**Appendix Table L3. Summary risk of bias assessments: vitamins in adults with normal cognition**

| **Vitamin Intervention Type** | **Study** | **Overall Risk of Bias Assessment** | **Rationale** |
| --- | --- | --- | --- |
| **Multivitamins** | Chew 20151 | High | Randomization methods unclear, reported attrition (19%) conflicting with related publication, concurrent intervention not controlled for. |
| Grodstein 20132 | Medium at followup 2High at followup 3+ | Randomization and blinding methods adequate, attrition 11% at second followup (medium), 31% at third followup (high) and 60% and final followup (high) with no missing data imputation, independent outcome assessor unclear. |
| Kesse-Guyot 20063 | High | Randomization unclear, attrition 35% with no missing data imputation. |
| McNeill 20074 | Low | Randomization and blinding methods adequate, attrition unclear but likely 15%, ITT, all outcomes reported. |
| Wolters 20055 | Low | Randomization and blinding methods unclear, comparable outcome assessment timing between groups, blinding likely adequate, concurrent interventions unclear. |
| Yaffe 20046 | High | Randomization and allocation methods likely adequate, attrition 40%. |
| Heart Protection Study 20027 | Medium | Randomization methods adequate, attrition unclear but used survival analyses, outcome assessor blinding and independence unclear, ITT. |
| Cockle 20008 | High | Randomization methods unclear, attrition 35%, missing data imputation methods inappropriate. |
| Smith 19999 | High | Randomization methods unclear, attrition not reported, blinding methods adequate, ITT not reported. |
| **B Vitamins** | van der Zwaluw 201411 | Low | Randomization methods adequate, attrition 24% with no missing data imputation, outcome assessor not independent, all outcomes reported. |
| Walker 201212 | Low | Randomization methods adequate, blinding unclear, attrition 16% at two year followup and no missing data imputation, outcome assessor independence unclear. |
| Andreeva 201113 | Low | Adequate randomization and blinding, low attrition in this followup study, ITT. |
| Brady 200914 | High | Attrition 25-27% and no missing data imputation. |
| Kang 200815 | High | Subset of randomized trial studied, attrition at timepoint 4 48%, confounder controlling likely inadequate, linding methods unclear. |
| Durga 200710 | Low | Randomization and allocation methods adequate, attrition 3% at 3-year followup, all outcomes reported clearly. |
| McMahon 200616 | Low | Randomization and blinding methods adequate, outcome assessor independence unclear, ITT not reported. |
| Stott 200520 | Medium | Randomization and blinding methods adequate, attrition 10%, outcome assessor independence unclear. |
| **Vitamin E** | Kang 200917 | Low at followup 3High at final followup | Attrition 12% at third followup (medium) and 20% by final followup (high), outcome assessment timing not comparable between groups, ITT unclear. |
| Kang 200618 | Low | Randomization unclear, attrition 20% and no missing data imputation, outcome assessment timing unclear. |
| **Vitamin C** | Kang 200917 | Low at followup 3High at final followup | Attrition 12% at third followup (medium) and 20% by final followup (high), outcome assessment timing not comparable between groups, ITT unclear. |
| **Vitamin D + Calcium** | Rossom 201219 | Low at followup 7High at followup 8 | Randomization and blinding methods adequate, outcome assessor independent, ITT, all outcomes reported. |
| **Beta carotene** | Kang 200917 | Low at followup 3High at final followup | Attrition 12% at third followup (medium) and 20% by final followup (high), outcome assessment timing not comparable between groups, ITT unclear. |

ITT=intention to treat