	Sequence Generation		Allocation concealment		Blinding of participants, personnel, and outcome assessors		Incomplete outcome data		Selective outcome reporting		Other sources of bias		*OVERALL risk of bias for the study as a whole*
Author Year	**Describe method**	**Was it adequate? Yes/No/ Unclear**	**Describe method**	**Was it adequate? Yes/No/ Unclear**	**Describe all measures used, if any, to blind study participants and personnel from knowledge of which intervention a participant received. Provide any information relating to whether intended blinding was effective.**	**Was knowledge of allocated intervention adequately prevented during the study? Yes/No/ Unclear**	**Describe completeness of outcome data for each main outcome, including attrition and exclusions from analysis. State whether attrition and exclusions were reported, numbers in each intervention group (compared with total randomized participants), reasons for attrition/exclusions where reported, and any re-inclusions in analyses performed by review authors.**	**Were incomplete outcome data adequately addressed? Yes/No/ Unclear**	**State how the possibility of selective outcome reporting was examined by review authors, and what was found.**	**Are reports of study free of suggestion of selective outcome reporting? Yes/No/ Unclear**	**State any important concerns about bias not addressed in the other domains in the tool. If particular questions/entries were pre-specified in the review's protocol, responses should be provided for each question/ entry.**	**Was the study apparently free of other problems that could put it at a high risk of bias? Yes/No/ Unclear**	**Low/ Unclear/ High**
Beau-trais 2010[53]	Computer-generated random numbers.	Yes	Randomized by research staff who were not involved in the recruitment or clinical care of participants.	Yes	Psychiatric emergency service clinicians masked to allocation; allocation status not conveyed to clinical or data-collection staff.	Yes	327/327 analyzed; ITT.	Yes	No omissions of any expected suicide-related outcomes.	Yes	At baseline, number of prior attendances for self-harm was lower in the intervention group (P<0.07).	No	Unclear
Carter 2005[54]	Pregenerated randomization schedule.	Unclear	To maintain blinding to allocated group during recruitment, randomization was not revealed until after all information was entered and eligibility had been determined.	Yes	Clinical and research staff were blinded to allocation.	Yes	Well-described ITT analysis and pre-treatment group comparisons included in the article. Attritions and exclusions adequately documented and subject flowchart included in article. All 772 randomized were followed up. 76/378 randomized to treatment group did not consent to the intervention.	Yes	No omissions of any expected suicide-related outcomes.	Yes	20 participants in the control group received the intervention due to clerical errors but were included in the control group for the ITT analyses.	Unclear	Unclear
Gallo 2007[59]	Matched pairs randomized by coin flip.	Yes	Coin flip randomization done at the clinical practice level, so no allocation concealment related to patients was needed.	Yes	No information provided.	Unclear	Attritions and exclusions adequately documented. 12/650 (2%) excluded due to insufficient baseline data; vital statistics available on others.	Yes	No omissions of any expected suicide-related outcomes; authors state that outcome reporting and secondary data analysis were guided by cited standards. Prespecified study hypothesis was that risk of death would be reduced by the intervention.	Yes	Suicidal ideation higher in patients in intervention group at baseline.	Unclear	Unclear

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Killaspy 2006[58]	No information provided other than a statement that treatment was randomized.	Unclear	Interviewer contacted administrator at trial center, who opened the appropriate numbered envelope giving details of the outcome of randomization.	Yes	No information provided.	Unclear	Attritions and exclusions adequately documented. Hospital admission data available for 243/251 at 18 months (97%); 68% response rate for interview at 18 months.	Yes	No omissions of any expected suicide-related outcomes.	Yes	The study appears to be free of other sources of bias.	Yes	Unclear
King 2006[57]	Random numbers table (even/odd assignment).	Yes	No allocation concealment.	No	"Raters were not blind to group status."	No	Well-described ITT analysis and pre-treatment group comparisons included in the article. Attritions and exclusions adequately documented and subject flowchart included in article.	Yes	No omissions of any expected suicide-related outcomes.	Yes	Differences among groups who met actually treated criteria and others in age, and family income (but not prior suicide attempts).	Unclear	Unclear
King 2009[56]	"Computerized balanced allocation strategy."	Yes	"Group assignments were unknown until the project manager generated them at the randomization website following the consent process (sequence unknown)."	Yes	"Independent evaluators were blinded to group assignment." No information on patient or provider blinding, though it would seem impossible given study design.	Assessors yes, participants unclear	Well-described ITT analysis and pre-treatment group comparisons included in the article. Attritions and exclusions adequately documented and subject flowchart included in article.	Yes	No omissions of any expected suicide-related outcomes.	Yes	The study appears to be free of other sources of bias.	Yes	Unclear