N in Arm A ☐ Total N in Arm B ☐ Total N in both arms	☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm C	41. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm C ☐ Total N in both arms	42. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	43. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	44. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
Arm A (Meditation) Vs. Arm D	45. Total N in ARM ☐ Total N in Arm A ☐ Total N in Arm D ☐ Total N in both arms	46. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	47. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	48. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
49. Other please spcify	50. Total N in ARM ☐ Total N in Arm ☐ Total N in Arm ☐ Total N in both arms	51. Outcomes at **BASELINE** ☐ At Baseline ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	52. Outcomes at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	53. Outcomes at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify

TABLE 4: Diff-in-diff

54. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D ○ Other - please specify Clear Response	55. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify	56. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean ☐ Standard Error ☐ 95% CI ☐ Risk difference ☐ P-value ☐ Hazard Ratio ☐ Other-pelase specify
57. Groups compared ○ A vs. B ○ A vs. C ○ A vs. D	58. Outcomes measures at **END OF TREATMENT** ☐ Enter TIME ☐ Mean	59. Outcomes measures at **LAST FOLLOWUP** ☐ Enter TIME ☐ Mean

Risk of Bias

DistillerSR

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

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Selection Bias

Was the method of randomization described in the paper?

- ○ Yes
- ○ No

Clear Response

Did they use a random number generator or table?

- ○ Yes
- ○ No
- ○ Not Reported

Clear Response

Was allocation concealed?

- ○ Yes
- ○ No
- ○ Not Reported

Clear Response

Performance Bias:

Was the control matched for time and attention by the instructors?

- ○ >=75%
- ○ < 75%
- ○ Unclear

Clear Response

Was credibility of the control evaluated?

- ○ Yes
- ○ No

Clear Response

Was the credibility comparable?

- ○ Yes
- ○ No
- ○ Not Reported

Clear Response

Attrition Bias:

Was there a description of withdrawals and dropouts?

- ○ Yes
- ○ No

Clear Response

Was attrition >20% at the end of treatment (calculate from total N randomized)?

- ○ Yes
- ○ No

Clear Response

Was intent-to-treat (RANDOMIZED = ANALYZED) analysis used? They must impute noncompleter or other missing data in order to say "YES"

- ○ Yes
- ○ No

Clear Response

Detection Bias:

Were those who collected data on the participants blind to the allocation?

- ○ Yes
- ○ No
- ○ Not Reported

Clear Response

Reporting Bias:

Were their primary and secondary outcomes specified?

- ○ Yes
- ○ No

Clear Response

Comments, including any potential ERRORS IN REPORTING notes:

Submit Form and go to [ ] or Skip to Next

Appendix D. Excluded Studies

Appendix D lists studies that were excluded from this review, categorized by reason for exclusion and alphabetized.

No Original Data

Biofeedback and meditation have little effect on high blood pressure. AHRQ Research Activities 1993; (171):4-5.

Yoga may help improve women's sexual function. Harv Womens Health Watch 2010; 17(8):7.

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Appendix E. Evidence Tables

Evidence Table E1. Study characteristics for included studies

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Barrett, 2012[1]	USA	outpatient (community based)	not mentioned	5 months	> 50yo, >1 cold in last years or >=1 cold on average for past several years	previous meditation training, moderate exercise, <24 on MMSE, >14 patients on PHQ9 depression screen, immunodeficiency, autoimmune, malignant disease, allergy to egg or influenza vaccine
Borman, 2006[2]	United States		NR	3 months (12 weeks after post treatment assessment)	Age: 18–65 HIV-infected ≥6 months Clean and sober from drug/alcohol abuse for ≥6 months Ability to read, write, and comprehend English	Cognitive impairment Dementia Active psychosis Type 1 diabetes mellitus Cancer Asthma Chronic hepatitis Chronic fatigue syndrome Initiated the practice of a new alternative/ complementary therapy in past 3 months Practice of other forms of mantram repetition such as the rosary, chanting, or TM Loss of family, loved one, or significant other in past 3 months Acute infection or a change in highly active anti-retroviral therapy (HAART) defined as 3 or more antiretroviral drugs with at least one being a protease-inhibitor or non-nucleoside transcriptase inhibitor Score ≤ 25 on Mini-Mental Status Exam

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Brewer, 2009[3]	United States	Outpatient	NR	Variable depending on treatment arm: 9 weeks for Mindfulness, 12 weeks for CBT. Measures taken at baseline, weekly, and post-intervention.	Age: at least 18 years Understands English Meet DSM criteria for abuse or dependence of ETOH or cocaine for the last year	Current psychotic disorder, or at risk of suicide or homicide Cognitive impairment On beta blocker medication
Brewer, 2011[4]	United States	Outpatient	NR	4 week treatment and up to 17 weeks after treatment initiation	Age:18–60 years Smoked 10+ cigarettes per day Had fewer than 3 months of smoking abstinence in the past year Reported interest in quitting smoking	Had a serious or unstable medical condition in the past 6 months Currently use psychoactive medications met DSM-IV criteria for other substance dependence in the past year
Castillo-Richmond, 2000[5]	United States	Outpatient		NR	Age:>20 Self-identified as African American and residing in Los Angeles Have high normal blood pressure, stage I hypertension or stage II hypertension	Candidates were excluded if they had evidence of complications due to CVD or other life-threatening or disabling illnesses
Chiesa, 2012[6]	Italy	outpatient			> age 18, currently depressed, 8 weeks of antidepressant, HAMD>=8	psychosis, bipolar, substance abuse, svr physical/neurological problem, concurrent psychotherapy or meditation

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Delgado, 2010[7]	Spain	University	NR	Study was conducted 5 weeks	Age: 18–24 years High scores in the Penn State Worry Questionnaire	Participants were screened to guarantee that none suffered from Generalized Anxiety Disorder No participant was undergoing psychological or pharmacological treatment No participant had auditory or cardiovascular problems
Elder, 2006[8]	United States	Outpatient	July 2003–December 2003	6 months	Age:21–80 Diabetic with baseline HbA1cof 6.0–8.0 during the recruitment year (2003)[1] Patients able to comply with a 3-month trial period without anti-hyperglycemic agents	Psychotic disorder or hx of hospitalization for depression Serious medical condition Pregnant or nursing women Patients undergoing warfarin or systemic gluticosteriod treatment Any medical condition which would preclude treatment with herbal supplements Living outside study area
Garland, 2010[9]	United Kingdom	Inpatient	2008–	10 weeks (pre-post-test design)	Age:18 and older ETOH dependent adults Resident in a substance abuse treatment center for at least 18 months	Active psychosis or suicidality Scored < 16 on the AUDIT

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Gaylord, 2011[10]	United States	Outpatient	2006–2009	3 months post-primary outcome assessment	IBS diagnosis according to Rome II criteria and physician diagnosis; Female Age: 18–75 Ability to understand English Willingness to document bowel symptoms and medication use regularly and complete the assessments Willingness to attend eight weekly sessions plus one additional half-day session of either mindfulness training or SG	Diagnosis of mental illness with psychosis A history of inpatient admission for psychiatric disorder within the past 2 years A history or current diagnosis of inflammatory bowel disease or gastrointestinal malignancy Active liver or pancreatic disease Uncontrolled lactose intolerance; Celiac disease; A history of abdominal trauma or surgery involving gastrointestinal resection Pregnancy
Gross, 2010[11]	United States	Outpatient	NR	1 year	Age:18 and older Ability to read and write English Functioning solid-organ transplant (i.e., kidney, kidney/pancreas, pancreas, lung, liver, heart or heart-lung) Willingness to attend classes Patients were at least 6 months post-transplant	Having serious preexisting mental health issues Previously taken MBSR Medically unstable or on dialysis

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Gross, 2011[12]	United States	Study involved multiple settings: Outpatient center, center for spirituality and healing, and home	2007–2008	Up to 5 months	Age: 18–65 years Ability to read and speak English Diagnosis of primary chronic insomnia	Persons with medical conditions, mental disorders, or different sleep disorders suspected of being directly related to the insomnia Persons using prescription or nonprescription sleep aids prior to enrollment. They could be included if willing to discontinue use for the duration of the study Persons who would not accept the possibility of being randomized to pharmacotherapy
Herbert, 2001[13]	United States	Unclear	NR	12 months	Age: 20–65 Female Stage 1 or 2 breast cancer Able to function > 50% of the time (as assessed by the Eastern Cooperative Oncology Group) Willingness to accept randomization Willingness to be contacted by phone	Current chronic substance abuse (either drug or alcohol, e.g. >3 Drinks/day-3x/week) Major Depression Schizophrenia Organic brain syndrome Psychosis Cognitive impairment

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Jayadevappa, 2007[14]	United States	Authors don't mention the precise study setting, but they identified potential participants from the University of Pennsylvania Health Care System. It is possible that both inpatients and outpatients were recruited into the study.	NR	6 months	Age:>= 55 years Participants had to be in New York Heart Association class II or III Congestive Heart Failure and with a left ventricular ejection fraction of <.40. African American	Inability to verify heart failure diagnosis in medical record Cognitive impairment Inability/unwillingness to complete screening and intervention process Enrollment in other trials on Congestive Heart Failure
Jazaieri, 2012[15]	USA	outpatient	not mentioned	5 months	social anxiety disorder	current pharmacotherapy/psychotherapy, h/o medical disorders, head trauma, other psychiatric disorders, prior MBSR, regular current exercise
Kuyken, 2008[16]	United Kingdom	Outpatient	NR	15 months	Age: 18 or older 3 or more episodes of depression meeting DSM criteria Current use of a maintenance anti-depressant medication	Comorbid diagnoses of current substance dependence Disabling physical problem Organic brain damage Bipolar disorder or psychosis Persistent anti-social behavior

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Lee, 2006[17]	South Korea	NR	March 2003–August 2003	NR		Any history of substance abuse or dependency Psychiatric comorbidities Significant medical problems (such as diabetes mellitus, hypertension, tuberculosis, hepatitis, or pregnancy) Involvement in litigation or compensation
Lehrer, 1983 [18]	United States	NR	NR	6 months	Anxious subjects were given the IPAT Anxiety Inventory and only accepted those whose scores were higher than 1 SD above the mean of the standardization group	All subjects were asked to refrain from alcohol, caffeine or other psychoactive substances for at least 24 hours prior to each testing session and each therapy session Subjects seriously physically ill Had previous training in any form of relaxation If subjects were taking any form of medication that could not be discontinued for the duration of the study
Malarkey, 2012[19]	USA	outpatient	not mentioned	8 weeks (they have 12 months outcomes not yet published)	CRP>3.0	CRP>10.0, psychiatric disorder other than depression, pregnancy, major life stressor in past 2 months, alcoholism, heavy smoking, drug use, vaccination or cold/illness in past month, BMI>40, exercising >30min /d, previous practice of mind-body technique
Miller, 2012[20]	USA	outpatient	not mentioned	6 months	35–65yo, DMII, BMI>27, HbA1c>7%	Insulin therapy, pregnancy, already in weight loss program
Moritz, 2006[21]	Canada	Outpatient	August 2000–March 2001	12 weeks	18 years of age or older Psychological distress	Already trained in or currently practices meditation/ stress reduction technique

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Morone, 2009[22]	United States	Pitt Center for Research on Healthcare	July 2007–	4 months total: measures at baseline, 8 weeks, 4 months	Age: 65 or older ability to understand English Intact cognition CLBP of at least 3 months duration CLBP of moderate intensity according to vertical verbal descriptor scale	Significant vision or hearing impairment, medical instability due to heart or lung disease, multiple recent falls, flags of more serious underlying disease (e.g. unexplained weight loss) Previous participation in a mindfulness meditation program Inability to stand independently Pain caused by an acute injury within the last 3 months
Mularski, 2009[23]	United States	Outpatient	NR	weeks	Cognitively intact patients with advanced and symptomatic COPD	Patients with cognitive impairment or those with medical record documentation or self-report of significant psychiatric disease Unwilling or unable to participate in the full 8-week program and evaluation
Murphy, 1986[24]	United States	Outpatient	NR	6 weeks	Age: 21–30 years High-volume drinkers according to a Drinking Habits Questionnaire, adapted from Cahalan's national drinking habits survey (Cahalan, Cisin, & Crossley, 1969) Male	No prior experience with meditation No prior experience in running

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Oken, 2010[25]	United States	Outpatient	NR	NR	Providing at least 12 hours per week of assistance for the person with progressive dementia Perceived Stress Scale score greater than 9	Unstable medical conditions Previous experience with similar types of stress-reduction classes Cognitive dysfunction with a score of less than 25 on the Modified Telephone Interview for Cognitive Status Medications that were not stable for at least 2 months Significant visual impairment (corrected binocular visual acuity worse than 20/50)
Paul-Labrador, 2006[26]	United States	Outpatient	NR		Age; 18 or older Cardiovascular Heart Disease (Myocardial infarction, Coronary artery bypass surgery, coronary angiography, angioplasty)	Unstable coronary syndromes Congestive heart failure greater than New York Heart Association class III Renal failure Acute myocardial infarction in the preceding 3 months Atrial fibrillation or a predominantly paced rhythm Prior TM or current stress management practice

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Pbert L, 2012 [27]	Worcester, MA, USA	Primary and pulmonary care clinics at University of Massachusetts Memorial Health Care (UMMHC)	2006–2007	12 months	physician-documented asthma with an objective indicator of bronchial hyper-responsiveness (positive methacholine challenge test, >=12% improvement in forced expiratory volume in 1s (FEV1) or forced vital capacity (FVC) in response to bronchodilator, or 20% variability in diurnal peak expiratory flow (PEF) variation), or >=12% improvement in FEV1 in response to inhaled bronchodilator on spirometry at study entry, and met 2007 NIH/NHLBI criteria for mild, moderate or severe persistent asthma.	intermittent asthma (symptoms less than once/week, brief exacerbations, nocturnal symptoms <= twice/month, and normal lung function between episodes), smoked in the past year, other lung diseases, current treatment for symptomatic cardiovascular disease, history of a positive tuberculosis test, participated in MBSR and/or practicing meditation regularly.
Philippot, 2011[28]	Belgium	Outpatient	NR	Up to 3 months	Tinnitus experienced within the past 6 months A medical check-up by a physician specialized in hearing disorders Sufficient hearing capacity to follow instructions delivered during group sessions Significant psychological distress and impairment in everyday activities resulting from tinnitus	Tinnitus resulting from an organic condition that could benefit from a medical intervention Use of a tinnitus masking apparatus

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Piet, 2010[29]	Denmark	Outpatient	NR	12 months after end of treatment	Age:18–25 Participants with a primary diagnosis of social phobia according to DSM-IV criteria	Alcohol or drug dependence Psychosis, severe depression, bipolar disorder, cluster A and B personality disorders Current (but not previous) psycho-pharmacological or psychotherapeutic treatment
Plews-Ogan, 2005[30]	United States	Outpatient	NR	12 weeks	Adults with musculoskeletal pain for greater than 3 months	Prisoner status Cognitive impairment Lack of reliable transportation Being pregnant
Schmidt, 2010[31]	Germany	Outpatient	NR	8 weeks	Age: 18–70 Female Fibromyalgia Command of the German language	Evidence of suppressed immune functioning Participation in other clinical trials Life-threatening diseases
Schneider, 2012[32]	Milwaukee, WI	recruited from clinical database	March 1998–July 2007	Up to 9.3 years	AA; angiographic evidence of at least 1 coronary artery with >50% stenosis	Acute MI, stroke, or coronary revascularization within the previous 3 months, chronic heart failure with EF<20%, cognitive impairment, noncardiac life-threatening illness.
Segal, 2010[33]	Canada	Outpatient	NR	18 months	Age: 18–65 English speaking and the ability to provide informed consent Diagnosis of MDD according to DSM-IV criteria A score of 16 or higher on the Hamilton Rating Scale for Depression (HRSD) 2 or more previous episodes of MDD (to ensure that those randomized would have a minimum of 3 past episodes)	Substance use or dependence Current practice of meditation more than once per week or yoga more than twice per week. Current or planned pregnancy within the 6 months of acute-phase treatment Depression secondary to a concurrent medical disorder A trial of electroconvulsive therapy within the past 6 months

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Seyedalinaghi, 2012[34]	Iran	outpatient	Aug 2008–Mar 2010	14 months	HIV+, >18 years	substance abuse, psychosis, h/o PTSD, CD4<250, clinically symptomatic
Henderson[35]	United state	Outpatient	NR	24 months	Age: 20–65 Ability to understand English Maintain residence near clinic for two years Able to function normally >50% of the time (ECOG score 0,1,2) Having a working home telephone Willing to accept randomization Newly diagnosed stage I or II breast cancer w/in past 2 years	Current Alcohol/Substance abuse Past psychiatric or neurologic disorder that would limit participation in the study Previous diagnosis of cancer in past 5 years (except non-melanomic skin cancer)
Smith, 1976[36]	United States	University research setting	NR	6 months	Michigan State college student volunteers	No prior meditation experience Not receiving psychotherapy
Taub, 1994[37]	United States	Residential ETOH rehabilitation center	NR	18 months	Male, inner-city, transient severe alcoholics recruited through center	Severe brain damage Serious medical problems IQ below 80 Dx of psychosis Previous exposure to one of special therapies

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Wachholtz, 2008[38]	Canada	Unclear	NR	NR	Current diagnosis of DSM-IV SAD, generalized subtype, based on psychiatric interview and a structured clinical interview Reported at least moderately severe SAD symptoms as determined by a total score X50 on the clinician-rated Liebowitz Social Anxiety Scale (LSAS) Severity rating X4 on the Clinical Global Impression (CGI) Severity of Illness subscale at screening and baseline visits	Substance abuse in past 12 months Current suicide risk , Any form of psychotherapy in last 3 months Received CBT or meditation training in past 12 months Unsafe medical condition Hamilton Depression Rating Scale >14 Presence of other Axis I disorders Lifetime history of psychotic disorders or bipolar disorder
Whitebird, 2012[39]	United States	Outpatient	2007–2010	6 months	caregiver, >21yo, English speaking, no prior meditation program, >5 on stress scale	psych issue past 2 years, SI, antipsychotic or anticonvulsant meds
Wolever, 2012[40]	USA	outpatient	not mentioned	14 weeks	PSS>16; employees of a national health insurance agency	medication or pacemaker affecting heart rate; pregnancy; heavy tobacco use; major medical condition or psychological disorder, prior yoga or meditation experience

Author, year	Study location	Study setting	Recruitment (start year–end year)	Total duration of study (including training and participants followup)	Inclusion criteria	Exclusion criteria
Wong, 2011[41]	Hong Kong	Outpatient	2006–2006	10 months	Age: 18–65 Chronic pain for at least 3 months at mod-severe level on S pain score Not to receive other new treatments during intervention Ability to give written consent	Receiving concurrent treatment with therapies other than medications for pain or psychological symptoms Concurrent doctor diagnosed DSM-IV axis I disorder Illiterate patients Previous participation in an MBSR program or current practice of meditation/relaxation techniques including MBSR

Notes: NR = Not Reported; DX = Description; IQ = Intelligence Quotient; CVD = Cardiovascular Disease; Tx = Treatment; DSM = Diagnostic and Statistical Manual (of mental disorders); CGI = ETOH = Alcohol; TM = Transcendental Meditation; IBS = Inflammatory Bowel Disease; SG = Support Group; MDD = Major Depressive Disorder; COPD = Chronic Obstructive Pulmonary Disorder; LSAS = Liebowitz Social Anxiety Scale; CBT = Cognitive Behavioral Therapy; CGI = Clinical Global Impression

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Evidence Table E2. Participant characteristics for included studies

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Henderson VP, 2011[1]	180	Women with early stage Breast Cancer	Overall (163)	163 (100)	49.8 ± 8.4	NR	NR	NR	NR
			Arm 1 MBSR (53)	53 (100)	NR	W:51(96) O: 2 (4)	HS:9 (17) C: 11 (21) GS: 12 (23) O: 21 (39)	NR	NR
			Arm 2 NEP (52)	52(100)	NR	W:48 (92) O: 4 (8)	HS:13 (25) C: 7 (14) GS: 10 (19) O: 22 (42)	NR	NR
			Arm 3 UC (58)	58(100)	NR	W:56 (97) O: 2 (3)	HS:15 (26) C: 10 (17) GS: 17 (29) O: 16 (28)	NR	NR
Wong SY-S, 2011[2]	100	Patients with chronic pain	Overall (99)	NR	47.9 (7.84)	NR	HS:53 C: 11 GS: 13 PE: 22	NR	NR
			Arm 1 MBSR (51)	NR	48.7 (7.84)	NR	HS:31 C: 4 GS: 6 PE: 10	NR	NR
			Arm 2 MPI (48)	NR	47.1 (7.82)	NR	HS:22 C: 7 GS: 7 PE: 12	NR	NR
Brewer, 2011[3]	88	Nicotine-dependent adults with interest in smoking cessation	Overall(87)	33(37.9)	45.9	W:43(49.4) B:34(39.1) L:9(10.3) O:1(1.1)	<HS:6(6.9) HS:31(35.6) C:25(28.7) O:25(28.7)	NR	NR
			Arm MT (41)	14(34.1)	46.5	W:24(58.5) B:15(36.6) L:2(4.9) O:0	<HS:2(4.9) HS:17(41.5) C:12(29.3) O:10(24.4)	NR	NR
			Arm FFS(46)	19(41.3)	45.3	W:19(41.3) B:19(41.3) L:7(15.2) O:1(2.2)	<HS:4(8.7) HS:314(30.4) C:213(28.3) O:15(32.6)	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Gaylord SA, 2011[4]	97	Women with Irritable Bowel Syndrome	Overall (75)	75(100)	NR	NR	NR	NR	NR
			Arm 1 MG (36)	36(100)	44.72 (12.55)	W:29(81) B: 5 (14) O: 2 (6)	HS:0(0) C: 7(19) GS:19(53) O: 9(25) PE: 1(3)	NR	NR
			Arm 2 SG (39)	39(100)	40.89 (14.68)	W:25 (64) B: 8 (21) O: 6 (15)	HS:3 (8) C: 9 (23) GS:12 (30) O:14(36) PE:1(3)	NR	NR
Philippot P, 2011[5]	30	Patients with Tinnitus	Overall (25)	NR	60 (11.53)	NR	NR	NR	NR
			Arm 1 MG (13)	NR	60.92 (11.09)	NR	PE: 14.61(2.60)	NR	NR
			Arm 2 RG (12)	NR	59.75 (12.46)	NR	PE: 14.58(2.71)	NR	NR
Gross CR, 2011[6]	30	Adults Primary Chronic Insomnia	Overall (30)	NR	Range (19–65)	NR	NR	NR	NR
			Arm 1 MBSR (20)	15(75)	Median (47) Range (21–65)	W:20(100) B: 0 (0) L: 1 (5)	C: 18(90)	NR	NR
			Arm 2 PCT (10)	7(70)	Median (53.5) Range (29–59)	W:9(90) B: 1(10) L: 1(10)	C: 6 (60)	NR	NR
Schmidt S, 2010[7]	177	Women with Fibromyalgia	Overall (168)	168 (100)	NR	NR	NR	NR	NR
			Arm 1 MBSR (53)	53(100)	53.4 (8.7)	NR	HS:20.8 PE: 34.0 (9) PE: 41.5 (11)	NR	NR
			Arm 2 RG (56)	56(100)	51.9 (9.2)	NR	HS:30.4 PE: 28.6(:9) PE:39.3(11)	NR	NR
			Arm 3 WL (59)	59(100)	52.3 (10.9)	NR	HS:42.4 PE: 30.5(9) PE:25.4(11)	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Segal ZV, 2010[8]	84	Patients with recurrent depression	Overall (84)	53 (63)	44.0 (11.0)	W:66 (79)	NR	NR	NR
			Arm 1 MBCT (26)	13 (50)	44.8 (9.4)	W:19 (73)	NR	NR	NR
			Arm 2 M-ADM (28)	20 (71)	45.8 (11.4)	W:24 (86)	NR	NR	NR
			Arm 3 P+CI (30)	20 (67)	41.9 (11.6)	W:23 W:(77)	NR	NR	NR
Oken BS, 2010[9]	31	Caregivers of close relatives with Dementia	Overall (31)	NR	NR	NR	NR	NR	NR
			Arm 1 MM (10)	10	62.50 (11.61)	W:8 B:1 A:1	NR	NR	NR
			Arm 2 EDN (11)	11	67.09 (8.36)	W:10 B:0 A:1	NR	NR	NR
			Arm 3 RO (10)	10	63.80 (7.93)	W:10 B:0 A:0	NR	NR	NR
Gross CR, 2010[10]	150	Solid Organ Transplant Recipients	Overall (137)	NR	NR	NR	NR	NR	NR
			Arm 1 MBSR (71)	33 (46.5)	55 (11.3)	W:65(91) O: 9(8)	HS:3(4) C: 29(41) GS: 15(21) O: 24(34)	NR	NR
			Arm 2 HE (66)	29 (43.9)	52 (10.4)	W:62(94) O: 9(6)	HS:10(15) C: 24(36) GS: 11(17) O: 21(32)	NR	NR
Garland EL, 2010[11]	53	Alcohol Dependent Adults	Overall (53)	11 (20.8)	40.3 (9.4)	W:18(34.0) B: 32(60.4) O: 3(5.6)	NR	NR	NR
			Arm 1 MORE (27)	5 (18.5)	39.9 (8.7)	W:7(25.9) B: 17 (62.9) O: 3(11.1)	NR	NR	NR
			Arm 2 ASG (26)	6 (23.1)	40.7 (10.2)	W:11(42.3) B: 15 (57.7) O: 0(0)	NR	NR	NR
Delgado LC, 2010[12]	36	Patients with chronic worry	Overall (36)	36 (100)	Range 18–24	NR	NR	NR	NR
			Arm 1 MG (18)	18 (100)	NR	NR	NR	NR	NR
			Arm 2 RG (18)	18 (100)	NR	NR	NR	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Morone NE, 2009[13]*	40	Community dwelling older adults with chronic low back pain	Overall (35)	NR	NR	NR	NR	NR	NR
			Arm 1 MM (16)	11	78 (7.1)	W:15 B:1	NR	NR	NR
			Arm 2 HE (19)	11	73 (6.2)	W:15 B:1 A:1	NR	NR	NR
Brewer, 2009[14]	36	Patients with ETOH and/or cocaine use disorders	Overall(36)	7(28)	38.2	W:16(64) B:6(24) L:3(12)	YD:13.2	NR	NR
			MT(21)	5(27.8)	35.6	W:10(55.6) B:6(33.3) L:2(11.1)	YD:13.1	NR	NR
			CBT(15)	2(28.6)	45	W:6(85.7) B:0 L:1(14.3)	YD:13.7	NR	NR
Mularski RA, 2009[15]	86	Patients Chronic obstructive lung disease	Overall (86)		67.4 (2.2)	O:(49)	O:>high school (47)	NR	28.5(4.6)
			Arm 1 MBBT (44)	1	70.6 (10.6)	O: 17 (38.6)	HS:21(47.7)	NR	26.1 (7.5)
			Arm 2 SG (42)	0	64.0 (9.1)	O: 25 (60.0)	HS:19 (45.2)	NR	31.0 (6.9)
Kuyken W, 2008[16]	123	Patients with depression	Overall (123)	NR	NR	NR	NR	NR	NR
			Arm 1 MBCT (61)	47 (77)	48.95 (10.55)	W:60(98)	HS:24 (39) C: 12 (20) No Ed: 9 (15) Some School 16 (26)	NR	NR
			Arm 2 M-ADM (62)	47 (76)	49.37 (11.84)	W:62(100)	HS:15 (24) C: 14 (23) No Ed: 17 (27) Some School 16 (26)	NR	NR
Koszycki D, 2007[17]	53	Patients with Generalized Social Anxiety Disorder	Overall (53)	NR	NR	NR	NR	NR	NR
			Arm 1 MBSR (26)	16	38.6 (15.7)	NR	NR	NR	NR
			Arm 2 CBGT (27)	12	37.6 (11.1)	NR	NR	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Lee SH, 2006[18]	46	Patients with Generalized Anxiety Disorder or Panic Disorder with or without agoraphobia	Overall	NR	NR	NR	NR	NR	NR
			Arm 1 MM (24)	9 (37)	38.6 (7.4)	NR	YE:13.0 (2.3)	NR	NR
			Arm 2 EDN (22)	7 (32)	38.1 (9.7)	NR	YE: 13.5 (2.4)	NR	NR
Moritz S, 2006[19]	165	Patients with psychological distress	Overall (165)	NR	NR	NR	NR	NR	NR
			Arm 1 MBSR (54)	41 (76.0)	43.6	NR	C: 29 (54.0) GS: 9 (17.0)	NR	NR
			Arm 2 Spirituality (56)	53 (95.0)	44.6	NR	C: 23 (41.0) GS:10(18.0)	NR	NR
			Arm 3 Control (55)	44 (80.0)	43.9	NR	C: 20 (36.0) GS: 13(24.0)	NR	NR
Elder, 2006[20]	60	diabetic patients in primary care setting	Overall(60)	NR	NR	NR	NR	NR	NR
			Vedic/TM(30)	(50)	53.7(8.4)	NR	NR	247 (49)	NR
			Health Education(30)	(67)	53.3(12.0)	NR	NR	231 (67)	NR
Bormann JE, 2006[21]	93	Adults with HIV Infection	Overall (93)	18 (19.4)	42.9 (6.84)	W:48(51.6) B: 29 (31.2) L: 14 (15.1) O: 2 (2.2)	HS:29 (31.2) C: 24 (25.8) O: 40 (43.0)	NR	NR
			Arm 1 MP (46)	9 (19.6)	43.3 (6.56)	W:25 (54.3) B: 16 (34.8) L: 5 (10.9) AI:0(0)	HS:11 (23.9) C: 14 (30.4) O: 21 (52.5)	NR	NR
			Arm 2 ACG (47)	9 (19.1)	42.5 (7.17)	W:23(48.9) B:13 (27.7) L: 9 (19.1) AI: 2 (4.3)	HS:18 (38.3) C: 10 (41.7) O: 19 (47.5)	NR	NR
Paul-Labrador M, 2006[22]	103	Patients with Metabolic Syndrome	Overall (103)	NR	NR	NR	NR	NR	NR
			Arm 1 TM (52)	11 (21.0)	67.7 (9.0)	NR	NR	NR	28.3 (4.5)
			Arm 2 HE (51)	8 (16.0)	67.1 (10.5)	NR	NR	NR	28.3 (4.6)
Plews-Ogan M, 2005[23]	30	Patients with chronic musculoskeletal pain	Overall (30)	23	46.5	NR	YE:12	NR	NR
			Arm 1 MBSR (10)	NR	NR	NR	NR	NR	NR
			Arm 2 MS (10)	NR	NR	NR	NR	NR	NR
			Arm 3 SC (10)	NR	NR	NR	NR	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Hebert JR, 2001[24]	172	Patients with breast cancer	Overall (157)	NR	NR	NR	NR	NR	NR
			Arm 1 SR (51)	51 (100)	NR	W:49(96.0) O: 2 (4.0)	HS:8 (16.0) C: 11 (22.0) GS: 13(25.0) O: 19 (37.0)	72.2 (13.9)	NR
			Arm 2 NE (50)	50 (100)	NR	W:47(94.0) O: 3(6.0)	HS:10 (20.0) C: 6 (12.0) GS:10(20.0) O: 24 (48.0)	70.6 (11.7)	NR
			Arm 3 UC (56)	56 (100)	NR	W:54(96.0) O: 2(4.0)	HS:13(23.0) C: 10 (18.0) GS:17(30.0) O: 16 (29.0)	74.3 (17.5)	NR
Castillo-Riachmond, 2000[25]	138	Hypertension (high normal blood pressure, stage I or stage II hypertension	Overall(60)	NR	NR	NR	NR	NR	NR
			TM Group(31)	NR	55.2	NR	NR	196.6	NR
			Health Education Group(29)	NR	52.5	NR	NR	194.2	NR
Murphy, 1986[26]	60	High-volume drinkers with no prior running or meditation experience	Meditation(14)	0	25	NR	NR	NR	NR
			Running(13)	0	24.9	NR	NR	NR	NR
			NT(16)	0	24.5	NR	NR	NR	NR
Smith JC, 1976[27]	139	Anxious college students	TM (49)	NR	Reported as 22 for whole group, not by arm	NR	NR	NR	NR
			PSI (51)	NR		NR	NR	NR	NR
			WL (39	NR		NR	NR	NR	NR
Piet J, 2010[28]	26	Adults with social phobia	Overall (26)			NR	NR	NR	NR
			Arm 1 MBCT (14)	11 (79.0)	21.6	NR	NR	NR	NR
			Arm 2 CBGT (12)	7 (58.0)	22.1	NR	NR	NR	NR
Taub E, 1994[29]	Ambiguous. 457 “agreed to participate,” 250 were counted as study subjects after completing one week of trial	Alcoholics In rehab	TM	0	44.3 Reported as whole group mean, no SD	NR	Whole group mean education reported as 10.7 years, no SD	NR	NR
			EMG	0		NR	NR	NR	NR
			NT	0		NR	NR	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Lehrer PM, 1983[30]	61	Adults with anxiety	Overall	NR	NR	NR	NR	NR	NR
			Arm 1 M (only) (23)	NR	NR	NR	NR	NR	NR
			Arm 2 RL (19)	NR	NR	NR	NR	NR	NR
			Arm 3 WL (19)	NR	NR	NR	NR	NR	NR
Jayadevappa R, 2007[31]	23	African American patients with heart failure	Overall (23)	NR	NR	B: 23 (100)	NR	NR	NR
			Arm 1 TM (13)	(46.15)	64.4 (5.7)	B: 13 (100)	HS:(38.46) C: (7.69) GS: (23.08) O: (15.38) PE: (15.38)	NR	NR
			Arm 2 HE (10)	(80.00)	63.8 (8.9)	B: 10 (100)	HS:(20.00) C: (20.00) GS: (0) O: (50.00) PE: (10.00)	NR	NR
Miller, 2012[32]	68	Overweight DM	Overall						
	32	MB-EAT	Arm 1	63	53.9	W:(82) B: (19) A: (0)	C: (48) GS: (48)	NR	NR
	36	SC	Arm 2	64	54	W:(72) B: (24) A: (4)	C: (60) GS:(60)	NR	NR
Malarkey, 2012[33]	186	CRP>3.0	Overall						
	93	MBI-ld	Arm 1	88	51	NR	NR	NR	NR
	93	Educ	Arm 2	87	49	NR	NR	NR	NR
Whitebird, 2012[34]	78	Caregivers	Overall	88.5	56.8 (9.9)	W: (97.4) L: (1.3) AI: (1.3)	HS: (43.6) C: (34.6) GS: (21.8)	NR	NR
			MBSR (38)	86.8	57.2 (9.6)	W: (100) L: (0) AI: (0)	HS: (44.7) C: (31.6) GS: (23.7)	NR	NR
			Education and Support(40)	90	56.4 (10.2)	W: (95) L: (2.5) AI: (2.5)	HS: (42.5) C: (37.5) GS: (20)	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Chiesa, 2012[35]	18	Depression	Overall (18)						
			MBCT (9)	78	NR	NR	HS:89 C:29 O: 0	NR	NR
			Education (9)	71	NR	NR	HS:29 C:42 O: 29	NR	NR
Barrett, 2012[36]	154	>50yo w/ colds	Overall						
	51	MBSR	Arm 1	82	60	W: (93) O: (6)	C: (71) GS: (71)	NR	NR
	51	Exercise	Arm 2	83	59	W: (92) O: (2)	C: (57) GS: (57)	NR	NR
Jazaieri, 2012[37]	56	SAD	Overall						
	31	MBSR	Arm 1	61	32.9	W: (42) L: (10) A: (45)	O: (16.4)	NR	NR
	25	AE	Arm 2	40	32.9	W: (40) L: (4) A: (44)	O: (16.8)	NR	NR
Wolever, 2012[38]	239	stressed employees	Overall	77	42.9	W: (78) B: (6) L: (6) A: (8)	C: (72) GS:(72)	NR	NR
	96		Arm 1	77		W: (85) B: (4) A: (5)	HS: (3) C: (53) GS: (22)	NR	NR
	90		Arm 2	73		W: (74) B: (10) A: (8)	HS: (2) C: (50) GS: (28)	NR	NR
Seyedalinaghi, 2012[39]	245		Overall	31%	35.1	NR	NR	NR	NR
	120	MBSR	Arm 1	35%	34.7	NR	NR	NR	NR
	125	Educ/Spprt	Arm 2	27%	35.6	NR	NR	NR	NR
Pbert L, 2012[40]	83	83	Overall	56 (67.5)	52.8	W: 76(93.8)	NR	NR	NR
	42	MBSR	Arm 1	27 (64.3)	51.93 (13.6)	W: 36(90.0) B: 1 (2.5) L: 5 (12.8) O: 3 (7.5)	HS: 6 (14.6) C: 14 (34.1) GS: 8 (19.5) SC: 13 (31.7)	NR	NR
	41	HLC	Arm 2	29 (70.7)	53.61 (13.7)	W: 40(97.6) B: 0 (0.0) L: 1 (2.6) O: 1 (2.4)	HS: 7 (17.5) C: 13 (32.5) GS: 4 (10.0) SC: 16 (40.0)	NR	NR

Author, Year	Total N at randomization	Target Population	Arm (n)	Women (%)	Mean Age, years (SD)	Race, n(%)	Education, n(%)	Mean Weight, (SD)	Mean BMI, (SD)
Schneider, 2012[41]	201	AA w/CAD	Overall						
	99	TM	Arm 1	41.4	59.9(10.7)	B: (100)	O: 11.3(2.7)	NR	NR
		HE	Arm 2	44.1	58.4(10.5)	B: (100)	O:9.9(3.6)	NR	NR

Notes: MBSR=Mindfulness-based Stress Reduction; NEP=Nutrition Education Program; UC=Usual Supportive Care; MPI=Multidisciplinary Pain Intervention; MT=Mindfulness Training; FFS=Freedom From Smoking Treatment; MG=Mindfulness Group/Mindfulness Treatment Group; SG=Support Group; RG=Relaxation Treatment Group; UD=Undisclosed; YE=Years of Education; PCT=Pharmacotherapy; WL=Wait List; MBCT=Mindfulness-based cognitive therapy; M-ADM=Maintenance Antidepressant Mono-therapy; P+Cl=Placebo plus Clinical Management; MM=Mindfulness Meditation; EDN=Education; RO-Respite Only; HE=Health Education; MBBT=Mindfulness Based Breathing Therapy; SP=Spiritual Meditation Group; IS=Internal Secular Meditation Group; ES=External Secular Meditation Group; RL=Progressive Muscle Relaxation Group; CBGT=Cognitive Behavioral Group Therapy; MP=Mantram Practice; ACG=Attention Control Group; TM=Transcendental Meditation; MS=Massage; SC=Standard Care; NE=Nutrition Education; SR=Mindfulness Stress Reduction; M(only)=Meditation Only; SH=Sleep Hygiene; SC=Stimulus Control; WL=Wait List Control; CSM=Corporate Stress Management; NA=Not Applicable; NR=Not Reported; HS=high school; C= college degree; GS= graduate degree; PE=primary education

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Evidence Table E3. Scales for anxiety (KQ1)

Scale	Brief Description	Reliability	Validity	Original Citation Date
General Anxiety				
Beck Anxiety Inventory	21-item self report measure to assess severity of anxiety symptoms within an adult psychiatric population. Respondents rate their experience of specific anxiety symptoms within the last week using a four-point Likert scale.	Excellent internal consistency, α range from .85 to .93	The BAI correlated significantly more strongly with a measure of anxiety (r =.48) than with a measure of depression (r = .25) in a psychiatric sample. Although the BAI shows moderate correlations with measures of depression, it has been found to discriminate between self-report and diary ratings of anxiety and depression better than the State-Trait Anxiety Inventory-Trait Version.	1988
BSI (18) Anxiety	The BSI-18 is an 18-item self-report inventory designed to measure psychological distress and psychiatric disorders in medical and community populations. Symptom scales include Somatization, Depression and Anxiety.[1]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high reliability, defined as Cronback alpha of ≥ .80 [2]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high validity, defined as an averaged sensitivity and specificity of ≥ .8	2001

Scale	Brief Description	Reliability	Validity	Original Citation Date
HAM-Anxiety (aka HARS)	The Hamilton Anxiety Rating Scale is a clinician-administered assessment of generalized anxious symtpomatology (as opposed to specific phobic avoidance) among clinically anxious individuals. The clinician rates of the severity of each overarching symptom cluster on a scale from 0 to 4. The scale was developed specifically to provide a measure of the severity of anxious symtomatology among already-diagnosed individuals.	Estimates for the internal consistency αs ranging from adequate to good (.77 to .81)n in one study, to excellent α = .92 in another.	HARS scores have been found to correlate significantly with self-report measures of anxiety in clinical samples. In addition, individuals with anxiety disorders scored substantially higher on the HARS than did normal controls. However, the discriminant and discriminative validity of the HARS has been challenged; in particular, high correlations with measures of depression have been found (r = .78) and items on the scale failed to discriminate individuals with GAD from those with MDD.	1959
POMS - tension	The POMS is a self-report measure that contains 65 adjectives for which respondents rate the degree to which the adjective describes the way they have been feeling during the last week. Ratings range from 0 to 4. The POMS can be scored accoring to six factor-analytically derived mood states, one of which is Tension-Anxiety. The score for each scale is derived by summing the resposes to the relevant adjectives.[4]	Chronbach's alpha .63–.92 for subscales, .75–.92 for total score. Correlations between subscale and total scores in the POMS equal to or exceeding .84. [4]	The POMS tension scale correlated significantly with both the STAI State (r = .72) and Trait (r = .70) in a validation study of POMS in 1999***	1971

Scale	Brief Description	Reliability	Validity	Original Citation Date
SCL-90 anxiety and phobic anxiety[5]	The SCL-90 R is a self-report inventory, where each of the 90 symptoms listed is rated on a five-point scale of distress ranging from 0 to 4. In addition to three global distress indices (general severity index, positive symptom distress index, and positive symptom total), the SCL-90 R provides information on nine primary symptom dimensions. These include anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideation, phobic anxiety, psychoticism, and somatization.	Coefficent alpha estimates for the nine primary symptom dimensions range from .70 to .90	Factor-analytic studies have generally failed to identify nine primary symptom dimensions. The SCL-90-R is proably best thought of as a general screening device that measures global levels of psychopathology.	1997
STAI	The STAI consists of two 20-item self-report measures to assess state and trait levels of anxiety. Respondents indicate how they feel right now (state version) or how they generally feel (trait version) using four-point Likert scales. “Anxiety absent” items on each scale are reverse-scored, and the 20 items of each scale are then summed for a total score.	The manual reports good to excellent internal consistency for both scales (αs between .86 and .95) in adult, college, high school student, and military recruit samples.	Convergent validity for the STAI-T has been demonstrated in significant correlations with other trait measures of anxiety in normal populations. In addition, individuals diagnosed with anxiety disorders scored significantly higher on the STAI-T than did nonclinical volunteer participants. Validity of STAI-S is supported by findings of elevated scores in an exam situation and score decreases from pre-to-post surgery. Several studies have suggested that the STAI does not discriminate well from measures of depression. STAI-T has also been found to be sensitive to change in treatment, as evidence by a review of treatment studies.	1983

Scale	Brief Description	Reliability	Validity	Original Citation Date
IPAT - Anxiety inventory**	The Institute for Personality & Ability Testing (IPAT) Anxiety Scale consists of 40 items, each of which has three possible responses along a most-to-least or true-false continuum. The first 20 items are considered to be covert or indirect indices of anxiety, while the latter 20 items are overt, manifest symptoms. The ratio of the covert to the overt score might be considered as an index of the degree to which individuals of equivalent anxiety level are aware of their anxiety.	Test-retest reliability: Correlation between two test administrations three weeks apart was .94.	The correlation between IPAT and Manifest Anxiety Scale (MAS) scores was .55, which was the only significant coefficient found in interrelationships among the IPAT, the Affective Affect Checklist (AACL) MAS, and clinical ratings.	1976
Worry				
Penn State Worry Questionnaire	The PSWQ is a 16-item self-report questionnaire that assesses an individual's general tendecy to worry excessively. Each item presents a statement and is followed by a five-point Likert-type response scale representing how typical the individual feels the statement is of him or her.	The PSWQ is associated with good to very good internal consistency (αs ranging from .86 to .93) across clinical and college samples.	PSWQ is moderately correlated with two other worry measures, the Student Worry Scale (r = .59) and the Worry Domains Questionnaire (r = .67) Among student samples, the PSWQ is moderately correlated with measures of anxiety (rs range from .40 to .74) and less strongly correlated with depression (r = .36), but within GAD samples, these relationships are weaker, suggesting that worry is a distinct construct among a clinically anxious sample.	1990

Scale	Brief Description	Reliability	Validity	Original Citation Date
Thought/Emotion Suppression				
White Bear Inventory (thought suppression)	The WBSI is a 15-item self-report measure developed to assess the tendency to suppress thoughts.	In original research conducted by the WBSI developers on large groups of college students, alpha reliability coefficients ranged from .87 to .89[6]	Studies of the predictive validity of the thought suppression measure revealed that it is a useful construct for anticipating whether individuals will develop obsessive thoughts (but not compulsive behaviors), whether individuals who report wishing they were not depressed will in fact be depressed, and whether individuals who are exposed to emotion-producing thoughts will fail to habituate to them over time.	1994
Courtauld Emotional Control Scale- Anxiety (CECS)7	The Courtauld Emotional Control Scale is a 21-item questionnaire which measures suppression of affect. It is rated on a four-point scale (almost never–almost always) developed to measure the extent to which individuals report that they control their emotions of anger (e.g. I hide my annoyance), anxiety (e.g. I say what I feel) and depressed mood (e.g. I hide my unhappiness).	Each of the three subscales demonstrated good internal consistency in the original research, with α coefficients of .86, .88 and .88 for the anger, depression and anxiety subscales, respectively.5	Not Available	1983

Scale	Brief Description	Reliability	Validity	Original Citation Date
Social Anxiety				
Fear of Negative Evaluation	The FNE consists of 30 items referring to expectation and distress related to negative evaluation from others.	Internal consistency for the FNE was excellent, ranging from .94 to .96	The FNE has been shown to differentiate between individuals diagnosed with various anxiety disorders. Across three college samples, the FNE was significantly correlated with measures of anxiety (.60), social-evaluative anxiety (.47), social approval (.77) and less strongly with measures of locus of control (.18) and achievement anxiety (.28). the FNE has been shown to be one of the most sensitive social phobia treatment outcome measures following cognitive-behavioral group therapy.	1969
Liebowitz Social Anxiety-Fear	24-item clinician-rated scale to assess fear and avoidance of particular situations in people with social phobia. The LSAS consists of two subscales that measure difficulty with social interacction (11 items) and performance (13 items). Fear and avoidance are rated on separate four-point scales ranging from 0 to 3 to represent symptom severity during the past week.	Cronback's alpha for the LSAS total score was .96. The alpha coefficients range from .81 to .92 for the fear subscales, and .83 to .92 for the avoidance subscales. Total fear and total avoidance scores were highly correlated (.91) suggesting that these subscales may not adequately assess independent constructs, at least in clinical samples.	LSAS total score was signficantly associated with a clinician severity rating from a structured clinical interview (.52) and a number of self-report measures of social anxiety (rs ranging from .49 to .73).	1987

Scale	Brief Description	Reliability	Validity	Original Citation Date
Social Interactions (fear) (SIAS)	The original version of the SIAS consists of 19 items, but many studies use a 20-item version that is identical except for the addition of one item. Items on the SIAS describe cognitive, affective, and behavioral reactions to interactional situations. Items are rated on a five-point scale ranging from 0 to 4.	High internal consistency across a variety of clinical, community and students samples with αs ranging from .86 to .94	Other measures of social anxiety have been shown to be significantly associated with the SAIS (.66 to .81). Somewhat smaller correlations emerged between measures of general anxiety and the SAIS (.45 to .58), depression and the SAIS (.47) and locus of control and SAIS (.30).	1998
Social phobia Scale (SPS)	SPS contains 20 items that are rated on a five-point scale ranging from 0 to 4. Items describe situations involving being observed by others while engaged in activies such as eating or writing. The SPS is scored by taking the sum of all of the items.	High internal consistency across a variety of clinical, community and student samples with αs ranging from .87 to .94	Other measures of social anxiety have been shown to be significantly associated with the SPS (.64 to .75). Somewhat smaller correlations emerged between measures of general anxiety and the SPS (.42 to .57), depression and the SPS (.54) and locus of control and the SPS (.31)	1998

Scale	Brief Description	Reliability	Validity	Original Citation Date
Positive Mood				
PANAS Postive Affect	The PANAS is a 20-item self-report measure specifically designed to assess the distrinct dimensions of positive and negative affect. Respondents are asked to indicate on a 5-point Likert-type scale the extent to which they feel or have felt a list of adjectives over a specified time period.	Good to excellent internal consistency estimates, αs ranging from .88 to .90 for the Postive Affect scale; αs ranging from .84 to .87 for the Negative Affect scale.	The Negtive Affect scale was significantly correlated with measures of general psychiatric distress (r = .74), depression (r=.58)and state anxiety (r = .51), whereas the PA scale was negatively correlated with measures of depression (r=−.36) in a student sample. The two scales show very modest correlations (rs ranting from −.12 to −.23) with one another, supporting the discrimination between the two factors. Further, relatively more depressed individuals reported significantly lower scores on the PA scale than relative more anxious individuals, whereas the two groups did not differ significantly on the NA scale, suggesting discriminative validity of the scale.	1989

Sources: Except as noted in footnotes, all information in this section is from: Antony MM, Orsillo SM, Roemer L, editors. Practitioner's guide to empirically based measures of anxiety. New York: Kluwer Academic/Plenum Publishers; 2001.

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Evidence Table E4. Scales for depression (KQ1)

Test	Brief Description	Reliability	Validity	Original Citation Date
Beck Depression Inventory[1]	The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression.	Internal consistency estimates yielded a mean coefficent alpha of 0.86 for psychiatric patients and 0.81 for non-psychiatric subjects	The concurrent validities of the BDI with respect to clinical ratings and the Hamilton Psychiatric Rating Scale for Depression (HRSD) were also high. The mean correlations of the BDI samples with clinical ratings and the HRSD were 0. 72 and 0.73, respectively, for psychiatric patients. With nonpsychiatric subjects, the mean correlations of the BDI with clinical ratings and the HRSD were 0.60 and 0.74, respectively.	1961
Beck Depression Inventory II	The BDI-II is a 21-item self-report measure of depressive symptoms that was developed in concert with criteria for diagnosing depressive disorders contained in the DSM-IV. Items include a four-point scale ranging from 0 to 3, representing levels of severity of symtpoms or, in the case of two items, changes in sleep or appetite patterns.	Alpha estimates for internal consistency were found to be .92 for a psychiatric outpatient sample, and .93 for college students.	There is a significant correlation with an earlier version of this inventory, the BDI-IA (.93). BDI-II was also found to correlate with the Hamiltion Rating Scale for Depression (.71)	1996
Zung Self Rating Depression Scale	The Zung SDS is a 20-item self-report measure of depression. All items are rated on a 4-point scale with anchor points referring to the amount of time the item is currently experienced.	Internal consistency was high with alphas of .91 for family escorts, .88 for depressed clients, .93 for non-depressed clients.	In separate studies, correlations with the HRSD and BDI were found to be .80 and .54 respectively.	1965
BSI (18) depression	The BSI-18 is an 18-item self-report inventory designed to measure psychological distress and psychiatric disorders in medical and community populations. Symptom scales include Somatization, Depression and Anxiety.[2]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high reliability, defined as Cronbach alpha of ≥ .80[3]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high validity, defined as an averaged sensitivity and specificity of ≥ .8	2001

Test	Brief Description	Reliability	Validity	Original Citation Date
SCL-90 (depression and interpersonal sensitivity)	The SCL-90 R is a self-report inventory, where each of the 90 symptoms listed is rated on a five-point scale of distress ranging from 0 to 4. In addition to three global distress indices (general severity index, positive symptom distress index, and positive symptom total), the SCL-90 R provides information on nine primary symptom dimensions. These include anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideation, phobic anxiety, psychoticism, and somatization.	Coefficent alpha estimates for the nine primary symptom dimensions range from .70 to .90	Factor-analytic studies have generally failed to identify nine primary symptom dimensions. The SCL-90-R is probably best thought of as a general screening device that measures global levels of psychopathology.	1994
CES-D	The CES-D is a 20-item self-report measure of depressive symtpoms. Each item provides a statement representing a symptom characteristic of depression, followed by a 4-point Likert-type response scale ranging from “rarely or none of the time” to “most all of the time.”	Coefficient alpha estimates for internal consistency were found to be .85 for the general population and .90 for the patient sample.	CES-D scores were significantly and substantially different between psychiatric inpatient groups and the general population. Correlation with the HRSD was .44 and correlation with the Raskin Three-Area Scale was .54. Discriminant validity was also supported by the CES-D’s negative correlation with the Radburn Positive Affect Scale. Note that this scale is intended for research purposes only, not for clinical use.	1977
POMS-depression	The POMS is a self-report measure that contains 65 adjectives for which respondents rate the degree to which the adjective describes the way they have been feeling during the last week. Ratings range from 0 to 4. The POMS can be scored accoring to six factor-analytically derived mood states, one of which is Depression-Dejection. the Depression-Dejection scale contains 15 adjectives and represents a mood of depression accompanied by a sense of personal inadequacy.	Internal consistency for the Depression scale was found to be .95 in two separate studies.	The POMS Depression scale has been found to correlate highly with other measures of depressive symptomatology. The r values regarding its association with the BDI and MMPI-D scale were found to be .61 and .65, respectively.	1992

Test	Brief Description	Reliability	Validity	Original Citation Date
SCID and SCID-relapse	The Structured Clinical Interview For DSI-IV Axis I Disorders (SCID) is a semistructured interview designed to help clinicians and researchers make distincitions among various categories listed in the DSM-IV. There are both clinician and research versions of the SCID. The clinician version covers only diagnoses typically seen in clinnical practice and exludes a majority of the subtypes and specifiers present in the research version. Note for SCID-relapse: The primary outcome measure was time to relapse/recurrence of DSM-IV major depressive episode, using the depression module of the SCID	Diagnostic agreement for diagnostic categories among different patient populations ranged from .61 for current diagnosis to .68 for lifetime diagnosis.	Because there are not 'gold standards' for determining psychiatric classification, validity of the SCID is heavily dependent upon the validity of the DSM-IV.	1995
HRSD (aka HAM-D)	The HSRD is a 21-item clinician-rated instrument that is completed following a thorough clinical interview. Each item presents a symptom of depression and is rated according to its severity as experienced by the patient during the past few days or week.	Most interrater reliability coefficients have been ≥.84	The validity of this instrument has been established by comparing HRSD scores to scores on numerous self-report and clinician-rated measures for depression. Comparisons with the BDI yielded correlations ranging from .21 to .82 with a median of .58 and comparisons with the Zung Self-Rating Depression Scale ranged from .38 to .62 with a median of .45.	1960, 1967
Institute for Personality and Ability Testing Depression Scale (IPAT)	The IPAT Depression Scale contains 36 items that assess thoughts and feelings related to depression. Respondents are asked to check one of three options for each item.	Coefficient alpha estimates for reliability range from .88 to .93, among a variety of populations including depressives, clinical samples, prisoners, alchoholics, narcotic addicts, college students and adult controls.	With regard to how well the test score correlates with depression, an obtained correlation of .88 between the scale and a "pure depression factor" was observed using 1904 normal and clinical cases.	1976

Sources: Except as noted in footnotes, information in this section is from: Nezu AM, Ronan GF, Meadows EA McClure KS, editors. Practitioner's guide to empirically based measures of depression. New York: Kluwer Academic/Plenum Publishers; 2000.

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Evidence Table E5. Scales for stress (KQ1)

Test	Brief Description	Reliability	Validity	Original Citation Date
KQ1 Stress				
Perceived Stress Scale (10 & 14 item) (PSS)	It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap howunpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education.	Coefficient alpha reliability for the PSS was .84, .85, and .86 in each of three samples in the originally published research, two large groups of university students and a smaller sample of smoking cessation program participants from the community.	The PSS is correlated in the expected manner with a range of self-report and behavioral criteria. Moreover, the PSS is more closely related to a life-event impact score, which is to some degree based on the respondent's appraisal of the event, than to the more objective measure of the number of events occurring within a particular timespan. The PSS also proved to be a better predictor of health and health-related outcomes than either of the two life-event scales examined (Number of Life Events and Impact of Life Events). Finally, the PSS, although highly correlated with depressive symptomatology, was found to measure a different and independently predictive construct.	1983
Life Stress Instrument (LSI)	Have not able to verified instrument			
BSI-18 Global Severity Index	The BSI-18 is an 18-item self-report inventory designed to measure psychological distress and psychiatric disorders in medical and community populations. Symptom scales include Somatization, Depression and Anxiety.[2]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high reliability, defined as Cronbach alpha of ≥ .80[3]	In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high validity, defined as an averaged sensitivity and specificity of ≥ .8	2001

Test	Brief Description	Reliability	Validity	Original Citation Date
Brief Symptom Inventory (53) Global Psychiatric Symptoms (BSI-53)	The BSI is a 53-item self-report inventory. Each of the symptoms contained is rated on a five-point scale of distress ranging from 0 to 4. In addtion to three global distress indices (general severity index, positive symptom distress index, and positive symptom total), the BSI provides information on nine primary symptom dimensions: anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideaion, phobic anxiety, psychoticism, and somatization.	estimates for the coefficient alpha of the primary symptom dimensions range from .71 to .85.	Several of the BSI scales have been found to correlate with related constructs measured using the MMPI. Nevertheless, the same lack of specificity noted for the primary symptom dimenstions associted with the SCL 90-R is likely to be found for the BSI. Similar to the SCL-90, the BSI is probably best thought of as a general screening device that measures gloabl levels of psychopathology.	1993
PANAS Negative Affect	The PANAS is a 20-item self-report measure specifically designed to assess the distrinct dimensions of positive and negative affect. Respondents are asked to indicate on a 5-point Likert-type scale the extent to which they feel or have felt a list of adjectives over a specified time period.	Good to excellent internal consistency estimates, αs ranging from .88 to .90 for the Postive Affect scale; αs ranging from .84 to .87 for the Negative Affect scale.	The Negtive Affect scale was significantly correlated with measures of general psychiatric distress (r = .74), depression (r=.58) and state anxiety (r = .51) in a student sample. The two scales (positive and negative affect) show very modest correlations (rs ranting from −.12 to −.23) with one another, supporting the discrimination between the two factors. Further, relatively more depressed individuals reported significantly lower scores on the PA scale than relative more anxious individuals, whereas the two groups did not differ significantly on the NA scale, suggesting discriminative validity of the scale.	1989

Test	Brief Description	Reliability	Validity	Original Citation Date
SCL-90 General Severity Index	The SCL-90 R is a self-report inventory, where each of the 90 symptoms listed is rated on a five-point scale of distress ranging from 0 to 4. In addition to three global distress indices (general severity index, positive symptom distress index, and positive symptom total), the SCL-90 R provides information on nine primary symptom dimensions. These include anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideation, phobic anxiety, psychoticism, and somatization.	Coefficent alpha estimates for the nine primary symptom dimensions range from .70 to .90	Factor-analytic studies have generally failed to identify nine primary symptom dimensions. The SCL-90-R is probably best thought of as a general screening device that measures global levels of psychopathology.	1994
SF-36 Mental Health Subscale*	The SF-36 is a multipurpose, 36-item survey that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. It yields scale scores for each of these eight health domains, and two summary measures of physical and mental health: the Physical Component Summary (PCS) and Mental Component Summary (MCS).	The reliability of the eight scales and two summary measures has been estimated using both internal consistency and test-retest methods. With rare exceptions, published reliability statistics have exceeded the minimum standard of 0.70 recommended for measures used in group comparisons in more than 25 studies. Reliability estimates for physical and mental summary scores usually exceed 0.90.	Studies of validity generally support the intended meaning of high and low SF-36 scores as documented in the original user's manuals. Because of the widespread use of the SF-36 across a variety of applications, evidence from many types of validity research is relevant to these interpretations. Studies to date have yielded content, concurrent, criterion, construct, and predictive evidence of validity.	1993

Test	Brief Description	Reliability	Validity	Original Citation Date
POMS - Total Mood Disturbance	The POMS is a self-report measure that contains 65 adjectives for which respondents rate the degree to which the adjective describes the way they have been feeling during the last week. Ratings range from 0 to 4. The POMS can be scored accoring to six factor-analytically derived mood states, one of which is Tension-Anxiety. The score for each scale is derived by summing the resposes to the relevant adjectives. Source = Nezu et al for this general description.	Chronbach's alpha .63–.92 for subscales, .75–.92 for total score. Correlations between subscale and total scores in the POMS equal to or exceeding .84. **	Factorial validity of the 6 mood factors reported. Please see user's manual for more information**	1971

Sources

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Evidence Table E6. Scales for attention (KQ2)

Test	Brief Description	Reliability	Validity	Original Citation Date
KQ2: Attention				
Attentional Network	The Attention Network Test (ANT) is a tool used to assess the efficiency of the three attention networks—alerting, orienting, and executive control.	Split-half reliabilities of reaction time-based attention network scores were low for alerting (rweighted .20), and orienting (rweighted .32) and moderate high for executive control (rweighted .65).	Analysis of the variance structure of the ANT indicated that power to find significant effects was variable across networks and dependent on the statistical analysis being used. Both analysis of variance (significant interaction observed in 100% of 15 studies) and correlational analyses (multiple significant inter-network correlations observed) suggest that the networks measured by the ANT are not independent.	2002

Test	Brief Description	Reliability	Validity	Original Citation Date
Stroop Color Word Interference Test	The Stroop Color and Word Test is based on the observation that individuals can read words much faster than they can identify and name colors. The cognitive dimension tapped by the Stroop is associated with cognitive flexibility, resistance to interference from outside stimuli, creativity, and psychopathology—all of which influence the individual's ability to cope with cognitive stress and process complex input. It measures cognitive processing and provides valuable diagnostic information on brain dysfunction and cognition. The test-taker reads color words or names ink colors from different pages as quickly as possible within a time limit. The test yields three scores based on the number of items completed on each of the three stimulus sheets. An Interference score is useful in determining the individual's cognitive flexibility, creativity, and reaction to cognitive pressures.	The reliability of the Stroop scores is highly consistent across different versions of the test. In all cases, experimenters have looked at test-retest reliabilities covering periods from 1 minute to 10 days. Jensen reported reliabilities of .88, .79, and .71 for the three Raw scores. Golden (197 5b) reported reliabilities of .89, .84, and .73 (N = 450) for the group version of the test, and reliabilities of .86, .82, and .73 (N = 30) for the individual version.	There appear to be no other valid measures of the same phenomenon.	1935

Sources

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Evidence Table E7. Scales for substance abuse (KQ3)

Test	Brief Description	Reliability	Validity	Original Citation Date
KQ3				
Alcohol				
Penn Alcohol Craving Scale	The PACS is a five-item, self-report measure that includes questions about the frequency, intensity, and duration of craving, the ability to resist drinking, and asks for an overall rating of craving for alcohol for the previous week. Each question is scaled from 0 to 6	The PACS proved to have excellent internal consistency	Construct validity of the PACS was demonstrated via its convergence with two commonly used measures for assessing craving, the Obsessive Compulsive Drinking Scale and the Alcohol Urge Questionnaire. Lack of correlation between PACS scores and several other noncraving, self-report measures indicates that the PACS also had good discriminant validity. Additional analyses revealed that there were significant differences in craving scores during the initial 3 weeks of the trial among those who did and those who did not relapse during weeks	1999

Test	Brief Description	Reliability	Validity	Original Citation Date
Attention (dot probe)	This task, which was developed by MacLeod, Mathews, and Tata (1986), is based on the fact that individuals tend to respond faster to a probe stimulus (e.g. a small dot) that is presented in an attended rather than unattended area of a visual display In a typical version of this task, a series of word pairs is presented briefly on a computer screen, with one member of the word pair above the other. In critical trials, one word of each pair is threat related and the other neutral. When the word pair disappears, occasionally a small dot appears in the position formerly occupied by one of the words. Participants are asked to push a button as quickly as possible when the dot appears. Attention allocation to threat is measured indirectly by the reaction times to the dot: fast reactions to dots that replace threat words and slow reactions to dots that replace neutral words indicate an attentional bias to threat.	Estimates of both internal consistency and retest reliability over one week lead to the conclusion that the dot probe task is a completely unreliable measure of attentional allocation in non-clinical samples. This unreliability may explain the inconsistent findings for the dot probe task as reported in the literature.		1986

Test	Brief Description	Reliability	Validity	Original Citation Date
Impaired Response Inhibition Scale for Alcohol (IRISA)	The preliminary version of the IRISA was a self-reported instrument of 28 items designed to assess the degree of impairment of response inhibition over drinking behavior. All the items were taken directly from phrases and expressions used by alcohol-dependent patients in recovery, from the authors' clinical experience, or from the scientific literature about alcohol dependence and drinking response inhibition. Each item has a response option based on a 4-point Likert scale (05yes, always; 15yes, usually; 25no, not usually; 35no, never).	Psychometric properties of this version of the IRISA scale showed excellent internal consistency (Cronbach's α: 0.96), and good test–retest reliability (intraclass correlation coefficient: 0.81).	Psychometric properties of this version of the IRISA scale showed satisfactory convergent, discriminant, and predictive validity. The IRISA has a good correlation with alcohol craving, the severity of alcoholism, and alcohol consumption during the recovery process.	2007
Weekly diary	The Substance Use Calendar was administered at baseline (past month) and weekly during treatment and measured in standardized drinks/day for alcohol (1 oz) and grams/day for cocaine (30).	Participant self-reports of drug use	n/a	REFID 1331, 2009

Test	Brief Description	Reliability	Validity	Original Citation Date
Daily diary	The daily diary used in this study was a non-standardized diary method designed to meet the needs of the study design. “Daily journals were distributed weekly to all subjects with instructions to supply daily information on 15 behavioral variables, including three variables concerned with alcohol intake (type and amount of alcohol consumed, and the amount of time spent drinking). Behavioral variables not concerned with alcohol intake served as distracter items and included the monitoring of mood, sleep and eating habits, smoking behavior, and other drug intake. The daily journal was devised to camouflage the dependent measure of alcohol consumption.	were verified by random breathalyzer for alcohol	n/a	REFID 5506, 1986
		and urine toxicology screens for drug use (approximately every 2 weeks). One hundred percent		
Sleep				
Pittsburgh Sleep Quality Index (PSQI)	The PSQI was created after observation that most patients with psychiatric disorders also have sleep disorders. The questionnaire has nineteen individual items which are used to generate seven composite scores. The results give numbers in seven categories: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction	of the breathalyzer and 98.4% (62/63) of	Validity analyses showed high correlations between PSQI and sleep log data and lower correlations with polysomnography data. A PSQI global score >5 resulted in a sensitivity of 98.7 and specificity of 84.4 as a marker for sleep disturbances in insomnia patients versus controls.	1989

Test	Brief Description	Reliability	Validity	Original Citation Date
Insomnia Severity Index (ISI)	The ISI is a 7-item self-report questionnaire assessing the nature, severity, and impact of insomnia.The usual recall period is the “last month” and the dimensions evaluated are: severity of sleep onset, sleep maintenance, and early morning awakening problems, sleep dissatisfaction, interference of sleep difficulties with daytime functioning, noticeability of sleep problems by others, and distress caused by the sleep difficulties. A 5-point Likert scale is used to rate each item (e.g., 0 = no problem; 4 = very severe problem), yielding a total score ranging from 0 to 28.	the urine specimens were consistent with selfreports	Convergent validity was supported by significant correlations between total ISI score and measures of fatigue, quality of life, anxiety, and depression.	1991
Epworth Sleepiness Scale (ESS)	The ESS is a simple, self-administered questionnaire which is shown to provide a measurement of the subject’s general level of daytime sleepiness. Subjects are asked to rate on scale of 0–3 how likely they would be to doze off orfall asleep in the eight situations, based on their usual way of life in recent times. asked, nonetheless, to estimate how each might affect him.	Total ESS scores are reliable in a test-retest sense over a period of months (rho = 0.82, n = 87, $p < 0.001$). There is a high level of internal consistency within the ESS, as assessed by Cronbach’s alpha statistic (alpha = 0.88 – 0.74 in 4 different groups of subjects).	ESS scores were significantly correlated with sleep latency measured during the multiple sleep latency test and during overnight polysomnography. In patients with obstructive sleep apnea syndrome ESS scores were significantly correlated with the respiratory disturbance index and the minimum Sa02 recorded overnight.	2006

Test	Brief Description	Reliability	Validity	Original Citation Date
Diary (Total Sleep Time. Wake After Sleep Onset)	Sleep diaries are detailed day-by-day reports of sleeping and waking activities. They are widely used in clinical and research settings to gather information about sleep/wake patterns. Subjects are asked to record on a daily basis actual sleep times as well as the occurrence of such symptoms as sleepwalking, nocturnal arousals, or sleep attacks; ingestion o f medications, caffeine, and alcohol; and day timeactivities. Information may be recorded for as little as 24 hours or for as long as several weeks.	In one study of the reliability of sleep diaries, the percentage agreement between the subjective data recorded in the sleep diaries and polysomnographic data was accetpable (kappa = .87) The sleep diary is a reliable instrument for collecting data about sleep/wake patterns, but should be used with caution when collecting data from subjects who are likely to take frequent daytime naps.	Sensitivity and specificity in the same study were also high (92.3% and 95.6%).	
Actigraphy (Total Sleep Time. Wake After Sleep Onset)		Activity-based sleep-wake monitoring or actigraphy has gained a central role as a sleep assessment tool in sleep medicine. It is used for sleep assessment in clinical sleep research, and as a diagnostic tool in sleep medicine. This update indicates that according to most studies, actigraphy has reasonable validity and reliability in normal individuals with relatively good sleep patterns.Furthermore, actigraphy is sensitive in detecting sleep changes associated with drug treatments and non-pharmacologic interventions.		

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Evidence Table E8. Scales for well-being (KQ1)

Test	Brief Description	Reliability	Validity	Original Citation
Well-Being				
Quality of Well Being Scale	The Quality of Well-Being (QWB-SA) survey is a preference-weighted measure of general health status. It combines three scales of functioning with a measure of symptoms/problems to produce a point-in-time expression of well-being that runs from 0 (death) to 1.0 (asymptomatic full function).		This self-administered survey had acceptable performance in older adults.	
QOL-Enjoyment/Satisfaction	The Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LESQ), a measure of the degree of enjoyment and satisfaction experienced by participants with various mental and medical disorders in areas of daily functioning. Fourteen items are used to assess an overall quality of life score. Each item is scored on a 5-point Likert scale from 1 (not at all or never) to 5 (frequently or all the time) with higher scores indicating greater satisfaction	Test-retest reliability has been reported as .74. In this study, Cronbach's alpha was .92.	Validity has been reported using correlations with the Clinical Global Impressions Severity of Illness Rating (r = −66), the Hamilton Rating Scale for Depression (r = −.64) and the Beck Depression Inventory (r = −.67).	

Test	Brief Description	Reliability	Validity	Original Citation
Sense of Coherence	The SOC scale consists of 29 five-facet items; respondents are asked to select a response, on a seven-point semantic differential scale with two anchoring phrases, There are 11 comprehensibility. 10 manageability and 8 meaningfulness items. The published scale allows for the possibility of using a short form of 13 of the 29 items. Unless 'SOC-13' is noted, reference IX always to SOC-29.	In 26 studies using SOC-29 the Cronbach alpha measure of internal consistency has ranged from 0.82 to 0.95. The alphas of 16 studies using SOC-13 range from 0.74 to 0.91.	The systematic procedure used in scale construction and examination of the final product by many colleagues points to a high level of content, face and consensual validity. The few data sets available point to a high level of construct validity.Criterion validity is examined by presenting correlational data between the SOC and measures in four domains: a global orientation to oneself and one's environment (19 r's); stressors (11 r's); health, illness and wellbeing (32 r's); attitudes and behavior (5 r's). The great majority of correlations are statistically significant.	1987
QOL-VAS	Operationally a VAS is usually a horizontal line, 100 mm in length, anchored by word descriptors at each end. The patient marks on the line the point that they feel represents their perception of their current state. The VAS score is determined by measuring in millimetres from the left hand end of the line to the point that the patient marks.			

Test	Brief Description	Reliability	Validity	Original Citation
QOL/Mental Health				
WHOQOL - Psychological	The WHOQOL-100 assesses individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It was developed collaboratively in some 15 cultural settings over several years and has now been field tested in 37 field centres. It is a 100-question assessment that currently exists in directly comparable forms in 29 language versions. It yields a multi-dimensional profile of scores across domains and sub-domains (facets) of quality of life. More recently, the WHOQOL-BREF, an abbreviated 26 item assessment has been developed.	Cronbach alpha values for each of the six domain scores ranged from .71 to .86, demonstrating good internal consistency	Confirmatory factor analylsis showed adequate construct validity for the WHOQOL: multiple sample analysis for all domains displayed appropriate CFIs above 0.9 in all cases	1998
QOL (general for chronically ill)	The Quality of Life Profile for the Chronically Ill (PLC) is an HRQoL inventory especially designed for patients with chronic conditions It consists of 40 items and 6 subscales: physical functioning, ability to relax and enjoy life, positive affect, negative affect, social contact, and social integration. Scores of the 6 subscales can be summed to a total score.		The inventory is well validated and was used in an earlier MBSR investigation with fibromyalgia patients	1996

Test	Brief Description	Reliability	Validity	Original Citation
SF-36 (including Vitality subscale)	The SF-36 is a multipurpose, 36-item survey that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. It yields scale scores for each of these eight health domains, and two summary measures of physical and mental health: the Physical Component Summary (PCS) and Mental Component Summary (MCS).	The reliability of the eight scales and two summary measures has been estimated using both internal consistency and test-retest methods. With rare exceptions, published reliability statistics have exceeded the minimum standard of 0.70 recommended for measures used in group comparisons in more than 25 studies (Tsai, Bayliss, & Ware, 1997); most have exceeded 0.80 (McHorney et al., 1994; Ware et al., 1993). Reliability estimates for physical and mental summary scores usually exceed 0.90 (Ware et al., 1994).	Studies of validity generally support the intended meaning of high and low SF-36 scores as documented in the original user's manuals (Ware et al., 1993; Ware et al., 1994). Because of the widespread use of the SF-36 across a variety of applications, evidence from many types of validity research is relevant to these interpretations. Studies to date have yielded content, concurrent, criterion, construct, and predictive evidence of validity.	

Test	Brief Description	Reliability	Validity	Original Citation
SF-12 Mental component	The SF-12v2 is the most recent subset scale of the SF-36 health-related quality of life measure [4]. It includes 12 items, measures 8 domains of health, and is used to calculate 2 component scores, the Physical Component Summary Score (PCS) and the Mental Component Summary Score (MCS).	Both Mental Component Summary Scores (MCS) and Physical Component Summary Scores (PCS) were shown to have high internal consistency reliability (a[.80). PCS showed high test–retest reliability (ICC = .78) while MCS demonstrated moderate reliability (Intraclass correlation coefficient = .60). Prior research had demonstrated an Internal consistency reliability alpha coefficient of .89 for the Physical component score (PCS) and .86 for Mental Component Score (MCS)	PCS had high convergent validity for EQ-5D items (except selfcare) and physical health status (r[.56). MCS demonstrated moderate convergent validity on EQ-5D and mental health items (r[.38). PCS distinguish between groups with different physical and work limitations. Similarly, MCS distinguished between groups with and without cognitive limitations. TheMCS and PCS showed perfect dose response when variations in scores were examined by participant's chronic condition status. Conclusions Both component scores showed adequate reliability and validity with the 2003–2004 MEPS and should be suitable for use in a variety of proposes within this database. Keywords SF-12 MEPS Medical expenditure panel survey Validity Reliability	[44] Solas for missing data analysis 2.0.

Notes: AHRQ = Agency for healthcare research and quality; ANOVA = Analysis of variance; BPN-DPN = Brief pain inventory modified for patients with diabetic peripheral neuropathy; DSM-IV Diagnostic

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Evidence Table E9. Scales for pain (KQ4)

Test	Brief Description	Reliability	Validity	Original Citation Date
KQ 4 Pain				
Numeric Rating Scale 0–10 (sensation and/or unpleasantness)	The NRS is an 11 point verbally administered scale that measures pain intensity and pain unpleasantness[1,2] NRS is one of the simplest and most frequently used instruments to measure pain intensity in children and adults.[1]	ICC for pain intensity =0.85 (95%CI:0 .73–0.92). For pain distress was 0.77 (95% CI: 0.58–0.87)[4] Cronbach's alpha = 0.888 Test-retest reliability r= 0.72–0.78.[3]	Convergent validity NRS compared to VRS *r* = 0.90 to 0.92[3,] construct validity *r* = 0.72 to 0.85; discriminant validity *r* =0.65 to 0.70[3]	n/a
IBS Abdominal Pain Severity				
Pain Perception Scale (Sensory and Affective	PPS is a subscale for assessing sensory and affective pain dimensions from the original scale—Schmerzempfindungsskala (original article in German).[5,9] It allows multifaceted and standardized quantification of pain.[9] This questionnaire consists of 2 scales: sensory and affective pain, with 14 and 10 items respectively.[5]			1995
SF-36 Bodily Pain Subscale	The Short Form (SF) Bodily Pain Scale is a validated subscale of the Medical Outcomes Study SF-36 questionnaire. It includes 2 items that assesses intensity of pain and how much pain has interfered with work[6]	Cronbach's α coefficients>0.7[10] Cronbach's α coefficients =0.86.[7] test-retest reliability (ICC)=0.90[7]	Studies of validity generally support the intended meaning of high and low SF-36 scores as documented in the original user's manuals. Because of the widespread use of the SF-36 across a variety of applications, evidence from many types of validity research is relevant to these interpretations. Studies to date have yielded content, concurrent, criterion, construct, and predictive evidence of validity.	1992

Test	Brief Description	Reliability	Validity	Original Citation Date
McGill Pain Questionnaire (current pain score)	The MPQ provides a measure of the subjective pain experience, across sensory, affective, and evaluative dimensions of acute and chronic pain.[15,19] The SF-MPQ is an interviewer administered short form of the MPQ consisting of 15 descriptors (11 sensory; 4 affective)[16,18]	test–retest reliability (relative reliability) for total, sensory and affective scores were respectively, 0.75, 0.76 and 0.62 (musculoskeletal pain) and 0.93, 0.95 and 0.79 (rheumatic pain)[14]	Concurrent validity of 2 of the primary metrics of the MPQ(VAS and TS) at predicting pain-related disability = (R2=0.373)[15]	1975
Fibromyalgia Impact Questionnaire	The fibromyalgia impact questionnaire (FIQ) is a 20 item self administered scale that assesses physical functioning, well-being and fibromyalgia symptoms among patients.[20]	Cronbach [alpha]) of the SF-MPQ =0.90 and 0.85 (Hispanics and non-Hispanic Whites respectively)[15]	Construct validity—correlation coefficients between KFIQ score and FM symptoms as assessed by VAS, KHAQ, and TPC were 0.43–0.58, 0.44, and 0.60, respectively[20]	1991
Roland Morris Disability Questionnaire	Intra class Correlation Coefficient of 0.91[22] The ICC was 0.94 for the intra-observer score and 0.95 for inter-observer score[25] Spearman's correlation coefficient for intraobserver and interobserver reliability was r = 0.88 & 0.86 respectively.[25] internal consistency (α = 0.860)[26] and test-retest reliability (ICC = 0.972)[26]	Construct validity testing revealed a moderate correlation with the NRS (r = 0.418)[26]		1983

Notes: ICC = Intra-class Correlation Coefficient; VRS = Verbal Rating Scale (VDS); FPS= Faces Pain Scale; VAS = Visual Analog Scale; TS-SF-MPQ total score (TS); KHAQ = Korean health assessment questionnaire; FM = fibromyalgia; SF-36 = 36 Item Short Form Health Survey; TPC= tender point count

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Evidence Table E10. KQ1 outcomes—difference in differences—MBSR for anxiety

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Nonspecific Active Control														
	Henderson VP, 2011[1]	Beck Anxiety Inv	MBSR	53			4 Mos				24 Mos			
	Henderson VP, 2011[1]	Beck Anxiety Inv	Nutrition education	47			4 Mos				24 Mos			
Lower	Gaylord SA, 2011[2]	BSI-18 Anxiety Subscale	Modified MBSR	36	55.0	9.8	8 Wks				3 Mos			
Lower	Gaylord SA, 2011[2]	BSI-18 Anxiety Subscale	SG	39	54.8	10.6	8 Wks	0.2	−2.22	−4.0	3 Mos	0.02	−3.75	−6.8
Lower	Schmidt S, 2010[3]	STAI trait	MBSR	53	51.6	9.2	8 Wks				16 Wks			
Lower	Schmidt S, 2010[3]	STAI trait	AC	56	49.8	10.9	8 Wks	Ns	−2.15	−4.2	16 Wks	0.02	−2.38	−4.6
Lower	Gross CR, 2010[4]	STAI	MBSR	71	36.4	(31.8, 40.9)	8 Wks				6 Mos			
Lower	Gross CR, 2010[4]	STAI	HE	66	35.5	(30.9, 40.1)	8 Wks	Ns	−3.3	−9.1	6 Mos	Ns	−2.2	−6.0
Lower	Whitebird, 2012[5]	STAI state	MBSR	38	40	12.7	8 Wks				6 Mos			
Lower	Whitebird, 2012[5]	STAI state	Education/ Support	40	47.4	14.6	8 Wks		−0.1	−0.3	6 Mos	0.98	0.9	2.2
Lower	Chiesa, 2012[6]	Beck Anxiety Inv	MBCT	9	20.66	18.37	8 Wks							
Lower	Chiesa, 2012[6]	Beck Anxiety Inv	Education	9	16.67	7.11	8 Wks	0.44	−9.1	−44.0				
Specific Active Control														
Lower	Wong SY-S, 2011[7]	STAI state	MBSR	51	48.2	12.3	8 Wks				6 Mos			
Lower	Wong SY-S, 2011[7]	STAI state	Pain A.control	48	46.8	9.7	8 Wks	Ns	−1.4	−2.9	6 Mos	0.19	−1.49	−3.1
Lower	Wong SY-S, 2011[7]	STAI trait	MBSR	51	45.0	9.5	8 Wks				6 Mos			
Lower	Wong SY-S, 2011[7]	STAI trait	Pain A.control	48	46.8	9.7	8 Wks	Ns	0.19	0.4	6 Mos	0.61	1.24	2.8
Lower	Wong SY-S, 2011[7]	POMS - tension	MBSR	51	12.5	8.5	8 Wks				6 Mos			

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Lower	Wong SY-S, 2011[7]	POMS - tension	Pain A.control	48	11.8	7.3	8 Wks	Ns	−1.44	−11.5	6 Mos	0.21	−1.45	−11.6
Lower For Δ	Gross CR, 2011[8]	STAI state	MBSR	18	33.94	11.3	8 Wks				5 Mos			
Lower For Δ	Gross CR, 2011[8]	STAI state	Drug	9	31.16	12.7	8 Wks	Ns	−1.24	−3.7	5 Mos	Ns	−2.21	−6.5
Lower	Moritz S, 2006[9]	POMS - tension	MBSR	54	12.7	1	8 Wks							
Lower	Moritz S, 2006[9]	POMS - tension	Spirituality	56	14.3	1	8 Wks	0.007	4.9	38.6				
Lower	Barrett, 2012[10]	STAI state	MBSR	51	32.2	8.1	9 Wks							
Lower	Barrett, 2012[10]	STAI state	Exercise	47	30.7	9.1	9 Wks	Ns	−1	−3.1	5 Mos	Ns	−0.9	−2.8
Lower	Jazaieri, 2012[11]	Liebowitz SAS	MBSR	31	86.82	20.91	8 Wks							
Lower	Jazaieri, 2012[11]	Liebowitz SAS	Exercise	25	87.38	16.06	8 Wks	Ns	−5.35	−6.2	5 Mos	Ns	1.26	1.5

Notes: MBSR = Mindfulness-based Stress Reduction; SG = Support Group; AC = Active Control; HE = Health Education

References for Evidence Table E10

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Evidence Table E11. KQ1 outcomes—difference in differences—other mindfulness for anxiety

Improvement In Score	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Nonspecific Active Control														
Lower For Δ	Pipe TB, 2009[1]	SCL-90 anxiety	MBSR	15			4 Wks							
Lower For Δ	Pipe TB, 2009[1]	SCL-90 anxiety	Educ	17			4 Wks	0.33	−0.27					
Lower	Lee SH, 2006[2]	STAI state	Meditation	21	24.7	14.6	8 Wks							
Lower	Lee SH, 2006[2]	STAI state	H E	20	28.6	11.7	8 Wks	<.05	−5.7	−23.1				
Lower	Lee SH, 2006[2]	STAI trait	Meditation	21	32.8	10.8	8 Wks							
Lower	Lee SH, 2006[2]	STAI trait	HE	20	40.3	11.5	8 Wks	<.05	−5.1	−15.5				
Lower	Lee SH, 2006[2]	HAM-A	Meditation	21	16.6	1.3	8 Wks							
Lower	Lee SH, 2006[2]	HAM-A	HE	20	15.9	5.6	8 Wks	<.05	−7.1	−42.8				
Lower	Lee SH, 2006[2]	SCL-90R anxiety subscale	Meditation	21	13.7	8.1	8 Wks							
Lower	Lee SH, 2006[2]	SCL-90R anxiety subscale	HE	20	16.3	8.8	8 Wks	<.05	−4.1	−29.9				
Specific Active Control														
Lower	Philippot P, 2011[3]	STAI (not specified)	modified MBCT	13	45.13	12.5	6 Wks				3 Mos			
Lower	Philippot P, 2011[3]	STAI (not specified)	Relaxation	12	44.22	10.7	6 Wks	Ns	−3.81	−8.4	3 Mos	Ns	−6.18	−14.0
Lower	Delgado LC, 2010[4]	STAI (Trait)	MM	15	29.7	10.7	5–6 Wks							
Lower	Delgado LC, 2010[4]	STAI (Trait)	Relaxation	17	31.6	11.6	5 Wks	Ns	1.3	4.4				
Lower	Piet J, 2010[5]	BAI	MBCT	14	12.3	7.3	8 Wks							
Lower	Piet J, 2010[5]	BAI	GCBT	12	17.9	5.6	12 Wks	Ns	3.28	26.6				

Notes: MBSR = Mindfulness-based Stress Reduction; HE = Health Education; Educ = Education; GCBT = Group Cognitive Behavioural Therapy; MM = Mindfulness Meditation

References for Evidence Table E11

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Evidence Table E12. KQ1 outcomes—difference in differences—TM anxiety

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
TM = All Nonspecific Active Control														
Lower	Paul-Labrador M, 2006[1]	STAI Trait	TM	52	14.4	10.1	16 Wks							
Lower	Paul-Labrador M, 2006[1]	STAI Trait	HE	51	17.8	11.7	16 Wks	Ns	0.4	2.8				
Lower	Smith JC, 1976[2]	STAI Trait	TM	19	47.0	14.9	6 Mos							
Lower	Smith JC, 1976[2]	STAI Trait	AC	22	47.9	9.3	6 Mos	Ns	−1.14	−2.4				
Other Mantra														
Lower For Δ	Lehrer PM, 1983[3]	IPAT Anxiety Inventory (Full Scale Sten Score)	CSM	23	8.9	21.0	6 Wks				6 Mos			
Lower For Δ	Lehrer PM, 1983[3]	IPAT Anxiety Inventory (Full Scale Sten Score)	PMR	19	8.9	16.0	6 Wks	Ns	0.77	8.7	6 Mos			
Lower For Δ	Lehrer PM, 1983[3]	SCL-90 Anxiety subscale	CSM	23	1.6	21.0	6 Wks				6 Mos			
Lower For Δ	Lehrer PM, 1983[3]	SCL-90 Anxiety subscale	PMR	19	1.5	16.0	6 Wks	Ns	0.26	16.3	6 Mos			
Lower For Δ	Lehrer PM, 1983[3]	STAI Trait	CSM	23	54.2	21.0	6 Wks				No F/U			
Lower For Δ	Lehrer PM, 1983[3]	STAI Trait	PMR	19	52.1	16.0	6 Wks	Ns	3.06	5.6	No F/U			
Lower For Δ	Lehrer PM, 1983[3]	STAI State	CSM	23	43.3	21.0	6 Wks				No F/U			
Lower For Δ	Lehrer PM, 1983[3]	STAI State	PMR	19	41.6	16.0	6 Wks	Ns	9.24	21.3	No F/U			
Lower	Bormann JE, 2006[4]	STAI Trait	Mantra	46	44.1	11.1	10 Wks				22 Wks			
Lower	Bormann JE, 2006[4]	STAI Trait	AC	47	44.9	10.4	10 Wks	Ns	−2.7	−6.1	22 Wks	0.15	−1.0	−2.3

*(adjusted for baseline scores)

Notes: MBSR = Mindfulness-based Stress Reduction; AC = Active Control; HE = Health Education; PMR = Progressive Muscle Relaxation; CSM = Clinically Standardized Meditation; MM = Mindfulness Meditation; TM = Transcendental Meditation

References for Evidence Table E12

1. Paul-Labrador M, Polk D, Dwyer JH et al. Effects of a randomized controlled trial of transcendental meditation on components of the metabolic syndrome in subjects with coronary heart disease. Arch Intern Med 2006; 166(11):1218-24.
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3. Lehrer PM. Progressive relaxation and meditation: A study of psychophysiological and therapeutic differences between two techniques. Behav Res Ther 1983; 21(6):651-62.
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Evidence Table E13. KQ1 outcomes—difference in differences—thought emotion suppression for anxiety

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ%
***** Worry Aspect Of Anxiety *****														
Lower	Delgado LC, 2010[1]	Penn State Worry Questionnaire	MM	15	67.0	4.1	5 Wks							
Lower	Delgado LC, 2010[1]	Penn State Worry Questionnaire	Relaxation	17	66.7	3.6	5 Wks	Ns	−0.2	−0.3				
*****Thought/ Emotion Suppression*****														
Lower	Garland EL, 2010[2]	WhiteBear Suppression Inventory (thought suppression)	MORE	18	53.6	8.7	10 Wks							
Lower	Garland EL, 2010[2]	WhiteBear Suppression Inventory (thought suppression)	ASG	19	50.9	11.2	10 Wks	0.04	−6.1	−11.4				
Lower	Henderson VP, 2011[3]	Courtald emotional control (emotion suppresion)	MBSR	53	15.1	0.6	4 Mos				24 Mos			
Lower	Henderson VP, 2011[3]	Courtald emotional control (emotion suppresion)	Nutrition education	47	16.6	0.6	4 Mos	Ns	−0.8	−5.3	24 Mos	Ns	0.8	5.3

Notes: MBSR = Mindfulness-based Stress Reduction; MM = Mindfulness Meditation; MORE = Mindfulness-oriented Recovery Enhancement; ASG = Alcohol-dependence Support Group

References for Evidence Table E13

1 Delgado LC, Guerra P, Perakakis P, Vera MN, Reyes del Paso G, Vila J. Treating chronic worry: Psychological and physiological effects of a training programme based on mindfulness. Behav Res Ther 2010; 48(9):873-82.

2 Garland EL, Gaylord SA, Boettiger CA, Howard MO. Mindfulness training modifies cognitive, affective, and physiological mechanisms implicated in alcohol dependence: results of a randomized controlled pilot trial. J Psychoactive Drugs 2010; 42(2):177-92.

3 Henderson VP, Clemow L, Massion AO, Hurley TG, Druker S, Hebert JR. The effects of mindfulness-based stress reduction on psychosocial outcomes and quality of life in early-stage breast cancer patients: a randomized trial. Breast Cancer Res Treat 2011.

Evidence Table E14. KQ1 outcomes—difference in differences—social anxiety

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %
Lower	Piet J, 2010[1]	Liebowitz Social Anxiety Scale (fear+avoidance)	MBCT	14	59.29	19.78	8 wks			
Lower	Piet J, 2010[1]	Liebowitz Social Anxiety Scale (fear+avoidance)	GCBT	11	71.37	19.56	12 wks	Ns	4.2	7.0
Lower	Piet J, 2010[1]	Social Phobia Scale	MBCT	14	35.21	13.22	8 wks			
Lower	Piet J, 2010[1]	Social Phobia Scale	GCBT	12	35.06	12.16	12 wks	Ns	1.0	3.0
Lower	Piet J, 2010[1]	Fear of Negative Evaluation-Brief Version	MBCT	14	46.05	7.99	8 wks			
Lower	Piet J, 2010[1]	Fear of Negative Evaluation-Brief Version	GCBT	12	49.32	7.92	12 wks	Ns	−1.9	−4.1
Lower	Piet J, 2010[1]	Social Interaction Scale	MBCT	14	44.52	13.87	8 wks			
Lower	Piet J, 2010[1]	Social Interaction Scale	GCBT	12	48.67	15.79	12 wks	Ns	4.3	9.6
Lower	Koszycki D, 2007[2]	Liebowitz Social Anxiety- Fear	MBSR	26	40.80	7.90	8 wks			
Lower	Koszycki D, 2007[2]	Liebowitz Social Anxiety- Fear	CBGT	27	37.30	7.60	12 wks	Ns	2.4	5.9
Lower	Koszycki D, 2007[2]	Liebowitz Social Anxiety- Avoidance	MBSR	26	39.10	8.90	8 wks			
Lower	Koszycki D, 2007[2]	Liebowitz Social Anxiety- Avoidance	CBGT	27	34.30	8.60	12 wks	Ns	3.1	7.9
Lower	Koszycki D, 2007[2]	Social Phobia Scale	MBSR	26	34.00	14.00	8 wks			
Lower	Koszycki D, 2007[2]	Social Phobia Scale	CBGT	27	33.30	13.20	12 wks	Ns	8.5	25.0
Lower	Koszycki D, 2007[2]	Social Interaction Scale	MBSR	26	44.60	10.60	8 wks			
Lower	Koszycki D, 2007[2]	Social Interaction Scale	CBGT	27	46.10	8.90	12 wks	Ns	5.4	12.1

Notes: MBSR = Mindfulness-based Stress Reduction; GCBT = Group Cognitive Behavioural Therapy

References for Evidence Table E14

1 Piet J, Hougaard E, Hecksher MS, Rosenberg NK. A randomized pilot study of mindfulness-based cognitive therapy and group cognitive-behavioral therapy for young adults with social phobia. Scandinavian Journal of Psychology 2010; 51(5):403-10.

2 Koszycki D, Benger M, Shlik J, Bradwejn J. Randomized trial of a meditation-based stress reduction program and cognitive behavior therapy in generalized social anxiety disorder. Behav Res Ther 2007; 45(10):2518-26.

Evidence Table E15. KQ1 outcomes—difference in differences—MBSR for depression

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Nonspecific Active Control														
	Henderson VP, 2011[1]	BDI	MBSR	53			4 Mos				24 Mos			
	Henderson VP, 2011[1]	BDI	Nutrition education	52			4 Mos				24 Mos			
Lower	Henderson VP, 2011[1]	SCL-90R Depression	MBSR	53	0.6	0.07*	4 Mos				24 Mos			
Lower	Henderson VP, 2011[1]	SCL-90R Depression	Nutrition education	52	0.5	0.07*	4 Mos	<0.05	−0.32	−49.2	24 Mos		−0.09	−13.8
Lower	Gaylord SA, 2011[2]	BSI-18 Depression subscale	Modified MBSR	36	55.1	10.5	8 Wks				3 Mos			
Lower	Gaylord SA, 2011[2]	BSI-18 Depression subscale	SG	39	54.8	11.3	8 Wks	0.725	−0.71	−1.3	3 Mos	0.205	−2.44	−4.4
Lower	Schmidt S, 2010[3]	CES-D	MBSR	53	25.2	9.6	8 Wks				16 Wks			
Lower	Schmidt S, 2010[3]	CES-D	AC	56	22.9	10.3	8 Wks		0.03	0.1	16 Wks		−3.12	−12.4
Lower	Gross CR, 2010[4]	CES-D	MBSR	71	13.2	(9.8, 17.8)	8 Wks				12 Mos			
Lower	Gross CR, 2010[4]	CES-D	HE	66	11.6	(8.6, 15.7)	8 Wks		−3.80	−28.8	12 Mos	0.1	−4.20	−31.8
Lower	Malarkey, 2012[5]	CES-D	MBI-Id	93	16.7	0.5	8 Wks							
Lower	Malarkey, 2012[5]	CES-D	Education	93	16.3	0.5	8 Wks	NS						
Lower	Whitebird, 2012[6]	CES-D	MBSR	38	17.9	8.9	8 Wks				6 Mos			
Lower	Whitebird, 2012[6]	CES-D	Education/ Support	40	19.2	11.8	8 Wks		−5.2	−29.1	6 Mos	0.07	−1.9	−10.6
Specific Active Control														
Lower	Wong SY-S, 2011[7]	POMS-D	MBSR	51	15.3	13.7	8 Wks				6 Mos			
Lower	Wong SY-S, 2011[7]	POMS-D	Pain A.control	48	15.3	11.7	8 Wks	Ns	−1.63	−10.7	6 Mos	Ns	−1.96	−12.8
Lower	Wong SY-S, 2011[7]	CES-D	MBSR	51	35.8	8.9	8 Wks				6 Mos			

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower	Wong SY-S, 2011[7]	CES-D	Pain A.control	48	35.7	6.5	8 Wks	Ns	−0.83	−2.3	6 Mos	Ns	−0.24	−0.7
Lower For Δ	Gross CR, 2011[8]	CES-D	MBSR	18	10.9	7.9	8 Wks				5 Mos			
Lower For Δ	Gross CR, 2011[8]	CES-D	drug	9	13.7	12.1	8 Wks		2.76	25.4	5 Mos		4.58	42.2
Lower	Koszycki D, 2007[9]	Interpersonal sensitivity	MBSR	26	112.0	11.8	8 Wks							
Lower	Koszycki D, 2007[9]	Interpersonal sensitivity	CBGT	27	111.9	13.4	12 Wks		4.30	3.8				
Lower	Koszycki D, 2007[9]	BDI	MBSR	26	15.1	10.4	8 Wks							
Lower	Koszycki D, 2007[9]	BDI	CBGT	27	15.8	12	12 Wks		0.80	5.3				
Lower	Moritz S, 2006[10]	POMS - D	MBSR	54	22.7	1.8*	8 Wks							
Lower	Moritz S, 2006[10]	POMS - D	Spirituality	56	26.9	1.8*	8 Wks		7.20	31.7				
Lower	Jazaieri, 2012[11]	BDI II	MBSR	31	13.94	11.46	8 Wks				5 Mos			
Lower	Jazaieri, 2012[11]	BDI II	AE	25	16.4	7.84	8 Wks	Ns	−3.2	−22.8	5 Mos	Ns	−2.0	−14.2
Lower	Wolever, 2012[12]	CES-D	Mindfulness	96	20.1	0.91	12 Wks							
Lower	Wolever, 2012[12]	CES-D	Vinyana yoga	90	18.45	0.94	12 Wks	Ns	−1.7	−8.5				

Notes: MBSR = Mindfulness-based Stress Reduction; SG = Support Group; AC = Active Control; HE = Health Education; CBGT = Cognitive Behavioural Group Therapy

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2. Gaylord SA, Palsson OS, Garland EL et al. Mindfulness training reduces the severity of irritable bowel syndrome in women: results of a randomized controlled trial. Am J Gastroenterol 2011; 106(9):1678-88.
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Evidence Table E16. KQ1 outcomes—difference in differences—other meditation for depression

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Nonspecific Active Control														
Lower	Oken BS,2010[1]	CESD	MM	8	15.8	7.7	7–10 Wks							
Lower	Oken BS,2010[1]	CESD	Education	11	16.9	10.0	7–10 Wks		−1.60	−10.1				
Lower	Oken BS,2010[1]	CESD	Respite only	9	14.5	7.7	7–10 Wks							
Lower	Lee SH, 2006[2]	BDI	Meditation	21	14.2	10.6	8 Wks							
Lower	Lee SH, 2006[2]	BDI	HE	20	16.2	9.7	8 Wks	Ns	−4.30	−30.3				
Lower	Lee SH, 2006[2]	SCL-90R depression subscale	Meditation	21	15.5	9.8	8 Wks							
Lower	Lee SH, 2006[2]	SCL-90R depression subscale	HE	20	20.8	14.0	8 Wks	Ns	−2.70	−17.4				
Lower	Chiesa, 2012[3]	HAM-D	MBCT	9	16.11	7.01	8 Wks							
Lower	Chiesa, 2012[3]	HAM-D	Education	9	14.14	4.98	8 Wks	0.04	−8.31	−51.6				
Specific Active Control														
Lower	Philippot P, 2011[4]	BDI	MBCT	13	12.3	8.4	6 Wks				18 Wks			
Lower	Philippot P, 2011[4]	BDI	Relaxation	12	15.2	7.7	6wks		−1.07	−8.7	18 Wks		0.38	3.1
Lower	Delgado LC, 2010[5]	BDI	MM	15	9	6.2	5 Wks							
Lower	Delgado LC, 2010[5]	BDI	PMR/ Relaxation	17	9.8	8.6	5 Wks		−1.20	–13.3				
MBCT Vs Specific Active Control														
Lower	Kuyken W, 2008[6]	BDI-II	MBCT	61	18.5	10.9	3 Mos				15 Mos			
Lower	Kuyken W, 2008[6]	BDI-II	Antidepressant	62	20.1	12.9	3 Mos		–2.71	–14.6	15 Mos		–2.77	–15.0
Lower	Piet J, 2010[7]	BDI-II	MBCT	14	13.1	6.7	8 Wks							
Lower	Piet J, 2010[7]	BDI-II	GCBT	12	19.5	9.0	14 Wks		3.18	24.3				

Notes: MBSR = Mindfulness-based Stress Reduction; HE = Health Education; PMR = Progressive Muscle Relaxation; MM = Mindfulness Meditation; MBCT = Mindfulness Based Cognitive Therapy; GCBT = Group Cognitive Behavioural Therapy

References for Evidence Table E16

1. Oken BS, Fonareva I, Haas M et al. Pilot controlled trial of mindfulness meditation and education for dementia caregivers. J Altern Complement Med 2010; 16(10):1031-8.
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Evidence Table E17. KQ1 outcomes—difference in differences—other meditation for depression

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower	Segal ZV, 2010[1]	SCID Relapse Rate	MBCT	26	0	0	600 Days							
Lower	Segal ZV, 2010[1]	SCID Relapse Rate	Antidepressant	28	0	0	600 Days		−0.08	n/a				
Lower	Kuyken W, 2008[2]	SCID Relapse Rate	MBCT	61							15 Mos			
Lower	Kuyken W, 2008[2]	SCID Relapse Rate	Antidepressant	62							15 Mos	0.21	−0.13	N/A
Lower	Kuyken W, 2008[2]	HAM-D	MBCT	61	5.6	4.3	3 Mos				15 Mos			
Lower	Kuyken W, 2008[2]	HAM-D	Antidepressant	62	5.8	4.7	3 Mos		−1.78	−31.7	15 Mos	0.02	−1.50	−26.7
Lower	Lee SH, 2006[3]	HAM-D	Meditation	21	13.5	5.9	8 Wks							
Lower	Lee SH, 2006[3]	HAM-D	HE	20	14.7	5.2	8 Wks	<0.05	−3.20	−23.7				

Notes: MBCT = Mindfulness Based Cognitive Therapy; HE = Health Education

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Evidence Table E18. KQ1 outcomes—difference in differences—mantra for depression

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
TM Vs Nonspecific Active Control														
Lower	Paul-Labrador M, 2006[1]	CES-D	TM	52	6.8	7.1	16 Wks							
Lower	Paul-Labrador M, 2006[1]	CES-D	HE	51	12.2	10.7	16 Wks		1.30	19.1				
Lower	Schneider, 2012[2]	CES-D	TM	99	13.8	9.9					5.4 yrs (avg)			
Lower	Schneider, 2012[2]	CES-D	HE	102	17.8	11.7					5.4 yrs (avg)	0.2	−0.9	−6.8
Higher For Δ	Jayadevappa R, 2007[3]	CES-D	TM	13	14.8	6.4	3 Mos				6 Mos			
Higher For Δ	Jayadevappa R, 2007[3]	CES-D	HE	10	14.1	12.1	3 Mos		6.83	46.1	6 Mos	0.85	7.25	49.0
Other Mantra (1 Specific Active Control & 1 Nonspecific Active Control)														
Lower	Bormann JE, 2006[4]	CES-D	Mantra	46	18.4	11.0	10 Wks				22 Wks			
Lower	Bormann JE, 2006[4]	CES-D	AC	47	22.3	11.6	10 Wks		0.3	1.6	22 Wks	0.07	3.7	20.1
Lower For Δ	Lehrer PM, 1983[5]	SCL-90 Depression	CSM	23	1.8		6 Wks				6 Mos			
Lower For Δ	Lehrer PM, 1983[5]	SCL-90 Depression	Progressive Relaxation	19	1.7		6 Wks		0.5	27.8	6 Mos		0.14	7.8

Notes: AC = Active Control; HE = Health Education; CSM = Clinically Standardized Meditation; TM = Transcendental Meditation

References for Evidence Table E18

1. Paul-Labrador M, Polk D, Dwyer JH et al. Effects of a randomized controlled trial of transcendental meditation on components of the metabolic syndrome in subjects with coronary heart disease. Arch Intern Med 2006; 166(11):1218-24.
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Evidence Table E19. KQ1 outcomes—difference in differences—stress

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P VALUE	Δ-Δ Calc	Δ Δ%
Nonspecific Active Control														
Lower	Oken BS, 2010[1]	PSS	MM	8	18.5	8.5	7–10 Wks							
Lower	Oken BS, 2010[1]	PSS	Education	11	18.6	7.5	7–10 Wks	Ns	−2.6	−14.1				
Lower	Oken BS, 2010[1]	PSS	Respite only	9	17.3	4.9	7–10 Wks							
Lower	Garland EL, 2010[2]	PSS 10 item	MORE	18	15.6	4.7	10 Wks							
Lower	Garland EL, 2010[2]	PSS 10 item	ASG	19	16.0	7.6	10 Wks	0.03	−3.3	−21.2				
Lower For	Mularski RA, 2009[3]	PSS	MBBT	20	14.1		8 Wks							
Lower For	Mularski RA, 2009[3]	PSS	SG	29	13.7		8 Wks	Ns	−0.2	−1.4				
Lower	Bormann JE, 2006[4]	PSS 10 item	Mantra	46	16.6	7.4	10 Wks				22 Wks			
Lower	Bormann JE, 2006[4]	PSS 10 item	AC	47	17.6	6.5	10 Wks	Ns	−0.2	−1.2	22 Wks	0.89	−0.5	−3.0
Lower	Paul-Labrador M, 2006[5]	Life Stress Ins Q	TM	52	1.7	1.8	16 Wks							
Lower	Paul-Labrador M, 2006[5]	Life Stress Ins Q	HE	51	2.3	2.5	16 Wks	Ns	0.1	5.9				
Lower	Malarkey, 2012[6]	PSS 10 item	MBI-Id	93	19.7	0.3	8 Wks							
Lower	Malarkey, 2012[6]	PSS 10 item	Education	93	19.8	0.3	8 Wks	Ns						
Lower	Whitebird, 2012[7]	PSS 10 item	MBSR	38	21.2	4.7	8 Wks							
Lower	Whitebird, 2012[7]	PSS 10 item	Education/ Support	40	21.2	7.5	8 Wks		−4.1	−19.3	6 Mos	0.01	−2.7	−12.7
Lower	Pbert L, 2012[8]	PSS 10 item	MBSR	41	17.3	1.1	10 Wks							
Lower	Pbert L, 2012[8]	PSS 10 item	HLC	41	15.8	1.1	10 Wks	0.055	−2.8	−16.2	12 Mos	0.001	−4.5	−26.0
Higher For Δ	Jayadevappa R, 2007[9]	PSS 14 item	TM	13	32.0	8.5	3 Mos				6 Mos			
Higher For Δ	Jayadevappa R, 2007[9]	PSS 14 item	HE	10	35.9	7.5	3 Mos	Ns	0.28	0.9	6 Mos	0.75	0.4	1.3
Specific Active Control														
Lower	Barrett, 2012[10]	PSS 10 item	MBSR	51	13	4.7	9 Wks				5 Mos			
Lower	Barrett, 2012[10]	PSS 10 item	Exercise	47	11.4	6	9 Wks	Ns	0.1	0.8	5 Mos	Ns	−0.2	−1.5
Lower	Jazaieri, 2012[11]	PSS 4 item	MBSR	31	10	2.4	8 Wks							
Lower	Jazaieri, 2012[11]	PSS 4 item	AE	25	10.17	3.01	8 Wks	Ns	−1.76	−17.6				
Lower	Wolever, 2012[12]	PSS 10 item	Mindfulness	96	24.72	0.38	12 Wks							
Lower	Wolever, 2012[12]	PSS 10 item	Vinyana yoga	90	24.93	0.4	12 Wks	Ns	−0.67	−2.7				

Notes: AC = Active Control; HE = Health Education; MM = Mindfulness Meditation; TM = Transcendental Meditation; MORE = Mindfulness-oriented Recovery Enhancement; ASG = Alcohol-dependence Support Group; MBBT = Mindfulness-based Breathing Therapy

References for Evidence Table E19

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Evidence Table E20. KQ1 outcomes—difference in differences—distress

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Nonspecific Active Control														
Lower	Gaylord SA, 2011[1]	BSI 18 Gen sx	MBSR	36	57.1	8.3	8 Wks				5.5 Mos			
Lower	Gaylord SA, 2011[1]	BSI 18 Gen sx	SG	39	56.2	9.7	8 Wks	0.15	−2.08	−3.6	5.5 Mos		−2.97	−5.2
Lower	Garland EL, 2010[2]	BSI 53	MORE	18	42.7	36.4	10 Wks							
Lower	Garland EL, 2010[2]	BSI 53	ASG	19	46.7	33.0	10 Wks	0.48	−8.2	−19.2				
Lower	Seyedalinaghi, 2012[3]	SCL-90R	MBSR	85	109.32	64.81	8 Wks				14 Mos			
Lower	Seyedalinaghi, 2012[3]	SCL-90R	Education/ Support	86	109.23	59.16	8 Wks		−12.01	−11.0	14 Mos		5.4	4.9
Specific Active Control														
Lower	Delgado LC, 2010[4]	PANAS-N	MG	15	23.2	6.5	5 Wks							
Lower	Delgado LC, 2010[4]	PANAS-N	Relax group	17	23.4	9.0	5 Wks	Ns	1.2	5.2				
Lower	Moritz S, 2006[5]	POMS: total mood disturbance	MM	54	85.8	4.5*	8 Wks				12 Wks			
Lower	Moritz S, 2006[5]	POMS: total mood disturbance	Spirituality	56	94.4	4.4*	8 Wks	0.034	20.4	23.8	12 Wks		9.3	10.8
Higher	Moritz S, 2006[5]	SF36 Mental Health subscale	MM	54	48.7	2.4*	8 Wks							
Higher	Moritz S, 2006 [5]	SF36 Mental Health subscale	Spirituality	56	45.0	2.3*	8 Wks	0.034	−10.9	−22.4				
Lower	Piet J, 2010[6]	SCL 90 GSI	MBCT	14	0.9	0.5	14 Wks							
Lower	Piet J, 2010[6]	SCL 90 GSI	CBGT	12	1.3	0.5	14 Wks	Ns	0.12	13.2				
Nonspecific Active Control (Tm)														
More (-) For Δ	Jayadevappa R, 2007[7]	SF36 Mental Health subscale	TM	13	73.3	28.9	3 Mos				6 Mos			
More (-) For Δ	Jayadevappa R, 2007[7]	SF36 Mental Health subscale	HE	10	71.7	18.3	3 Mos		−10	−13.6	6 Mos	0.56	−8.41	−11.5

*se

Notes: MBSR = Mindfulness-Based Stress Reduction; HE = Health Education; MM = Mindfulness Meditation; TM = Transcendental Meditation; MORE = Mindfulness-Oriented Recovery Enhancement; ASG = Alcohol-Dependence Support Group; CBGT = Cognitive Behavioural Group Therapy; MBCT = Mindfulness-Based Cognitive Therapy; MG = Mindfulness Group

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1. Gaylord SA, Palsson OS, Garland EL et al. Mindfulness training reduces the severity of irritable bowel syndrome in women: results of a randomized controlled trial. Am J Gastroenterol 2011; 106(9):1678-88.
2. Garland EL, Gaylord SA, Boettiger CA, Howard MO. Mindfulness training modifies cognitive, affective, and physiological mechanisms implicated in alcohol dependence: results of a randomized controlled pilot trial. J Psychoactive Drugs 2010; 42(2):177-92.
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5. Moritz S, Quan H, Rickhi B et al. A home study-based spirituality education program decreases emotional distress and increases quality of life—a randomized, controlled trial. Altern Ther Health Med 2006; 12(6):26-35.
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Evidence Table E21. KQ1 outcomes—difference in differences—QOL/mental health

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Higher	Wong SY-S, 2011[1]	SF-12 mental component	MBSR	51	40.6	11.2	8 Wks				5 Mos			
Higher	Wong SY-S, 2011[1]	SF-12 mental component	Pain control	48	39.3	9.2	8 Wks	Ns	−0.34	−0.8	5 Mos	Ns	−0.48	−1.2
Higher For Δ	Gross CR, 2011[2]	SF-12 mental component	MBSR	18	45.1	9.7	8 Wks				5 Mos			
Higher For Δ	Gross CR, 2011[2]	SF-12 mental component	PCT	9	45.2	8.8	8 Wks	Ns	0.54	1.2	5 Mos			
Higher	Gross CR, 2010[3]	SF-12 mental component	MBSR	71	45.7	41.6, 49.9 CI	8 Wks				1 Year			
Higher	Gross CR, 2010[3]	SF-12 mental component	HE	66	46.6	42.4, 50.7 CI	8 Wks		2.3	5.0	1 Year	0.29	2.3	5.0
Higher For □ & Δ	Mularski RA, 2009[4]	VR-36 mental summary score	MBBT	20	50.9		8 Wks							
Higher For □ & Δ	Mularski RA, 2009[4]	VR-36 mental summary score	SG	29	49.8		8 Wks	Ns	4.2	8.3				
Higher	Kuyken W, 2008[5]	WHOQL-Psychological	MBCT	61	17.8	3.8	3 Mos				15 Mos			
Higher	Kuyken W, 2008[5]	WHOQL-Psychological	Antidepressant	62	18.0	3.6	3 Mos		1.64	9.2	15 Mos	0.01	1.48	8.3
Higher	Moritz S, 2006[6]	SF-36 Mental component	MBSR	54	31.7	1.5 *.	8 Wks				12 Wks			
Higher	Moritz S, 2006[6]	SF-36 Mental component	Spirituality	56	29.6	1.5 *	8 Wks	0.029	−7.3	−23.0	12 Wks	Ns	−3.9	−12.3
Higher	Plews-Ogan M, 2005[7]	SF -12 mental component	MBSR	6	42.4	38.4, 46.2*	8 Wks				12 Wks			
Higher	Plews-Ogan M, 2005[7]	SF -12 mental component	Massage	9	38.9	35.6, 42.2*	8 Wks	Ns	−4.6	−10.8	12 Wks	Ns	7.8	18.4
Higher	Whitebird, 2012[8]	SF 12-MH	MBSR	38	36.6	8.8	8 Wks				6 Mos			
Higher	Whitebird, 2012[8]	SF 12-MH	Education/ Support (NSAC)	40	40.4	11.9	8 Wks		10.4	28.4	6 Mos	<.001	8.9	24.3
Higher	Pbert L, 2012[9]	Asthma QOL-Emot	MBSR	41	5.2	0.21*	10 Wks				12 Mos			
Higher	Pbert L, 2012[9]	Asthma QOL-Emot	HLC (NSAC)	41	5.37	0.21*	10 Wks	0.19	0.32	6.2	12 Mos	0.002	0.81	15.6

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Higher	Barrett, 2012[10]	SF12-MH	MBSR	51	50.9	8.6	9 Wks				5 Mos			
Higher	Barrett, 2012[10]	SF12-MH	Exercise (SAC)	47	52.3	6.6	9 Wks	Ns	1	2.0	5 Mos	Ns	2.2	4.3

*se

Notes: MBSR = Mindfulness-based Stress Reduction; MBBT = Mindfulness-based Breathing Therapy ; HE = Health Education; MBCT = Mindfulness-based Cognitive Therapy; SG = Support Group; PCT = Pharmacotherapy

References for Evidence Table E21

1. Wong SY, Chan FW, Wong RL et al. Comparing the Effectiveness of Mindfulness-based Stress Reduction and Multidisciplinary Intervention Programs for Chronic Pain: A Randomized Comparative Trial. Clin J Pain 2011; 27(8):724-34.
2. Gross CR, Kreitzer MJ, Reilly-Spong M et al. Mindfulness-based stress reduction versus pharmacotherapy for chronic primary insomnia: a randomized controlled clinical trial. Explore (NY) 2011; 7(2):76-87.
3. Gross CR, Kreitzer MJ, Thomas W et al. Mindfulness-based stress reduction for solid organ transplant recipients: a randomized controlled trial. Altern Ther Health Med 2010; 16(5):30-8.
4. Mularski RA, Munjas BA, Lorenz KA et al. Randomized controlled trial of mindfulness-based therapy for dyspnea in chronic obstructive lung disease. J Altern Complement Med 2009; 15(10):1083-90.
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Evidence Table E22. KQ1 outcomes—difference in differences—well being

Improvement In Scale	Author, year	Outcome	Arm	N	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Higher	Henderson VP, 2011[1]	Sense of Coherence: Meaningfulness subscale	MBSR	50	45.4	1.0*	4 Mos				24 mos			
Higher	Henderson VP, 2011[1]	Sense of Coherence: Meaningfulness subscale	Nutrition education	50	45.2	1.0*	4 Mos	Ns	3.10	6.8	24 mos	Ns	1.90	4.2
More (-) For Δ	Jayadevappa R, 2007[2]	Quality of Well Being Scale	TM	13	0.6	0.2	3 Mos				6 mos			
More (-) For Δ	Jayadevappa R, 2007 [2]	Quality of Well Being Scale	HE	10	0.6	0.3	3 Mos	Ns	−0.13	−21.0	6 mos	0.95	−0.12	−19.4
Higher	Chiesa, 2012[3]	Psychological General Well-being index	MBCT	9	45.88	16.15	8 Wks							
Higher	Chiesa, 2012[3]	Psychological General Well-being index	Education (NSAC)	9	52.83	22.17	8 Wks	0.05	25.06	54.6				
Higher	Barrett, 2012[4]	PANAS-P	MBSR	51	36.2	6.5	9 Wks				5 Mos			
Higher	Barrett, 2012[4]	PANAS-P	Exercise (SAC)	47	36.7	6.2	9 Wks	Ns	0.3	0.8	5 Mos	Ns	0.6	1.7
Higher	Jazaieri, 2012[5]	SWLS	MBSR	31	14	4.26	8 Wks				5 Mos			
Higher	Jazaieri, 2012[5]	SWLS	AE (SAC)	25	14	6.3	8 Wks	Ns	1.43	10.2	5 Mos	Ns		

*se

Notes: MBSR = Mindfulness-based Stress Reduction; HE = Health Education; TM = Transcendental Meditation

References for Evidence Table E22

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4. Barrett B, Hayney MS, Muller D et al. Meditation or exercise for preventing acute respiratory infection: a randomized controlled trial. Ann Fam Med 2012; 10(4):337-46.
5. Jazaieri H, Goldin PR, Werner K, Ziv M, Gross JJ. A Randomized Trial of MBSR Versus Aerobic Exercise for Social Anxiety Disorder. J Clin Psychol 2012.

Evidence Table E23. KQ1 outcomes—difference in differences—positive mood

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Higher	Gross CR, 2010[1]	SF-36 vitality	MBSR	63	44.4	40.5, 48.3 CI	8 wks				1 year			
Higher	Gross CR, 2010[1]	SF-36 vitality	HE	59	44.4	40.5, 48.3 CI	8 wks		0.3	0.7	1 year	0.29	4.7	10.6
Higher	Delgado LC, 2010[2]	PANAS positive mood	MM	15	30.2	4.8	5 wks							
Higher	Delgado LC, 2010[2]	PANAS positive mood	PMR/ Relaxation	17	28.5	7.9	5 wks	Ns	0	0.0				
Higher	Moritz S, 2006[3]	SF-36 vitality	MBSR	54	29.1	2.3	8 wks							
Higher	Moritz S, 2006[3]	SF-36 vitality	Spirituality	56	23.8	2.3	8 wks	0.024	−13.1	−45.0				
Lower For Δ	Jayadevappa R, 2007[4]	SF-36 vitality	TM	13	66.7	14.9	3 mos				6 mos			
Lower For Δ	Jayadevappa R, 2007[4]	SF-36 vitality	HE	10	56.3	17.7	3 mos	Ns	−1.6	−2.4	6 mos	0.82	0.7	1.0

Notes: MBSR = Mindfulness-based Stress Reduction; HE = Health Education; TM = Transcendental Meditation; MM = Mindfulness Meditation; PMR = Progressive Muscle Relaxation

References for Evidence Table E23

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2 Delgado LC, Guerra P, Perakakis P, Vera MN, Reyes del Paso G, Vila J. Treating chronic worry: Psychological and physiological effects of a training programme based on mindfulness. Behav Res Ther 2010; 48(9):873-82.

3 Moritz S, Quan H, Rickhi B et al. A home study-based spirituality education program decreases emotional distress and increases quality of life—a randomized, controlled trial. Altern Ther Health Med 2006; 12(6):26-35.

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Evidence Table E24. KQ3 outcomes—difference in differences—substance use

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower	Brewer, 2011[1]	Smoking (Cigs/Day)	MT	33	17.8		4 wks				17wks			
Lower	Brewer, 2011[1]	Smoking (Cigs/Day)	FFS	38	15.0		4 wks	0.008	−4.2	−23.6	17 wks			
Higher	Brewer, 2011[1]	7 Day Cig Abstinence (%)	MT	33	0.0		4 wks				17 wks			
Higher	Brewer, 2011[1]	7 Day Cig Abstinence (%)	FFS	38	0.0		4 wks	0.06	21	n/a	17 wks	0.012	25	n/a
Lower	Garland EL, 2010[2]	Penn Alcohol Craving Scale	MORE (mindfulness)	18	4.7	5.5	10 wks							
Lower	Garland EL, 2010[2]	Penn Alcohol Craving Scale	ASG	19	4.9	4.4	10 wks	0.31	1.6	34.0				
Lower	Garland EL, 2010[2]	Impaired Alcohol Response Inhibition Scale	MORE (mindfulness)	18	7.8	5.5	10 wks							
Lower	Garland EL, 2010[2]	Impaired Alcohol Response Inhibition Scale	ASG	18	6.2	4.9	10 wks	0.35	−2	−25.6				
Lower	Brewer, 2009[3]	% Days Of Cocaine Use*	MT	17	6.0		9 wks							
Lower	Brewer, 2009[3]	% Days Of Cocaine Use*	CBT	7	0.0	0	12 wks	ns	−0.6					
Lower	Brewer, 2009[3]	% Days Of Alcohol Use*	MT	17	6.0		9 wks							
Lower	Brewer, 2009[3]	% Days Of Alcohol Use*	CBT	7	0.0	0	12 wks	ns	18.3					
Lower	Castillo-Richmond, 2000[4]	Smoking (Cigs/Day)	TM	31	1.4	4.6	6.8 mos							
Lower	Castillo-Richmond, 2000[4]	Smoking (Cigs/Day)	HE	29	0.7	3.7	6.8 mos	0.35	−0.67	−48.9				
Lower	Murphy, 1986[5]	Alcohol Consumption (Ml / Wk)	Meditation	14	275		7–10 wks				11–16 wks			
Lower	Murphy, 1986[5]	Alcohol Consumption (Ml / Wk)	Running	13	314		7–10 wks	ns	99.3	36.1	11–16 wks			
Higher	Taub E, 1994[6]	% Days Abstinent From Etoh	TM	35	26.2		1–6 mos				13–18 mos			
Higher	Taub E, 1994[6]	% Days Abstinent From Etoh	BF	24	21.3		1–6 mos	ns	−1.2	−4.6	13–18 mos			

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ%
Higher	Taub E, 1994[6]	% Days Abstinent From Etoh	Neurotherapy	28	28.1		1–6 mos	ns	13.8	19.2	13–18 mos			
Lower	Schneider, 2012[7]	EToh drinks/wk	TM								5.4 yrs avg			
Lower	Schneider, 2012[7]	EToh drinks/wk	HE								5.4 yrs avg	0.46	0.615	
Lower	Schneider, 2012[7]	Cigarettes	TM								5.4 yrs avg			
Lower	Schneider, 2012[7]	Cigarettes	HE								5.4 yrs avg	0.16	−0.61	

Notes: MT = Mindfulness Training; FFS = American Lung Association's Freedom From Smoking; MORE = Mindfulness-oriented Recovery Enhancement; ASG = Alcohol-dependence Support Group; CBT= Cognitive Behavioral Therapy; TM = Transcendental Meditation; HE = Health Education; BF = Biofeedback

References for Evidence Table E24

1. Brewer JA, Mallik S, Babuscio TA et al. Mindfulness training for smoking cessation: Results from a randomized controlled trial. Drug Alcohol Depend 2011.
2. Garland EL, Gaylord SA, Boettiger CA, Howard MO. Mindfulness training modifies cognitive, affective, and physiological mechanisms implicated in alcohol dependence: results of a randomized controlled pilot trial. J Psychoactive Drugs 2010; 42(2):177-92.
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Evidence Table E25. KQ3 outcomes—difference in differences—eating

Improvement In Scale	Author, year	Outcome	Arm	N1	mean	SD	T2	P Value	Δ-Δ Calc	Δ Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Lower	Hebert JR, 2001[1]	Total energy (Kcal/d)	Mindfulness (SRC)	56	1884	549	4 Mos				12 Mos			
Lower	Hebert JR, 2001[1]	Total energy (Kcal/d)	NEP	50	1991	674	4 Mos	ns	103.1	5.5	12 Mos	Ns	65.1	3.5
Lower	Hebert JR, 2001[1]	Total fat (% energy)	Mindfulness (SRC)	56	34.5	7.4	4 Mos				12 Mos			
Lower	Hebert JR, 2001[1]	Total fat (% energy)	NEP	50	34	8.6	4 Mos	<.05	6.6	19.1	12 Mos	<0.05	3.9	11.3
Lower	Miller, 2012[2]	Energy(kcal)	MB-EAT	27	1851	129	12 Wks				6 Mos			
Lower	Miller, 2012[2]	Energy(kcal)	SC (SAC)	25	2019	131	12 Wks	NR	276	14.9	6 Mos	0.2198	192	10.4
Lower	Schneider, 2012[3]	Diet	TM						NR/NS					
Lower	Schneider, 2012[3]	Diet	HE (NSAC)						NR/NS					

Notes: SRC = Stress Reduction Clinic; NEP = Nutrition Education Program

References for Evidence Table E25

1. Hebert JR, Ebbeling CB, Olendzki BC et al. Change in women's diet and body mass following intensive intervention for early-stage breast cancer. J Am Diet Assoc 2001; 101(4):421-31.
2. Miller CK, Kristeller JL, Headings A, Nagaraja H, Miser WF. Comparative Effectiveness of a Mindful Eating Intervention to a Diabetes Self-Management Intervention among Adults with Type 2 Diabetes: A Pilot Study. J Acad Nutr Diet 2012; 112(11):1835-42.
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Evidence Table E26. KQ3 outcomes—difference in differences—sleeping

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ-Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Higher	Gross CR, 2011[1]	Total sleep time - actigraphy (hrs)	MBSR	18	6.3	0.6	6–8 Wks							
Higher	Gross CR, 2011[1]	Total sleep time - actigraphy (hrs)	drug	9	6.4	0.6	6–8 Wks		−0.68	−10.7				
Lower	Gross CR, 2011[1]	Wake after sleep onset-actigraphy (min)	MBSR	18	57.2	24.8	6–8 Wks							
Lower	Gross CR, 2011[1]	Wake after sleep onset-actigraphy (min)	drug	9	61.2	38.3	6–8 Wks		10.71	18.7				
Higher	Gross CR, 2011[1]	Total sleep time - DIARY (hrs)	MBSR	17	6.3	0.7	8 Wks				5 Mos			
Higher	Gross CR, 2011[1]	Total sleep time - DIARY (hrs)	drug	9	6.2	0.9	8 Wks		−0.4	−6.3	5 Mos			
Lower	Gross CR, 2011[1]	Wake after sleep onset-DIARY (min)	MBSR	18	46.6	21.3	6–8 Wks				5 Mos			
Lower	Gross CR, 2011[1]	Wake after sleep onset-DIARY (min)	drug	9	72.2	42.5	6–8 Wks		24.86	53.3	5 Mos			
Lower For Δ	Gross CR, 2011[1]	PSQI	MBSR	18	11.5	1.9	8 Wks				5 Mos			
Lower For Δ	Gross CR, 2011[1]	PSQI	drug	9	11.7	3.6	8 Wks		−1.69	−14.7	5 Mos		−0.12	−1.0
Lower For Δ	Gross CR, 2011[1]	Insomnia severity Index	MBSR	18	16.4	3.0	8 Wks				5 Mos			
Lower For Δ	Gross CR, 2011[1]	Insomnia severity Index	drug	9	18.6	3.8	8 Wks		2.55	15.5	5 Mos		2.69	16.4
Lower	Schmidt S, 2010[2]	PSQI	MBSR	53	11.3	3.4	8 Wks				16 Wks			
Lower	Schmidt S, 2010[2]	PSQI	AC	56	11.4	4.2	8 Wks		−0.02	−0.2	16 Wks		−0.18	−1.6
Lower	Oken BS, 2010[3]	Epworth Sleepiness Scale	Meditation	8	4.7	2.8	7–10 Wks							
Lower	Oken BS, 2010[3]	Epworth Sleepiness Scale	Education	11	6.6	4.8	7–10 Wks		0.6	12.8				
Lower	Oken B.S., 2010[3]	Epworth Sleepiness Scale	Respite only	9	7.1	4.7	7–10 Wks							

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ-Δ %	T3	P Value	Δ-Δ Calc	Δ Δ %
Lower	Oken BS, 2010[3]	PSQI	Meditation	8	8.7	3.4	7–10 Wks							
Lower	Oken BS, 2010[3]	PSQI	Education	11	8.0	2.7	7–10 Wks		0.3	3.4				
Lower	Oken BS, 2010[3]	PSQI	Respite only	9	9.5	3.7	7–10 Wks							
Lower	Gross CR, 2010[4]	PSQI	MBSR	71	8.3	(6.9, 10.1)	8 Wks				12 Mos			
Lower	Gross CR, 2010[4]	PSQI	HE	66	7.2	(6.0, 8.8)	8 Wks		−2	−24.1	12 Mos	0.02	−2.5	−30.1
Lower	Malarkey, 2012[5]	PSQI	MBI-Id	93	8.7	0.3	8 Wks		NR/NS					
Lower	Malarkey, 2012[5]	PSQI	Education (NSAC)	93	8.4	0.3	8 Wks	Ns	NR/NS					
Lower	Barrett, 2012[6]	PSQI	MBSR	51	5.1	2.6	9 Wks				5 mos			
Lower	Barrett, 2012[6]	PSQI	Exercise (SAC)	47	4.6	3.1	9 Wks	Ns	−0.09	−1.8	5 Mos	Ns	−0.02	−0.4
Lower	Wolever, 2012[7]	PSQI	Mindfulness	96	8.07	0.34	12 Wks							
Lower	Wolever, 2012[7]	PSQI	Vinyana Yoga (SAC)	90	7.69	0.35	12 Wks	Ns	0.12	−1.5				

Notes: PSQI = Pittsburgh Sleep Quality Index; MBSR = Mindfulness-based Stress Reduction; HE = Health Education; AC = Active Control

References for Evidence Table E26

1. Gross CR, Kreitzer MJ, Reilly-Spong M et al. Mindfulness-based stress reduction versus pharmacotherapy for chronic primary insomnia: a randomized controlled clinical trial. Explore (NY) 2011; 7(2):76-87.
2. Schmidt S, Grossman P, Schwarzer B, Jena S, Naumann J, Walach H. Treating fibromyalgia with mindfulness-based stress reduction: results from a 3-armed randomized controlled trial. Pain 2011; 152(2):361-9.
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5. Malarkey WB, Jarjoura D, Klatt M. Workplace based mindfulness practice and inflammation: A randomized trial. Brain Behav Immun 2012.
6. Barrett B, Hayney MS, Muller D et al. Meditation or exercise for preventing acute respiratory infection: a randomized controlled trial. Ann Fam Med 2012; 10(4):337-46.
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Evidence Table E27. KQ4 outcomes—difference in differences—pain severity

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ-Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower	Wong SY-S, 2011[1]	NRS Pain Intensity	MBSR	51	6.5	1.5	8 Wks				8 Mos			
Lower	Wong SY-S, 2011[1]	NRS Pain Intensity	MPI	48	6.8	1.3	8 Wks		0.04	0.6	8 Mos	0.869	−0.05	−0.8
Lower	Gaylord SA, 2011[2]	Abd Pain Severity	MM	36	54.5	22.8	10 Wks				5.5 Mos			
Lower	Gaylord SA, 2011[2]	Abd Pain Severity	SG	39	53.3	28.1	10 Wks	0.013	−16.68	−30.6	5.5 Mos	0.015	−15.57	−28.5
Lower	Schmidt S, 2010[3]	Pps Affective	MBSR	53	35.5	9.4	8 Wks				16 Wks			
Lower	Schmidt S, 2010[3]	Pps Affective	AC	56	34.7	8.7	8 Wks	0.18	−1.43	−4.0	16 Wks		−2.11	−5.9
Lower	Schmidt S, 2010[3]	Pps Sensory	MBSR	53	22.3	6.1	8 Wks				16 Wks			
Lower	Schmidt S, 2010[3]	Pps Sensory	AC	56	22.8	6.6	8 Wks	0.6	−1.28	−5.7	16 Wks		−0.21	−0.9
Higher	Gross CR, 2010[4]	SF36 Bodily Pain	MBSR	63	43.2	(39.6, 46.7)	8 Wks				1 Year			
Higher	Gross CR, 2010[4]	SF36 Bodily Pain	HE	59	45.5	(42.0, 49.1)	8 Wks		2.20	5.1	1 Year	0.92	2.30	5.3
Higher	Morone NE, 2009[5]	SF36 Bodily Pain	MM	16	39.6	(38.2, 41.2)	8 Wks				6 Mos			
Higher	Morone NE, 2009[5]	SF36 Bodily Pain	HE	19	40.2	(38.6, 41.7)	8 Wks		3.40	8.6	6 Mos		1.50	3.8
Lower	Morone NE, 2009[5]	MPQ (Current Pain)	MM	16	3.0		8 Wks				6 Mos			
Lower	Morone NE, 2009[5]	MPQ (Current Pain)	HE	19	4.4		8 Wks		0	0.0	6 Mos		0.10	3.3
Higher	Moritz S, 2006[6]	SF36 Bodily Pain	MBSR	54	56.8	3.4*	8 Wks							
Higher	Moritz S, 2006[6]	SF36 Bodily Pain	Spirituality	56	56.0	3.3*	8 Wks		−3.30	−5.8				
Higher	Moritz S, 2006[6]	SF36 Bodily Pain	Control	55	51.8	3.3*	8 Wks							
Lower	Plews-Ogan M, 2005[7]	NRS Unpleasantness	MBSR	6	6.6	(6.07, 7.15)	8 Wks				12 Wks			
Lower	Plews-Ogan M, 2005[7]	NRS Unpleasantness	Massage	9	7.2	(6.54, 7.69)	8 Wks		2.12	31.9	12 Wks		1.48	22.3

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ-Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower For Δ	Jayadevappa R, 2007[8]	SF36 Bodily Pain	TM	13	67.8	23.5	3 Mos				6 Mos			
Lower For Δ	Jayadevappa R, 2007[8]	SF36 Bodily Pain	HE	10	78.3	24.8	3 Mos		1.45	2.1%	6 Mos	0.08	−12.5	−18.4
Lower	Wolever, 2012[9]	Avg pain x 1 wk	Mindfulness	96	2.52	0.22	12 Wks							
Lower	Wolever, 2012[9]	Avg pain x 1 wk	Vinyana yoga (SAC)	90	2.64	0.23	12 Wks		0.28	11.1				

*se

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1. Wong SY, Chan FW, Wong RL et al. Comparing the Effectiveness of Mindfulness-based Stress Reduction and Multidisciplinary Intervention Programs for Chronic Pain: A Randomized Comparative Trial. Clin J Pain 2011; 27(8):724-34.
2. Gaylord SA, Palsson OS, Garland EL et al. Mindfulness training reduces the severity of irritable bowel syndrome in women: results of a randomized controlled trial. Am J Gastroenterol 2011; 106(9):1678-88.
3. Schmidt S, Grossman P, Schwarzer B, Jena S, Naumann J, Walach H. Treating fibromyalgia with mindfulness-based stress reduction: results from a 3-armed randomized controlled trial. Pain 2011; 152(2):361-9.
4. Gross CR, Kreitzer MJ, Thomas W et al. Mindfulness-based stress reduction for solid organ transplant recipients: a randomized controlled trial. Altern Ther Health Med 2010; 16(5):30-8.
5. Morone NE, Rollman BL, Moore CG, Li Q, Weiner DK. A mind-body program for older adults with chronic low back pain: results of a pilot study. Pain Med 2009; 10(8):1395-407.
6. Moritz S, Quan H, Rickhi B et al. A home study-based spirituality education program decreases emotional distress and increases quality of life—a randomized, controlled trial. Altern Ther Health Med 2006; 12(6):26-35.
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8. Jayadevappa R, Johnson JC, Bloom BS et al. Effectiveness of transcendental meditation on functional capacity and quality of life of African Americans with congestive heart failure: a randomized control study Ethn Dis. 2007 Summer;17(3):595. Ethnicity & Disease 2007; 17(1):72-7.
9. Wolever RQ, Bobinet KJ, McCabe K et al. Effective and viable mind-body stress reduction in the workplace: a randomized controlled trial. J Occup Health Psychol 2012; 17(2):246-58.

Evidence Table E28. KQ4 outcomes—difference in differences—pain interference

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	P Value	Δ-Δ Calc	Δ-Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower	Schmidt S, 2010[1]	FIQ	MBSR	53	5.8	1.4	8 Wks		M		16 Wks			
Lower	Schmidt S, 2010[1]	FIQ	AC	56	5.5	1.7	8 Wks		−0.52	−8.9	16 Wks	0.36	−0.44	−7.5
Lower	Morone NE, 2009[2]	RMDQ	MM	16	8.9	(7.8, 10.0)	8 Wks				6 Mos			
Lower	Morone NE, 2009[2]	RMDQ	HE	19	11.4	(10.3, 12.7)	8 Wks		1	11.2	6 Mos		0	0.0

Notes: MBSR = Mindfulness-based Stress Reduction; AC = Active Control; MM = Mindfulness Meditation

References for Evidence Table E28

1. Schmidt S, Grossman P, Schwarzer B, Jena S, Naumann J, Walach H. Treating fibromyalgia with mindfulness-based stress reduction: results from a 3-armed randomized controlled trial. Pain 2011; 152(2):361-9.
2. Morone NE, Rollman BL, Moore CG, Li Q, Weiner DK. A mind-body program for older adults with chronic low back pain: results of a pilot study. Pain Med 2009; 10(8):1395-407.

Evidence Table E29. KQ4 outcomes—difference in differences—weight

Improvement In Scale	Author, year	Outcome	Arm	N1	Mean	SD	T2	N2	P Value	Δ-Δ Calc	Δ Δ%	T3	P Value	Δ-Δ Calc	Δ Δ%
Lower For Δ	Elder, 2006[1]	Weight (lb)	TM	26	246.1	49	6 Mos	26							
Lower For Δ	Elder, 2006[1]	Weight (lb)	HE	28	228.6	67	6 Mos	28	0.26 Δ-Δ	−4.4	−1.8				
Lower For Δ	Hebert JR, 2001[2]	Weight (kg)	MBSR	50	72.2	13.9	4 Mos	49				12 mos			
Lower For Δ	Hebert JR, 2001[2]	Weight (kg)	Nutrition	49	70.6	11.7	4 Mos	41		1.2	1.7	12 mos		0.3	0.4
Lower For Δ	Castillo-Richmond, 2000[3]	Weight (lb)	TM	31	196.6	33.6	7 Mos	31							
Lower For Δ	Castillo-Richmond, 2000[3]	Weight (lb)	HE	29	194.2	40.4	7 Mos	29	0.48 Δ-Δ	2.32	1.2				
Lower	Miller, 2012[4]	Weight(kg)	MB-EAT	27	106.04	3.66	12 Wks					6 Mos			
Lower	Miller, 2012[4]	Weight(kg)	SC	25	103.38	3.8	12 Wks		NR	−1.19	1.1	6 Mos	0.07	−1.27	−1.2
Lower	Schneider, 2012[5]	BMI	TM									5.4 yrs (avg)			
Lower	Schneider, 2012[5]	BMI	HE									5.4 yrs (avg)	0.94	0.074	

Notes: TM = Transcendental Meditation; HE = Health Education; MBSR = Mindfulness-based Stress Reduction

References for Evidence Table E29

1. Elder C, Aickin M, Bauer V, Cairns J, Vuckovic N. Randomized trial of a whole-system ayurvedic protocol for type 2 diabetes. Altern Ther Health Med 2006; 12(5):24-30.
2. Hebert JR, Ebbeling CB, Olendzki BC et al. Change in women's diet and body mass following intensive intervention for early-stage breast cancer. J Am Diet Assoc 2001; 101(4):421-31.
3. Castillo-Richmond A, Schneider RH, Alexander CN et al. Effects of stress reduction on carotid atherosclerosis in hypertensive African Americans. Stroke 2000; 31(3):568-73.
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Evidence Table E30. Sponsors and AEs for included studies

Author, year	Key Question (KQ)	Study Sponsor Details	Adverse Events
Henderson VP, 2011[1]	KQ1	The BRIDGES Study was funded by grant DAMD17-94-J-4475 from the US Army Medical Research and Materiel Command. Dr. Massion was supported by a Career Development Award, grant # DAMD17-94-J-4261 from the U.S. Army Medical Research and Materiel Command. Dr. He´bert was supported by the Established Investigator Award in Cancer Prevention and Control K05 CA136975 from the Cancer Training Branch of the National Cancer Institute.	Not addressed
Wong SY-S, 2011[2]	KQ1, K Q4	Funded by The Health and Health Services Research Fund was established and granted by the Food and Health Bureau, Hong Kong SAR Government, Hong Kong.	Not addressed
Brewer, 2011[3]	KQ3	This study was funded by the following grants: NIDA K12-DA00167, P50-DA09241, K05-DA00457, K05-DA00089, UL 1 DE019586-02, and the U.S. Veterans Affairs New England Mental Illness Research, Education, and Clinical Center (MIRECC). The NIDA and VA had no further role in study design; in the collection, analysis and interpretation of data; in the writing of the report; or in thedecision to submit the paper for publication.	No serious adverse events were reported in either treatment group (p. 75, results section).
Gaylord SA, 2011[4]	KQ1, KQ4	This study was supported by Grant # R21 AT003619 from the National Institutes of Health, National Center for Complementary, and Alternative Medicine Grant.	"The diaries were analyzed for adverse events and differences in abdominal pain between the treatment groups (MG vs. SG) during the treatment period." (p. 1682, data analysis). However, data on adverse events was not addressed in the Results or Discussion section.
Philippot P, 2011[5]	KQ1	This research was supported by a grant from the Fonds National de la Recherche Scientifique de Belgique (grant no. 8.4505.00). Data collection was supported by the UCL Psychology Department Consulting Center.	Not addressed

Author, year	Key Question (KQ)	Study Sponsor Details	Adverse Events
Gross CR, 2011[6]	KQ1, KQ3	Supported by a faculty development grant from the Academic Health Center, University of Minnesota to Drs. Gross & Kreitzer and by also the National Institutes of Health, National Center for Research Resources (grant M01 RR00400, Dr. Seaquist, PI).	"There were no unexpected, serious adverse events related to the interventions in this trial. One PCT patient was switched from eszopiclone to controlled-release zolpidem during the first month of treatment because of persistent complaints of an extremely unpleasant after-taste. Other side effects reported in the PCT arm included excessive sleepiness, headache, and dizziness. No adverse events related to MBSR were reported." (p. 83)
Schmidt S, 2010[7]	KQ1, KQ3, KQ4	This study was supported by the Samueli Institute, Alexandria, VA, and by the Manfred Köhnlechner Stiftung, Munich, Germany.	Not addressed
Segal ZV, 2010[8]	KQ1	This study was funded by grant R01 066992 (Dr Segal) from the National Institute of Mental Health.	Not addressed
Oken BS, 2010[9]	KQ1, KQ2, KQ3	This project was supported in part by NIH (U19 AT002656, P30 AG008017, K24 AT005121, and UL1 RR024140) and the Oregon Partnership for Alzheimer's Research Oregon Tax Check-Off Grant.	Not addressed
Gross CR, 2010[10]	KQ1, KQ3, KQ4	Funding sources: National Institutes of Health, National Institute of Nursing Research grant R01 NR008585, and National Center for Research Resources grant M01 RR00400.	"Because benefits were obtained with no evidence of adverse events, these findings suggest that clinicians should consider recommending MBSR to transplant recipients who…" (p. 36)
Garland EL, 2010[11]	KQ1, KQ3	One author was supported by Grant Number T32AT003378 from the National Center for Complementary and Alternative Medicine, a Francisco Varela Research Grant from the Mind & Life Institute, Boulder, CO, and an Armfield-Reeves Innovation Grant from the UNC School of Social Work, Chapel Hill, NC. Another author was supported by Award Number KL2RR025746 from the National Center for Research Resources.	Not addressed
Delgado LC, 2010[12]	KQ1	We thank the Junta de Andalucía and the Spanish Ministry of Science and Education for their support to the present research (HUM-388, SEJ2004-07956, and PSI2008-04372).	Not addressed

Author, year	Key Question (KQ)	Study Sponsor Details	Adverse Events
Morone NE, 2009[13]	KQ4	During the time of this work Dr. Morone was funded by the NIH Roadmap Multidisciplinary Clinical Research Career Development Award Grant (1KL2RR024154-04) from the National Institutes of Health (NIH). This publication was also made possible by Grant Number UL1RR024153 from the National Center for Research Resources (NCRR), a component of the NIH and NIH Roadmap for Medical Research.	"There were no adverse events reported." (p. 1401)
Brewer, 2009[14]	KQ3	This study was funded by the following grants: NIDA K12-DA00167 (J.A.B.), P50-DA09241 (B.J.R.), R37-DA15969 (K.M.C.), T32-DA007238 (J.A.B.), K05-DA00457 (K.M.C.), K05-DA00089 (B.J.R.), P50-DA16556 (R.S.), K02-DA17232 (R.S.), R01 DA020908 (M.N.P.), RL1 AA017539 (M.N.P.), the U.S. Veterans Affairs New England Mental Illness Research, Education, and Clinical Center (MIRECC) (B.J.R.), and a Varela grant from the Mind and Life Institute (J.A.B.).	"No side effects or adverse events were noted." (p. 310, Results – Substance Use Outcomes)
Mularski RA, 2009[15]	KQ1	This study was supported by the VET-HEAL program, cooperation between the Veterans Health Administration and the Samueli Institute of Information Biology. Dr. Karl Lorenz was supported by a VA HSR&D Career Development Award.	Not addressed
Kuyken W, 2008[16]	KQ1	This trial was registered (ISRCTN12720810) and was funded by the UK Medical Research Council (TP 72167).	"No adverse events were recorded through the oversight of the Trial Steering Committee." (p. 971)
Koszycki D, 2007[17]	KQ1	This study was funded in part by a grant from the University (Ottawa) Medical Research Fund.	Not addressed
Lee SH, 2006[18]	KQ1	No funding sources listed.	Not addressed
Moritz S, 2006[19]	KQ1, KQ4	This study was funded by Alberta Health and Wellness, the Alberta Medical Association and the George Family Foundation. Hude Quan, PhD, is supported by an Alberta Heritage Foundation for Medical Research Population Health Investigator Award and a Canadian Institute of Health Research New Investigator Award. None of the study funders had any involvement in design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript.	Not addressed

Author, year	Key Question (KQ)	Study Sponsor Details	Adverse Events
Elder, 2006[20]	KQ4	This research was supported by a grant (R21 AT01324) from the National Center for Complementary and Alternative Medicine, National Institutes of Health.	"No significant study-related adverse events were reported. Table 5 describes the results of serologic monitors [hematocrit, WBC, platelets, creatinine, BUN, AST]. The results suggest no significant hepatic, renal, or hematologic toxicities related to any component of the Vedic protocol." (p. 30)
Bormann JE, 2006[21]	KQ1	This study was conducted with core support from the National Center of Complementary and Alternative Medicine, National Institutes of Health (NCCAM/NIH) grant # R21AT01159-01A1 and with indirect support from the Office of Research and Development, Health Services Research and Development Service, Department of Veterans Affairs and the Health Services Research Unit of the VA San Diego Healthcare System; San Diego Veterans Medical Research Foundation; University of California San Diego (UCSD) General Clinical Research Center (#1637), National Institutes of Health/National Center for Research Resources (M01RR008); UCSD Center for AIDS Research (CFAR 5P30 AI 36214) and the UCSD Antiretroviral Research Center (AVRC); San Diego State University School of Nursing's Institute of Nursing Research (#900521); and Sigma Theta Tau International Honor Society-Gamma Gamma Chapter.	Not addressed
Paul-Labrador M, 2006[22]	KQ1	This study was supported by grants R01 AT00226, 1-P50-AA0082-02, 1-R15-HL660242-01, and R01-HL51519-08 from the National Center for Alternative and Complementary Medicine, National Institutes of Health; and General Clinical Research Centers grant MO1-RR00425 from the National Center for Research Resources.	"No adverse events were reported [in TE or HE groups]." (p. 1220)
Plews-Ogan M, 2005[23]	KQ1, KQ4	This study was supported in part by Grant 1D12HP00040-03: Academic Administrative Units in Primary Care, Department of Health and Human Services and in part by the John W. Kluge Foundation.	Not addressed
Hebert JR, 2001[24]	KQ3, KQ4	This work was supported by grand DAMD17-94-J-4475 from the US Army Medical Research and Materiel Command.	Not addressed
Castillo-Richmond, 2000[25]	KQ3, KQ4	This study was supported by National Heart, Lung, and Blood Institute grants HL-51519 to Drs Schneider, Alexander, and Myers and HL-51519-S2 to Dr Castillo-Richmond.	Not addressed
Murphy, 1986[26]	KQ3	This research was supported by a grant from the Alcoholism and Drug Abuse Institute, University of Washington.	Not addressed

Author, year	Key Question (KQ)	Study Sponsor Details	Adverse Events
Smith JC, 1976[27]	KQ1	The author gratefully acknowledges the assistance and cooperation of Maharishi International University and the Kast Lansing, Michigan, chapter of the Students' International Meditation Society. (The present article is based on the author's dissertation submitted to Michigan State University in partial fulfillment of the requirements for the PhD degree.)	Not addressed
Piet J, 2010[28]	KQ1	Funding support not mentioned.	Not addressed
Taub E, 1994[29]	KQ3	This work was supported in part by Public Health Service Grant AA 01279.	Not addressed
Lehrer PM, 1983[30]	KQ1	This research was supported in part by a General Research Support Grant from Rutgers Medical School.	Not addressed
Jayadevappa R, 2007[31]	KQ, KQ4	This study was sponsored by the National Institutes of Health–National Center for Complementary and Alternative Medicine (P50-AT00082-05 developmental research grant).	Not addressed
Miller, 2012[32]	4	National Institute of Diabetes and Digestive and Kidney Diseases	Not evaluated
Malarkey, 2012[33]	1, 3	National Center For Complementary & Alternative Medicine, National Center for Research Resources, which is now at the National Center for Advancing Translational Sciences	Not evaluated
Whitebird, 2012[34]	1	National Center for Complementary and Alternative Medicine	Not evaluated
Chiesa 2012,[35]	1	Not reported	Not evaluated
Barrett, 2012[36]	1, 3	National Institutes of Health (NIH), National Center for Complementary and Alternative Medicine, and a grant from the Clinical and Translational Science Award (CTSA) Program of the National Center for Research Resources, National Institutes of Health.	Not evaluated
Jazaieri, 2012[37]	1	NIMH and NCCAM	Not evaluated
Wolever, 2012[38]	1, 3, 4	Aetna, Inc. and eMindful, Inc.	Not evaluated
Seyedalinagh, 2012[39]	1	Tehran University of Medical Sciences and two research training fellowships	Not evaluated
Pbert, 2012[40]	1	National Center for Complementary and Alternative Medicine	Not evaluated
Schneider, 2012[41]	1, 3, 4	National Institutes of Health-National Heart, Lung and Blood Institute.	Not evaluated

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4. Gaylord SA, Palsson OS, Garland EL et al. Mindfulness training reduces the severity of irritable bowel syndrome in women: results of a randomized controlled trial. Am J Gastroenterol 2011; 106(9):1678-88.
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Evidence Table E31. Meditation intervention descriptions

Meditation Intervention	Description
Mindfulness Based Stress Reduction (MBSR)	A program devised of various formal and informal practices to cultivate moment to moment awareness. Practices include Hatha yoga and body scan to cultivate awareness of the body, and sitting meditation (including awareness of the breath, body, and mental state).
Mindfulness Based Cognitive Therapy (MBCT)	A program that integrates components of cognitive-behavioral therapy and mindfulness-based stress reduction (MBSR). The program was originally developed to prevent depression relapse. In addition to MBSR techniques to help individuals focus on the present moment, MBCT includes education about depression and the link between thoughts, feelings and bodily sensations so that individuals can learn to observe these thoughts, feelings, and sensations that may contribute to depression without rumination.
Transcendental Meditation (TM)	A meditation technique whereby a person uses a mantra and repeatedly directs the mind to the mantra as the mind strays. With continual repetition of the mantra the actual mantra becomes secondary and the meditator becomes increasingly self-aware and in state of "restful alertness."
Vipassana	A meditation technique to practice awareness of present moment experiences through several focal points: observation and awareness of the body, feelings, mind, and thought content.
Zen	A meditation technique that generally focuses on regulating awareness to the present moment. This generally includes the breath and counting from 1 to 10 with each exhalation.
Sahaj yoga	A form of meditation consisting of silent self-affirmations and breathing techniques that lead to a state of thoughtless awareness (alertness without unnecessary mental activity)
Meditation-Based Stress Management Program	A training program comprised of meditation, exercise, stretching, muscle buildup and relaxation, and hypnotic suggestion.
Modified MBCT	A program based on the original manual for MBCT but modified for individuals with tinnitus. The content on depression, which was not relevant to this population was excluded, and the number of sessions were reduced from 8 to 6 with adaptation to dealing with tinnitus rather than depression
Mindfulness Training Program	A mindfulness training program comprised of guided meditation with attention to body position, emotional state, interoceptive consciousness, and acceptance.
Mindfulness meditation program based on MBSR and MBCT adapted for caregivers	A program that includea didactics on stress, relaxation, and meditation, as well as meditation and mindfulness exercises (awareness of breathing, awareness of body sensation, awareness of cognitive and emotional experience), mindful movement and mindful awareness during other activities.
Mindfulness-Oriented Recovery Enhancement (MORE)	An MBCT-adapted meditation program for alcohol dependence. The program involves mindful breathing and walking meditations, and exercises relating mindfulness principles to addiction-specific issues.
Mindfulness-Based Breathing Therapy (MBBT)	A program that combines the standard MBSR program with relaxation response training with a focus on a breath-centered approach.
Mindfulness-Based Stress and Pain Management Program	A mindfulness program based largely on MBSR but tailored to an irritable bowel syndrome (IBS) population by having them focus on IBS related-symptoms (e.g., focusing on sensations in the abdominal area)
Mindfulness Meditation Program for Stress Management	A condensed 4-week version of the traditional MBSR course (8 weeks), which taught the core MBSR components.
Mindfulness Training for Smoking Cessation	A program based on a previous mindfulness training manual for drug relapse prevention and adapted for smoking cessation. The focus was on present moment awareness and acceptance of cravings. Mindfulness practices included breath awareness meditation, walking meditation, and body scan, loving-kindness meditation, and mindfulness of daily activities.
Spirituality-Teaching Program	A program that teaches concepts related to spirituality and also includes breathing and visualization exercises, self-awareness using the senses, practices of gratitude, and acceptance and loving kindness meditation.

Meditation Intervention	Description
Adaptation of Mindfulness–Based Relapse Prevention Program (MBRP)	A program based on MBRP with several modifications. The sessions after the first session were delivered in 2 four-week modules that could be completed in either order. A session was added that specifically focused on working with anger as a trigger for stress and drug use, the yoga meditation was removed, and sessions were shortened to 1 hour.
Clinically Standardized Meditation (CSM)	A mantra-based meditation technique whereby subjects repeat a mantra in their minds for 20 minutes at a time (Carrington, 1978)
Mantra Meditation with variations	A program in which participants were taught the basic CSM (Clinically Standardized Meditation) technique (Carrington, 1978) in addition to several other mantra meditation variations. These included 'mini-meditations', a meditation with open eyes with a neutral gaze at a surface, a meditation on a candle flame with and without a mantra, counting of the breaths with a focus on air movement, and a breathing-paced meditation where subjects say the first syllable of their mantra on the inhalation and the second syllable during exhalation.
Spiritual mantra meditation	A program in which participants were provided with a manual with a list of various spiritual mantrams of various traditions in order to choose a mantram. They were also provided with methods to enhance mantram repitition, such as practicing "one-pointed attention and mindfulness while engaging in one task at a time, and intentionally slowing down mentally and behaviorally while using a mantram". The course book also provided mantram meditation exercises.