Reviewer ID: Marzena Zhou, Risa Fox						
Type of Out	come Measure: Neuro	genic Bowel Dy	rsfunction Score (NBD)	Total articles: 3		
Author ID Year	Study Design	Setting	Population (sample size, age) and Group			
Krogh et al. 2006	Development/valid ation study	University Hospital of Aarhus, Denmark.	SCI N: 589 (424/72%responded) Level: cervical 174, thoracic 155, 79 lumbar; 254 sensory complete, 166 incomplete in 166 Etiology: trauma (75%), spinal surgery (8%), myelomeningocele (4%), infection (4%), spinal thrombosis or hemorrhage (3%), or other causes (6%). Age: Mean 41 years, Range8-88 years Duration: Mean 14 years, Range 0 to 59 years % Female: 29%			
Erdem et al. 2017	Psychometrics study.	Dokuz Eylül University Faculty of Medicine, Turkey.	<pre>SCI N: 42 Level: 12 cervical, 24 thoracic 24,6 lumbar; AIS 23 A, 4 B, 11 C, 4 D Etiology: traffic accident 21, 4 firearm injury, 11 falling down, 3 crushing underweight , 1 diving into shallow water, 2 Others Age: Mean 39 years, SD 16 years Duration: ≤1 year - 15 2–5 year- 17 6–9 year- 6 ≥10 year- 4 % Female: 19%</pre>			
Kelly et al. 2017	Development, Reliability and Validation Strudy	University of California Irvine, Urology Center, CHOC Children's Hospital, Orange, California	Spina Bifida N: 34 children Control N: 18 patients Level: 4 thoracic (12%), 16 lumbar (46%), 12 sa (6%) Ambulatory status: 16 fully ambulatiory (47%), (53%) Etiology: spina bifida Age: Mean 5.3yo Ethnicity: Caucasian 14 (27%) Hispanic 31 (60%) Asian 7 (13%) % Female: 50%	acral (35%), 2 unknown 18 wheelchair or walker		
1. RELIABILITY						
Author ID	Internal Consistency		lest-retest, Inter-rater, Intra-rater	0.001		
Erdem et al. 2017	NBD score is not a Likert type scale, but the additivity of the total score was tested with Tukey's nonadditivity test and the additivity characteristic was demonstrated. Due to the presence of additivity characteristic of the test and ordinal characteristic of the answers, Cronbach alpha coefficient was calculated to determine the reliability of internal		Test-retest answers of each question r=1.000, F Consistency of frequency distribution r=1.000, P	/<0.001 /<0.001		

	consistency.				
	Cronbach's alpha coefficient for				
	internal consistency was 0.547				
Kelly et al.	No data available	Test-Retest Reliability			
2017		B/w each answer on the two questionnaires:			
		53% Was found (K>0.8)			
		32% had K b/W 0.6 and 0.8			
		Difference b/w mean score of 1 st and 2 nd questionnaire not statistically			
		significant.			
		Inter-Rater Reliability			
		B/w each answer on the two questionnaires:			
		79% with k>0.8			
		18% had k b/w 0.6 and 0.8			
2. VALI	DITY				
Author ID) Validity				
Krogn et	Reproducibility & validity of questions describing colorectal problems in patients with spinal cord				
al. 2000	JO IESIONS Itom & Validity (k coefficient):				
	Frequency of bowel movements $k = 0.92$ Desire for defaecation (any) $k = 0.89$				
	Normal desire for defaecation $k = 1.00$				
	Abdominal discomfort $k = 0.83$				
	Perspiration beadache or general discomfort during defecation $k = 0.82$				
	Oral layatives $k = 1.00$				
	Enemas $k = 0.77$				
	Average time for defecation $k = 0.79$				
	Use of Clysma k = 0.90				
	Frequency of digital stimulation $k = 0.77$				
	Need helpfrom others for defecation $k = 0.73$				
	How much does disturbed defecation restrict social activities? $k = 0.63$				
	How much does disturbed defecation restrict guality of life? $k = 0.83$				
	Frequency of faecal incontinence k = 0.79				
	Flatus incontinence k = 0.53				
	Medication against faecal incontinence $k = 1.00$				
	Perianal skin problems $k = 0.60$ How much does faecal incontinence restrict social activities? $k = 0.62$				
	How much does faecal incontinence restrict quality of life? k = 0.52 OR, level of significance and points in the NBD score				
	for items significantly associated w	with impact on quality of life			
	Frequency of bowel movements OR =	6.1, p < 0.0001, points in NBD score = 6			
	Headache, perspiration or dyscomfort before or at defecation $OR = 2.4$, p < 0.01, points in NBD score = 2 Tablets against constipation $OR = 1.9$, p < 0.001, points in NBD score = 2 Drops against constipation $OR = 2.3$, p < 0.0001, points in NBD score = 2				
	Time used for defecation $OR = 6.8$, $p < 0.0001$, points in NBD score = 7 Digital stimulation or evacuation $OR = 5.0 p < 0.01$, points in NBD score = 6 Frequency of faecal incontinence $OR = 13.1$, $p < 0.0001$, points in NBD score = 13				
	Medication against faecal incontinence $OR = 3.6$, $p < 0.01$, points in NBD score = 4				
	Flatus incontinence $OR = 1.8$, $p < 0.0$	5, points in NBD score = 2			
Erdom of	Ferralial skill problems $OR = 2.0, p < Correlations between total NPD access$	0.01, points in NDD score – 3			
al 2017	detected between:	α or-bo subscales, a statistically signicant negative correlation was			
ai. 2017	deleeled belween.				

	● bodily pain (r=− 0.382, P=0.013)			
	● general health (r=− 0.560, P<0.001)			
	• vitality (r=- 0.626, P<0.001)			
	 social role functioning (SF) (r=- 0.741, P<0.001) 			
	• emotional role functioning $(r=-0.604, P<0.001)$ and			
	 mental health (r=- 0.687, P<0.001) subscales, 			
	 No signicant correlation was found with the following subscales of SF-36: physical functioning (PF) (r=- 0.233, P=0.138) and physical role functioning (RP) (r=0.067, P=0.674) 			
	 The highest correlation among these was found in the social function subscale. Signicant negative correlation with the mental component summary score (MCS) (r=- 0.872, P< 0.001) No signicant correlation with the physical component summary score (PCS) (r=- 0.187, P=0.235). Signicant positive correlation between NBD total score and PGA (r=0.91, P<0.001). Significant positive correlation was found between NBD total score and patients' assessment of impact of NBD on QoL (r=0.92, P<0.001). 			
	 The patients were divided into 2 groups according to their NBD scores: NBD scores between 0 and 9 were classied as mild and NBD scores >10 were classied as signicant NBD. 			
	According to this, a statistically signicant difference was detected in all SF-36 subscales and MCS score (P<0.05), except PF and RP subscales and PCS score in both groups (P>0.05).			
	When total NBD score before and after treatment was compared with Wilcoxon test, it was demonstrated that improvement in NBD score at the end of 2 months was significant (P=0.011). Also, there was a statistically significant positive correlation between Global Rating of Change scale and the change in total NBD score at the end of 2 months (r=0.821, P=0.007)			
Kelly et al.	Construct Validity			
2017	A Spearman's rank-order correlation (r _s):			
	r _s = 0.943 (P<0.0005)			
3. RESPONSIVENESS – no data available				
4. FLOOR/CEILING EFFECT – no data available				
5. INTERPRETABILITY				
Author ID	Interpretability			
Kelly et al.	Mean Scores:			
2017	Bowel subjects: 15.18 (SD ± 5.77)			
	Control subjects: 4.68 (SD ± 2.98)			