

Online Supplementary Materials – Bombay et al.

Online Supplementary Appendix 6

Full-text Screening Tool (for clinical guidelines and recommendations)

	Resource 1
1. Is the full text of the record available?	Yes/No
<p>If 'yes' to Question 1, proceed to question 2.</p> <p>If 'no' to Question 1, exclude</p>	
2. Is the full text of the record available in English or French?	Yes/No
<p>If 'yes' to Question 2, proceed to question 3.</p> <p>If 'no' to Question 2, exclude</p>	
3. Was it published within the last 10 years? (2010 or later)	Yes/No
<p>If 'yes' to Question 3, proceed to question 4.</p> <p>If 'no' to Question 3, exclude</p>	
4. Is this a primary research study (involving humans or animals), literature review (systematic or unsystematic), editorial or opinion piece?	Yes/No
<p>If 'yes' to Question 4, exclude.</p> <p>If 'yes', which is it? (check all that apply)</p> <p><input type="checkbox"/> Primary research study</p> <p><input type="checkbox"/> Literature review</p> <p><input type="checkbox"/> Editorial or opinion piece</p> <p>If 'no' to Question 4, proceed to Question 5.</p>	
5. Was this resource produced by a Canadian Organization?	Yes/No/Unsure
<p>If 'yes' or 'unsure' to Question 5, proceed to Question 6.</p> <p>If 'no' to Question 5, exclude.</p>	
6. Does the information in this resource appear to target Canadian healthcare providers or the Canadian public?	Yes/No/Unsure
<p>If 'yes' or 'unsure' to Question 6, proceed to Question 7.</p> <p>If 'yes', which does it target? (check all that apply)</p> <p><input type="checkbox"/> Canadian health care providers</p>	

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<input type="checkbox"/> Canadian public If 'no' to Question 6, exclude.	
7. Does this resource provide recommendations, guidance or report on the safety of cannabis use on fertility, pregnancy/developing child, or breast milk/breastfeeding child	Yes/No/Unsure
If 'yes' or 'unsure' to Question 7, proceed to Data Extraction. If 'yes', what does it provide recommendations or guidance on? (check all that apply) <input type="checkbox"/> Fertility <input type="checkbox"/> Pregnancy/developing child <input type="checkbox"/> Breast milk/breastfeeding child If 'no' to Question 7, exclude.	