

Table S1. Studies excluded with reasons

Outcome not (clinical) mental disorder (n = 99)
<ol style="list-style-type: none"> 1. Al-Mutairi, N. Z., Al-Attar, M. A., & Al-Rukaibi, F. S. (2011). Traffic-generated noise pollution: exposure of road users and populations in Metropolitan Kuwait. <i>Environmental Monitoring & Assessment</i>, 183(1-4), 65-75. doi: 10.1007/s10661-011-1906-0 2. Arbeitsgemeinschaft für sozio-psychologische Fluglärmuntersuchungen (1973): Untersuchungen über den Fluglärm und seine Wirkungen im Gebiet von drei Schweizer Zivilflughäfen 1971/72. Eidgenössisches Luftamt, Bundeshaus, Bern, Schweiz. 3. Babisch, W., Schulz, C., Seiwert, M., & Conrad, A. (2012). Noise annoyance as reported by 8-to 14-year-old children. <i>Environment & Behavior</i>, 44(1), 68-86. doi: 10.1177/0013916510387400 4. Barceló, M. A., Varga, D., Tobias, A., Diaz, J., Linares, C., & Saez, M. (2016). Long term effects of traffic noise on mortality in the city of Barcelona, 2004–2007. <i>Environmental Research</i>, 147, 193-206. doi: 10.1016/j.envres.2016.02.010 5. Basner, M., & Samel, A. (2004). Nocturnal aircraft noise effects. <i>Noise and Health</i>, 6(22), 83. 6. Bättig, K. & Buzzi, R. (1979). Psychophysiological effects of aircraft noise. <i>Activitas Nervosa Superior</i>, 21(4), 257-258. 7. Bättig, K., Zeier, H., Müller, R., & Buzzi, R. (1980). A field study on vegetative effects of aircraft noise. <i>Archives of Environmental Health: An International Journal</i>, 35(4), 228-235. 8. Bättig, K., & Buzzi, R. (1981). Psychophysiologische Effekte von Lärm und Beschäftigung in der Heimsituation. <i>Zeitschrift für Experimentelle und Angewandte Psychologie</i>, 28, 1-14. 9. Bättig, K., & Buzzi, R. (1981). Psychophysiological effects of noise and activity in the home situation. <i>Zeitschrift für Experimentelle und Angewandte Psychologie</i>, 28, 1-14. 10. Bättig, K., & Buzzi, R. (1982). Physiological responses to noise and to the type of activity under field conditions. <i>Activitas Nervosa Superior</i>, (Pt 1), 236-240. 11. Baumbach, W., Mörstedt, R., Schulze, B., Wölke, G., Ullmann, R., & Grossmann, G. (1990). New aspects of the traffic noise problem in the inner city area. <i>Zeitschrift für die gesamte Hygiene und ihre Grenzgebiete</i>, 36(4), 204-206. 12. Beutel, M. E., Jünger, C., Klein, E. M., Wild, P., Lackner, K., Blettner, M., ... & Münzel, T. (2016). Noise annoyance is associated with depression and anxiety in the general population-the contribution of aircraft noise. <i>Plos one</i>, 11(5), e0155357. doi: 10.1371/journal.pone.0155357 13. Birnie, S. E., Hall, F. L., & Taylor, S. M. (1980). Community response to noise from a general aviation airport. <i>Noise Control Eng.:(United States)</i>, 15. 14. Björk, J., Ardö, J., Stroh, E., Lövkvist, H., Östergren, P. O., & Albin, M. (2006). Road traffic noise in southern Sweden and its relation to annoyance, disturbance of daily activities and health. <i>Scandinavian Journal of Work, Environment & Health</i>, 32(5), 392-401. doi:10.5271/sjweh.1035 15. Björk, J., Ardö, J., Stroh, E., Lövkvist, H., Östergren, P. O., & Albin, M. (2007). Erratum: Road traffic noise in southern Sweden and its relation to annoyance, disturbance of daily activities and health. <i>Scandinavian Journal of Work, Environment & Health</i>, 33(1), 392-401. 16. Black, D. A., Black, J. A., Issarayangyun, T., & Samuels, S. E. (2007). Aircraft noise

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Population of employees considered (not general population) (n = 3)
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Experimental study design (n = 3)
<ol style="list-style-type: none"> Naqvi, F., Haider, S., Perveen, T., & Haleem, D. J. (2012). Sub-chronic exposure to noise affects locomotor activity and produces anxiogenic and depressive like behavior in rats. <i>Pharmacological Reports</i>, 64(1), 64-69. doi: 10.1016/S1734-1140(12)70731-4 Granati, A., Angeleri, F., Lenzi, R. (1959). L'influenza dei rumori sul sistema nervoso – <i>Folia Medica</i>: XLII (11): 1314-1325. Schönpflug, W., Kausche, J. & Wieland, R. (1978). Traffic noise during leisure time. [German]. <i>Kampf dem Lärm</i>, 25(1): 21-25.
Results not usable (see reference for more details) (n = 3)
<ol style="list-style-type: none"> Bodin, T., Albin, M., & Bjork, J. (2013). Road traffic noise and mental health- Preliminary results from a cross-sectional study in southern Sweden. In <i>INTER-NOISE and NOISE-CON Congress and Conference Proceedings</i>, 247(2), 5768-5772. Institute of Noise Control Engineering. <p style="text-align: right;"><i>Only descriptive results depicted without numbers; Author did not respond to requests for more information</i></p> Greiser, E., Greiser, C., & Janhsen, K. (2007). Night-time aircraft noise increases

<p>prevalence of prescriptions of antihypertensive and cardiovascular drugs irrespective of social class—the Cologne-Bonn Airport study. <i>Journal of Public Health</i>, 15(5), 327-337. doi: 10.1007/s10389-007-0137-x</p> <p><i>Anxiolytics were evaluated together with blood pressure and heart medications</i></p> <p>3. Houthuijs, D. J. M. & van Wiechen, C. M. A. G. (2006). Monitoring van gezondheid en beleving rondom de luchthaven Schiphol. RIVM rapport 630100003/2006</p> <p><i>Author did not respond to requests for more information</i></p>
Convenience Sample (n = 2)
<ol style="list-style-type: none"> 1. Dzhambov, A., Tilov, B., Markevych, I., & Dimitrova, D. (2017). Residential road traffic noise and general mental health in youth: the role of noise annoyance, neighborhood restorative quality, physical activity, and social cohesion as potential mediators. <i>Environment International</i>, 109, 1-9. doi: 10.1016/j.envint.2017.09.009. 2. Maschke, C., & Hecht, K. (2005). Tag-Nacht Unterschiede in der multifaktoriellen Genese von lärminduzierten Erkrankungen—Ergebnisse einer epidemiologischen Studie. <i>Somnologie</i>, 9(2), 96-104. doi: 10.1111/j.1439-054X.2005.00046.x
Repeat publication (n = 1)
<ol style="list-style-type: none"> 1. Greiser, E., & Glaeske, G. (2013). Social and economic consequences of night-time aircraft noise in the vicinity of Frankfurt/Main airport. <i>Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))</i>, 75(3), 127-133.
Outcome not differentiated (n = 1)
<ol style="list-style-type: none"> 1. Wright, D. M., Newell, K., Maguire, A., & O'Reilly, D. (2018). Aircraft noise and self-assessed mental health around a regional urban airport: a population based record linkage study. <i>Environmental Health</i>, 17(1), 74. doi: 10.1186/s12940-018-0418-6.

Table S2. Detailed extraction table of 8 studies (10 publications)

Reference (First author, publication year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
Belojević 2012 No	Cross-sectional	Study region: Belgrade, Serbia Sample size: N _{Schools} =8 N _{children} = ca. 2000 -> 1150 -> 311 M=146 F=165 N _{teacher} = 102 -> 77 Sample population: School children in Belgrade Age: 7-11 years Time of recruitment: September 2008-June 2009	Adapted version of the Attention Deficit Disorder Questionnaire (5 item scale) completed by teachers to measure Executive Functioning (EF)	Road traffic noise (1) children's home: middle of 115 municipal streets in September five (15 min.) measurements per day (8-10 am, 2-4 pm, 6-8 pm and 10-12 pm and midnight -	(1) calculated L _{24h} for each street	home: 40-80 dB	Table 5: Linear regression with executive functioning as dependent variable and predictors: gender, socioeconomic status and 24h-h equivalent noise level at home Multivariate Model 2: Beta= -0.09 95% CI -0.17 to -0.01 (Model 3: interaction noise x gender included, P=0,03)	Study quality - Conflict of interest No information Funding Serbian Ministry of Science and Technological Development, Contract No. 175 078. (public funding) Confounding Gender, socioeconomic status Strengths/

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		Response: 57.5% (parental permission) 75.5% teacher participation		2 am) (2) schools (in front): three daytime intervals (9-11 am, 12-2 pm and 3-5 pm)				weaknesses: + ethical clearance - no common exposure measurement - cross-sectional design - no adequate control of cofounders (-) noise exposure at school not considered in multivariate analysis, no correlation between school noise and EF
Clark 2013 No (continuous outcome, linear	longitudinal cohort (follow-up) study	Study region: West London, United Kingdom Sample size: 29 schools Eligible sample: M+F=1,015, Participated:	Mental health according to Strengths and Difficulties Questionnaire (SDQ) - Hyperactivity - Conduct	Aircraft Road traffic	Aircraft: Leq,16h 16-h outdoor dB at school (07-23h). Baseline data: July to September	Analysis with continuous noise data Cumulative	<u>Regression coefficient (β) for a 1 dB increase in noise exposure to a) aircraft noise at primary school, b) aircraft noise at secondary school, and c) cumulative aircraft noise exposure on cognition and health outcomes at follow-up (N = 461), (from Table 4)</u>	Study quality: - (to +) Conflict of interest: not stated Funding: not stated

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
regression)		M+F=461 M=202, F=259 Sample population: RANCH study At baseline, 9-10 year old children in schools around Heathrow airport in West London, followed up to secondary schools Age: range 15years,5months-17years,7months Exposed/unexposed: not applicable Time of recruitment/ follow-up: 2002-2003 / follow-up 2008 Response:	Problems - Emotional symptoms - Pro-social behavior - Peer problems - Total psychological distress score (scales added together, excluding pro-social behavior)		1999; Follow up: July to September 2007. (Road traffic only at baseline)	aircraft noise = mean of aircraft noise exposure at primary and secondary schools	(1) Longitudinal = Main analysis (2) Cross-sectional (3) Longitudinal Psychological distress at follow-up (1) Aircraft noise primary schools $\beta = 0.006$, 95% CI (-0.022, 0.061), $p = 0.998$ (2) Aircraft noise secondary schools $\beta = 0.017$, 95% CI (-0.101, 0.135), $p = 0.781$ (3) Cumulative aircraft noise at school $\beta = 0.015$, 95% CI (-0.069, 0.100), $p = 0.718$ Hyperactivity at follow-up (1) Aircraft noise primary schools $\beta = 0.001$, 95% CI (-0.060, 0.033), $p = 0.688$ (2) Aircraft noise secondary schools $\beta = 0.019$, 95% CI (-0.034, 0.073), $p = 0.476$ (3) Cumulative aircraft noise at school	Confounding (adjusted for): age, gender, parental employment, crowding in the home, home ownership, mother's education, long standing illness, main language spoken at home, parental support, classroom glazing, and road noise at primary school. Strengths/ weaknesses: +longitudinal study + Participant-Non-participant analysis + adequate confounder assessment (but air pollution is missing) - Loss-to follow-up: 55%

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		Baseline: no information Loss-to-follow up: 55%					$\beta = 0.010$, 95% CI (-0.029, 0.002), $p = 0.613$ Conduct problems at follow-up (1) Aircraft noise primary schools $\beta = 0.006$, 95% CI (-0.017, 0.029), $p = 0.616$ (2) Aircraft noise secondary schools $\beta = 0.015$, 95% CI (-0.031, 0.060), $p = 0.527$ (3) Cumulative aircraft noise at school $\beta = 0.008$, 95% CI (-0.024, 0.041), $p = 0.617$ Emotional symptoms at follow-up (1) Aircraft noise primary schools $\beta = -0.008$, 95% CI (-0.035, 0.019), $p = 0.555$ (2) Aircraft noise secondary schools $\beta = -0.022$, 95% CI (-0.073, 0.029), $p = 0.394$ (3) Cumulative aircraft noise at school $\beta = -0.015$, 95% CI (-0.054, 0.023), $p = 0.617$	- funding and conflict of interest not stated

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							=0.436	
Crombie 2011 (together with Stansfeld 2005 & Clark 2012) No (continuous outcome, linear regression)	Cross-sectional study	Study region Heathrow Airport (London, UK), Barajas Airport (Madrid, Spain), Schiphol Airport (Amsterdam, The Netherlands) Sample population: RANCH project: Students from schools around major airports in three European countries Sample size: M+F= 1,900 M=897, F=1,003 Age Mean: 10.6 years Exposed/unexposed: For each of the 16 noise exposure	Mental health according to the Strengths and Difficulties Questionnaire (SDQ): - Hyperactivity - Conduct Problems - Emotional symptoms - Total score	Aircraft Road traffic	Aircraft noise: Leq,16 (07h-23h) Road traffic noise: - The Netherlands: Modelled data - UK, Spain: combination of modelling the proximity to motorways, major roads, and minor roads, traffic flow data, noise measurements taken at façade of school building	Continuous analysis β per 1-dB increase in aircraft noise Aircraft noise Range: 30-77 dB Road traffic noise Range: 32-71 dB	Effect of aircraft noise on the SDQ measures (from Table 3): Hyperactivity: Model 2: Aircraft noise: β = 0.01, 95% CI: 0.00-0.02, p=0.05 Model 3: Aircraft noise: β = 0.01, 95% CI: 0.00-0.02, p=0.05 Emotional problems: Model 2: Aircraft noise: β = 0.00, 95% CI: -0.01-0.01, p=0.34 Model 3: Aircraft noise: β = 0.00, 95% CI: -0.01-0.01, p=0.97 Conduct problems: Model 2:	Study quality: - Cross-sectional study design Conflict of interest: stated (The authors declare that they have no competing interest) Funding: stated (RANCH Study: European Community, UK co-funding by Department of Environment, Food and rural Affairs; Netherlands co-funding by Dutch Ministry of Public

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		<p>grid cells: 2 schools from Spain (M+F=559), 2 schools from UK (M+F=783), 1 school the Netherlands (M+F=558)</p> <p>Time of recruitment / follow-up April- October 2002 (Stansfeld, 2005)</p> <p>Response 89%</p>					<p>Aircraft noise: $\beta = -0.01$, 95% CI: -0.01-0.00, $p=0.23$ Model 3: Aircraft noise: $\beta = -0.01$, 95% CI: -0.01-0.00, $p=0.17$</p> <p>Model 2: adjusted for all confounding factors Model 3: same as Model 3, but with addition of early biological risk as main effect</p> <p><u>Table 3: Road traffic on the SDQ measures:</u> Emotional problems: Model 2: Road traffic: $\beta = 0.00$, 95% CI: -0.01-0.01, $p=0.97$ Model 3: Road traffic: $\beta = -0.00$, 95% CI: -0.01-0.01, $p=0.89$</p> <p>Conduct problems:</p>	<p>Health, Welfare, and Sports, Dutch Ministry of Spatial Planning, Housing and Environment and Dutch Ministry of Transport, Public Works and Water Management) → public funding</p> <p>Confounding (adjusted for): age, sex, country of origin, employment status, crowding at home, educational level of mother, housing tenancy, long-standing illnesses, main language spoken at home, parental support for school work, classroom</p>

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<p>Model 2: Road traffic: $\beta = -0.01$, 95% CI: -0.02-0.00, $p=0.04$ Model 3: Road traffic: $\beta = -0.01$, 95% CI: -0.02-0.00, $p=0.03$</p> <p>Hyperactivity: Model 2: Road traffic: $\beta = 0.00$ (0.01), 95% CI: -0.01-0.01, $p=0.96$ Model 3: Road traffic: $\beta = -0.00$ (0.01), 95% CI: -0.01-0.01, $p=0.94$</p> <p>- Moderating effects of early biological risk assessed (dichotomous variable): information on child's birth weight (<2500 g) and gestation period (<36 weeks)</p> <p>Mental health/ psychological distress: from Stansfeld 2005</p>	<p>glazing type</p> <p>Strengths/ weaknesses: + high response (89%) + multiple noise sources considered + exposure assessment + adequate list of confounders - air pollution not considered as confounder - selection based on noise exposure at school → may have led to unrepresentative sample - cross-sectional design</p>

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<p><u>Table 3: Cognitive and health outcomes and aircraft noise exposure</u> Model 1: $\beta = 0.015$, 95% CI: -0.012 to 0.042 Model 2: $\beta = 0.013$, 95% CI: -0.012 to 0.038 (fully adjusted)</p> <p><u>Table 5: Cognitive and health outcomes and exposure to road traffic noise</u> Model 1: $\beta = -0.012$, 95% CI -0.045 to 0.021 Model 2: $\beta = -0.018$, 95% CI -0.049 to 0.013 (fully adjusted)</p> <p>Sensitivity analysis considering air pollution in a subset of children (n=634) from Clark 2012</p> <p>SDQ total difficulties Aircraft noise: adjusted model (table 2) $\beta = -0.023$, 95% CI: -0.073 to 0.026 additionally adjusted for air pollution and road traffic noise (table 4):</p>	

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])															
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels																	
							β = -0.028, 95% CI: -0.079 to 0.023 Road noise: adjusted model (table 2) β = -0.030, 95% CI: -0.093 to 0.033 additionally adjusted for air pollution and aircraft noise (table 4): β = -0.037, 95% CI: -0.104 to 0.029																
Forns 2016 No	Cross- section al BREA THE project	Study region: Barcelona, Spain Sample size: N _{Schools} =39 N= 2,897 (enrolled) M=1,446 F=1,430 Sample population: School children in Barcelona and Sant Cugat del Vallès (3 schools) Age:	SDQ (parents) ADHD-DSM-IV list (teacher)	Traffic noise in classroom 3x 10-Min. measureme nts taken for 2 consecutive days in a single classroom of each school in	L _{eq} (average of two 30-min measurements)	28.8-51.1 dB indoor Continuo us analysis (IQR = 7.60dB)	Table 4: SDQ total difficulties score and ADHD symptomatology <table><tr><td></td><td>Mean Ratios (per IQR)</td><td>95% CI</td></tr><tr><td colspan="3">Elementary carbon (EC) and noise (multiple exposure, indoor EC measurements)</td></tr><tr><td>SDQ</td><td>0.98</td><td>(0.92-1.04)</td></tr><tr><td>ADHD-Sympt</td><td>1.29</td><td>1.18-1.43</td></tr><tr><td colspan="3">NO₂ and noise (multiple exposure, indoor NO₂ measurements)</td></tr></table>		Mean Ratios (per IQR)	95% CI	Elementary carbon (EC) and noise (multiple exposure, indoor EC measurements)			SDQ	0.98	(0.92-1.04)	ADHD-Sympt	1.29	1.18-1.43	NO ₂ and noise (multiple exposure, indoor NO ₂ measurements)			Study quality - Conflict of interest stated (none declared) Funding European Research Council (public funding) Confounding child's sex, child's age, maternal education,
	Mean Ratios (per IQR)	95% CI																					
Elementary carbon (EC) and noise (multiple exposure, indoor EC measurements)																							
SDQ	0.98	(0.92-1.04)																					
ADHD-Sympt	1.29	1.18-1.43																					
NO ₂ and noise (multiple exposure, indoor NO ₂ measurements)																							

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results			Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels				
		7-11 years Time of recruitment: 2012-2013 Response: 59%		the morning before children arrived (before 0900 hours) Air pollution (elemental carbon (EC), and NO ₂)			SDQ ADHD-Sympt	1.01 1.24	(0.94-1.07) (1.12-1.38)	urban vulnerability index at home address, air pollution (BC) at home, traffic noise annoyance at home, home tobacco use, urban vulnerability index at school, and type of school and air pollution strengths/weaknesses: + air particulate level considered +adequate control for confounders + ethical clearance - no common exposure measurement and no exposure assessment descriptors - cross-sectional design (-) very brief noise

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
								measurements
Haines 2001(a) No (mean scores as outcome , cannot convert to OR, RR)	Cross- section al study	Study region: Heathrow airport, London, United Kingdom Sample population: Children in state primary schools around Heathrow Airport in West London Sample size: Overall M+F=340 M=170, F=170 Age: mean: 9years, 8 month range: 8years, 7month-10years,10month Exposed/unexposed	Depression: Child Depression Inventory (CDI) Anxiety: Revised Child Manifest Anxiety Scale (CMAS) Psychological morbidity: Strength and Difficulties Questionnaire (SDQ) - Hyperactivity - Psychosocial behavior - Conduct Problems - Emotional	Aircraft	Leq,16h from 1991 Civil Aviation Authority (92 days) contour map	Schools categorize d by Low noise (LN): Leq, 16h ≤ 57 dB vs High noise (HN) Leq, 16h> 63 dB	Mental health outcome mean scores (from Table 2) Outcome HN LN LN p p (4) (4) (3) (8) (7) Depressio n Anxiety Hypertiv ity Psychosoc ial behav iour Emotion 1.95 2.13 2.02 0.49 0.971	Study quality: - Cross-sectional study design Conflict of interest: not mentioned Funding: stated (local authorities and health agencies around Heathrow airport) → public funding Confounding (matching for): household deprivation (Townsend’s Scale: income, crowding, home ownership, unemployment), age

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		<p>Four public schools in high aircraft noise areas (HN) M+F=169, M=83, F=86</p> <p>Four matched control public schools (one excluded later) in low aircraft areas (LN) M+F=171, M=85, F=86</p> <p>One school excluded later – biased sample (M+F=26)</p> <p>Time of recruitment/ follow-up 1996 (testings: 3 days, each a week apart)</p> <p>Response: children: 77 % parents: 84% teachers: 100%</p>	<p>symptoms</p> <ul style="list-style-type: none"> - Peer problems - Total score <p>Completed at home by parents</p>				<p>ional symp toms</p> <p>Cond 1.5 1.42 1.27 0.76 0.246</p> <p>uct 9</p> <p>probl ems</p> <p>Peer 1.89 1.82 1.68 0.73 0.238</p> <p>probl ems</p> <p>SDQ 8.77 8.86 8.33 0.90 0.45</p> <p>total 2</p> <p>Adjusted for age, deprivation and main language spoken in the four HN schools, the four LN schools and the three LN schools (excluding the procedural error school)</p>	<p>main language spoken at home</p> <p>Strengths/ weaknesses: +high noise selected schools were matched with low noise control schools (matched for age of the children, sound level from non-aircraft noise, noise protection in the schools, socio-economic group distribution and unemployment rate, ethnic group) + high response (and did not differ between HN and LN) + Study introduced as a Health and Environment Study →</p>

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
								<p>did not focus on noise to avoid response bias +appropriate noise measurement</p> <ul style="list-style-type: none"> - no information on recruitment process -cross-sectional design - post hoc exclusion of one of the four control schools (since there were classes with lower ability rather than the requested representative children) → but results provided for both situations (without and with exclusion of the school) - small difference in exposure between chronic noise exposure in low and high noise

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])															
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels																	
								areas - no other noise exposure considered - air particulate level not considered															
Haines 2001(b) No (mean scores as outcome, cannot convert to OR, RR) (together with Haines 2001(a))	Longitudinal study	Study region: Heathrow airport, London, United Kingdom Sample population: Children in state primary schools around Heathrow Airport in West London Sample size: Baseline: M+F=340 Follow up: M+F= 275 M= 132, F=143	Depression: Child Depression Inventory (CDI) Anxiety: Revised Child Manifest Anxiety Scale (CMAS)	Aircraft	Leq,16h outdoor from 1991 Civil Aviation Authority Leq 16h (92 days) contour map	HN schools: Leq,16h ≥ 66 dB LN schools: Leq,16h ≤ 57 dB	<u>Difference in mental health scores at follow-up (low noise mean minus high-noise mean), HN=4 schools, LN=3 schools (from Table 2)</u> <table><tr><td>Outcome</td><td>HN</td><td>LN</td><td>Difference score (95% CI)</td><td>p</td></tr><tr><td>Depression (CDI)</td><td>4.50</td><td>4.58</td><td>0.08 (-1.27, 1.42)</td><td>0.92</td></tr><tr><td>Anxiety (CMAS)</td><td>10.94</td><td>11.12</td><td>0.18 (-2.05,</td><td>0.88</td></tr></table>	Outcome	HN	LN	Difference score (95% CI)	p	Depression (CDI)	4.50	4.58	0.08 (-1.27, 1.42)	0.92	Anxiety (CMAS)	10.94	11.12	0.18 (-2.05,	0.88	Study quality: + Longitudinal study design Conflict of interest: not mentioned Funding: local authorities and health agencies around Heathrow airport) → public funding Confounding (adjusted for): household deprivation
Outcome	HN	LN	Difference score (95% CI)	p																			
Depression (CDI)	4.50	4.58	0.08 (-1.27, 1.42)	0.92																			
Anxiety (CMAS)	10.94	11.12	0.18 (-2.05,	0.88																			

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		Age mean: 10 years, 8 months Exposed/unexposed Four public schools (1 excluded later) in high aircraft noise areas (HN) N=148 (M:74, F:74) Initially four (one excluded later → <u>three</u> left) matched control public schools in low aircraft areas (LN) M+F=127, M= 58, F=69 Time of recruitment / follow-up: Baseline: 1996, Follow-up: 1997 Response: Response at baseline: NA Loss to follow-up: 19%					2.38) Adjusted for age, deprivation and main language spoken	(Townsend's Scale), age, main language spoken at home Strengths/ weaknesses: +high noise selected schools were matched with low noise control schools (matching for age, sound level from non-aircraft noise, noise protection, socio-economic group, ethnic group) + longitudinal study + acceptable time for follow up (1 year) + high response (see Haines-study (945) and low lost to follow-up + appropriate noise measurement (Leq)

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])										
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels												
								- small difference in exposure between chronic noise exposure in low and high noise areas - no other noise exposure considered - air particulate level not considered										
Haines 2001(c) No (mean scores as outcome, cannot convert to OR, RR) (together	Cross-sectional study	Study region: Heathrow airport, London, United Kingdom Sample population: Fourth-grade pupils in schools around Heathrow Airport in West London Sample size: M+F= 451 M=229, F=222	Psychological morbidity: Strength and Difficulties Questionnaire (SDQ) - Hyperactivity - Prosocial behavior - Conduct Problems - Emotional	Aircraft	Leq,16h outdoor 1997 Civil Aviation Authority contour map (92 days)	HN schools: Leq,16h ≥ 66 dB LN schools: Leq,16h ≤ 57 dB	<u>Mental health outcome scores for 10 high noise schools and 10 low noise scores (from Table 3)</u> <table><tr><td>Outcome</td><td>HN (mean, SE)</td><td>LN (mean, SE)</td><td>Difference score= LN-HN (95% CI)</td><td>P-value</td></tr><tr><td>hyperactive</td><td>4.81 (0.14)</td><td>4.14 (0.14)</td><td>-0.66 (-1.07, 0.01)</td><td>0.001</td></tr></table>	Outcome	HN (mean, SE)	LN (mean, SE)	Difference score= LN-HN (95% CI)	P-value	hyperactive	4.81 (0.14)	4.14 (0.14)	-0.66 (-1.07, 0.01)	0.001	Study quality: - Cross sectional study design Conflict of interest: not mentioned Funding: Department of Health and Department of Environment and Transport and the
Outcome	HN (mean, SE)	LN (mean, SE)	Difference score= LN-HN (95% CI)	P-value														
hyperactive	4.81 (0.14)	4.14 (0.14)	-0.66 (-1.07, 0.01)	0.001														

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							toms 2.58 2.46 -0.13 0.58 (0.16) (0.16) (-0.57, 0.32) SDQ 11.56 10.39 -1.17 0.04 total (0.42) (0.42) (-2.32, *) -0.08) 11.51 10.43 -1.08 0.06 (0.40) (0.40) (-2.20, 0.04) Model 1: adjusted for age Model 2: adjusted for age, main language spoken at home, household deprivation	school) + multilevel modelling + high response (and did not differ between HN and LN) + appropriate noise measurement - no information on recruitment process - only little differences between the chronic exposure in low and high noise areas - no other noise exposure considered - air particulate level not considered
Hjortebjerg 2016 Yes	Longitudinal study	Study region: Denmark Sample population: Children from Danish National Birth Cohort	Psychological morbidity: Strength and Difficulties Questionnaire	Road traffic and railway traffic	Road traffic: L _{DEN} L _N (22-07h) <40 dB were set	As categorical values >50 dB 50-55 dB	Monotonic increase in OR (per 10dB(A)) until 60-65dB for abnormal total difficulties scores and abnormal hyperactivity/inattention subscales	Study quality: + (to ++) Conflict of interest: stated

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])																												
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels																														
Meta- analysis (Yes/No)		Sample size: M+F= 46,940 Age: 7 years Exposed/unexposed: NA Time of recruitment/ follow-up: 1996-2002 (pregnancy)/ follow- up when child was 7 years Response: no information (Jacobsen, T. N., Nohr, E. A., & Frydenberg, M. (2010). Selection by socioeconomic factors into the Danish National Birth Cohort. <i>European Journal of Epidemiology</i> , 25(5), 349-355.: response 31%)	(SDQ) - Hyperactivity/ inattention - Conduct Problems - Emotional symptoms - Peer problems - Total score (hyperactivity, emotional, conduct and peer problems) Divided into categories normal, borderline or abnormal (Niclasen et al 2012, YouthinMind 2015)		to 40 dB Railway noise - L _{DEN} < 20 dB was set to 0 Both rail and road traffic noise from 1995, 2000, 2005, and 2010 for all present and historical addresses with SoundPLAN Air pollution - NO _x	55-60 dB 60-65 dB ≥ 65 dB for road traffic noise >60 dB, >60 dB for railway noise and Conti- nuous analysis (per 10dB) for road and railway	<u>Associations between exposure to noise (L_{DEN}, per 10-dB increase) during pregnancy and early childhood and child behavioral borderline or abnormal scores (from Table 2)</u> Road traffic noise (L_{DEN}) during pregnancy: adjusted model <table><tr><td></td><td>SDQ-Score</td><td>OR (95% CI)</td><td>n</td></tr><tr><td>Emotional symptoms</td><td>Normal</td><td>1.00</td><td>40,245</td></tr><tr><td></td><td>Borderline</td><td>1.00 (0.95,1.06)</td><td>3,099</td></tr><tr><td></td><td>Abnormal</td><td>0.97 (0.92,1.03)</td><td>3,596</td></tr><tr><td>Conduct problems</td><td>Normal</td><td>1.00</td><td>40,374</td></tr><tr><td></td><td>Borderline</td><td>0.99 (0.94, 1.05)</td><td>4,045</td></tr><tr><td></td><td>Abnormal</td><td>0.98</td><td>2,521</td></tr></table>		SDQ-Score	OR (95% CI)	n	Emotional symptoms	Normal	1.00	40,245		Borderline	1.00 (0.95,1.06)	3,099		Abnormal	0.97 (0.92,1.03)	3,596	Conduct problems	Normal	1.00	40,374		Borderline	0.99 (0.94, 1.05)	4,045		Abnormal	0.98	2,521	Funding: European Research Council Danish National Birth Cohort is a result of a major grant from Danish Epidemiology Science Centre. Additional support: Pharmacy Foundation, Egmont Foundation, March of Dimes Birth Defects Foundation, Augustinus Foundation and Health Foundation. +7-year follow-up supported from the Lundbeck Foundation and the Danish Medical Research Council.
	SDQ-Score	OR (95% CI)	n																																	
Emotional symptoms	Normal	1.00	40,245																																	
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Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<p>Hyperactivity/inattention</p> <p>al (0.92, 1.05)</p> <p>Normal 1.00 37,799</p> <p>Borderline 1.01 (0.96, 1.05) 6,097</p> <p>Abnormal 1.01 (0.96, 1.08) 3,044</p> <p>Peer relationships</p> <p>Normal 1.00 37,690</p> <p>Borderline 1.01 (0.97, 1.06) 5,243</p> <p>Abnormal 0.99 (0.94, 1.04) 4,007</p> <p>Road traffic noise (LDEN) from birth to 7 years of age</p> <p>SDQ SDQ-Score OR (95% CI) n</p>	<p>Confounding (adjusted for): sex, age at SDQ, gestational age, birth weight, maternal age at delivery, parity, educational level, disposable income, smoking and alcohol consumption during 1st trimester, railway and airport noise at birth (for exposure during pregnancy) and at 7 years of age, and self-reported maternal mental health problems during 1st trimester (yes/no). NO_x</p> <p>strengths/ weaknesses: + longitudinal study</p>

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results				Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels					
							Emotional symptoms	Normal	1.00	40,245	+ adequate control for confounding (including adjustment for NOx in a sensitivity analysis) + number of participants + appropriate noise exposure measurement + two noise exposures taken into account
								Borderline	1.03 (0.96, 1.10)	3,099	
								Abnormal	0.98 (0.92, 1.05)	3,596	
							Conduct problems	Normal	1.00	40,374	
								Borderline	1.01 (0.96, 1.07)	4,045	
								Abnormal	1.05 (0.98, 1.14)	2,521	
							Hyperactivity/inattention	Normal	1.00	37,799	
								Borderline	1.05 (1.00, 1.10)	6,097	
								Abnormal	1.10 (1.03, 1.18)	3,044	

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results				Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])	
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels						
							Peer relations hip problems	Normal	1.00	37,690		
								Borderli ne	1.05 (0.99, 1.10)	5,243		
								Abnorm al	1.06 (0.99, 1.12)	4,007		
							<u>Associations between exposure to railway noise at time of birth and at SDQ (7 years), and abnormal scores on the total difficulties score and subscales (Table 3)</u>					
							Railway noise (L_{DEN}) at time of birth and abnormal scores					
							SDQ subscale	Noise exposur e (dB)	OR (95% CI)	n		
							Emotional symptoms	Unexpos ed ≤ 60	1.00 1.11 (1.00, 1.23)	2,95 7 509		

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<div> <div>> 60</div> <div>1.01</div> <div>130</div> <div>(0.83, 1.22)</div> </div> <div> <div>Per 10</div> <div>1.02</div> <div>639</div> <div>(0.94, 1.11)</div> </div> <div> <div>Conduct problems</div> <div>Unexposed</div> <div>1.00</div> <div>2,128</div> </div> <div> <div>≤ 60</div> <div>0.98</div> <div>313</div> <div>(0.87, 1.11)</div> </div> <div> <div>> 60</div> <div>0.90</div> <div>80</div> <div>(0.71, 1.13)</div> </div> <div> <div>Per 10</div> <div>0.94</div> <div>393</div> <div>(0.85, 1.04)</div> </div> <div> <div>Hyperactivity/ inattention</div> <div>Unexposed</div> <div>1.00</div> <div>2,570</div> </div> <div> <div>≤ 60</div> <div>0.94</div> <div>368</div> <div>(0.86, 1.05)</div> </div> <div> <div>> 60</div> <div>0.97</div> <div>106</div> <div>(0.79, 1.19)</div> </div> <div> <div>Per 10</div> <div>0.98</div> <div>474</div> <div>(0.87, 1.07)</div> </div>	

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<p>Peer relationships problems</p> <p>Unexposed</p> <p>1.00</p> <p>3,362</p> <p>≤ 60</p> <p>0.98 (0.89, 1.09)</p> <p>> 60</p> <p>0.97 (0.80, 1.16)</p> <p>Per 10</p> <p>0.98 (0.90, 1.06)</p> <p>B) Railway noise (L_{DEN}) at 7 years and abnormal scores</p> <p>SDQ</p> <p>Noise exposure (dB)</p> <p>OR (95% CI)</p> <p>n</p> <p>Emotional symptoms</p> <p>Unexposed</p> <p>1.00</p> <p>3,085</p> <p>≤ 60</p> <p>1.05 (0.94, 1.16)</p> <p>> 60</p> <p>1.10 (0.89, 1.41)</p>	

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results				Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels					
							Conduct problems	Per 10	1.00 (0.90, 1.11)	511	
								Unexposed	1.00	2,174	
								≤ 60	1.05 (0.85, 1.07)	300	
								> 60	1.01 (0.75, 1.37)	47	
								Per 10	0.95 (0.84, 1.07)	347	
							Hyperactivity/ inattention	Unexposed	1.00	2,643	
								≤ 60	0.94 (0.85, 1.07)	341	
								> 60	1.05 (0.80, 1.38)	60	
								Per 10	1.09 (0.97, 1.22)	401	
							Peer relationship	Unexposed	1.00	3,470	

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])									
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels											
							<div>problems</div> <table><tr><td>≤ 60</td><td>0.96 (0.86, 1.06)</td><td>446</td></tr><tr><td>> 60</td><td>1.27 (1.01, 1.58)</td><td>91</td></tr><tr><td>Per 10</td><td>1.13 (1.03, 1.25)</td><td>537</td></tr></table> <div>**Adjustment for NOx small increases in estimates (results not shown). ***NOx exposure in itself (in models without adjustment for noise) was not associated with behavioral problems:</div> <div><u>Modification of associations between time-weighted mean exposure to road traffic noise (LDEN) from birth to 7 years of age (per 10-dB increase) and abnormal scores on total difficulties score and hyperactivity/inattention subscale by railway noise (from Table 4)</u></div>	≤ 60	0.96 (0.86, 1.06)	446	> 60	1.27 (1.01, 1.58)	91	Per 10	1.13 (1.03, 1.25)	537	
≤ 60	0.96 (0.86, 1.06)	446															
> 60	1.27 (1.01, 1.58)	91															
Per 10	1.13 (1.03, 1.25)	537															

Referen ce (First author, publicati on year)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])																								
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels																										
							<div>Hyperactivity/inattention abnormal scores</div> <table><tr><td>Railway noise exposure (dB)</td><td>Abnormal cases, n</td><td>OR (95% CI)</td></tr><tr><td>Unexposed</td><td>2,643</td><td>1.07 (1.00, 1.15)</td></tr><tr><td>≤ 60</td><td>341</td><td>1.28 (1.06, 1.55)</td></tr><tr><td>> 60</td><td>60</td><td>1.01 (0.63, 1.63)</td></tr></table> <div>p-Interaction= 0.23</div> <div>Total difficulties abnormal scores</div> <table><tr><td>Railway noise exposure (dB)</td><td>Abnormal cases, n</td><td>OR (95% CI)</td></tr><tr><td>Unexposed</td><td>3270</td><td>1.06 (0.99, 1.13)</td></tr><tr><td>≤ 60</td><td>420</td><td>1.28 (1.06, 1.35)</td></tr><tr><td>> 60</td><td>80</td><td>0.95 (0.62, 1.45)</td></tr></table> <div>p-interaction=0.67</div> <div>Information of effect modification by sex, low birth weight, educational level, income</div>	Railway noise exposure (dB)	Abnormal cases, n	OR (95% CI)	Unexposed	2,643	1.07 (1.00, 1.15)	≤ 60	341	1.28 (1.06, 1.55)	> 60	60	1.01 (0.63, 1.63)	Railway noise exposure (dB)	Abnormal cases, n	OR (95% CI)	Unexposed	3270	1.06 (0.99, 1.13)	≤ 60	420	1.28 (1.06, 1.35)	> 60	80	0.95 (0.62, 1.45)	
Railway noise exposure (dB)	Abnormal cases, n	OR (95% CI)																														
Unexposed	2,643	1.07 (1.00, 1.15)																														
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Railway noise exposure (dB)	Abnormal cases, n	OR (95% CI)																														
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Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							available (Table 4)	
Lim 2018 Yes	Cross-sectional	Study region: Seoul and Ulsan, South Korea Sample size: M+F=918 M= 427, F= 491 Sample population: students from four elementary schools and four middle-school schools Age: 11.47 ± 1.54 years (range 9-14 years) Time of recruitment: June-August 2016 Response: Not reported	Child Behavior Checklist Internalizing problems: sum of Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints subscales externalizing problem: sum of Rule-Breaking Behavior and Aggressive Behavior subscales	Road traffic noise (at residential addresses of each individual) Data from 2014	LDN	continuous	Internalizing problems (Table 5): LDN: OR = 1.02 (95% CI, 0.97-1.06) Externalizing problems (Table 6): LDN: OR = 1.03 (95% CI, 0.98-1.08) Total problems (Table 7): LDN: OR = 1.08 (95% CI, 1.01- 1.15)	study quality: - Conflict of interest: stated (none declared) funding: stated (Korea Ministry of Environment (MOE) as The Environmental Health Action Program (grant number: 2014001350001)) confounding (controlled for): sex, age, monthly income, premature birth, maternal age at birth, passive smoking, maternal illness during pregnancy (hypertension and Pre-

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
								eclampsia), mental disorders (ADHD, Tic disorder, conduct disorder) strengths, weaknesses: - Cross-sectional study, with basic information about chronology between exposition and outcome - Air pollution not considered as confounder - response not reported - no information about selection of participants +adequate control for confounders + adequate exposure assessment (+) adequate outcome assessment but

Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])																											
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								parental reporting + approval by the Institutional Review Board of Uslan University Hospital																											
Stansfeld 2009 No (continuous outcome)	Cross-sectional study	Study region: Area around Heathrow airport (London), Schiphol Airport (Amsterdam), and Barajas airport (Madrid) Study population: RANCH Study Pupils from 89 schools Schools excluded if highly sound insulated or exposed to a different dominant noise source than to aircraft or road traffic noise. Schools classified on a 4x4 grid ranging from low to high for aircraft noise and low to high for	Psychological morbidity: Strength and Difficulties Questionnaire (SDQ) - Hyperactivity/inattention - Conduct Problems - Emotional symptoms - Peer problems - Prosocial behavior - Total score	Aircraft and road traffic noise	Noise exposure assessments at schools Aircraft noise: Leq,16h (07-23h) noise contours Road traffic noise: In UK and Spain estimates of road traffic noise based on simplified CRTN	30-77dB for aircraft noise 32-71dB for road traffic noise Continuous analysis	<u>Exposure to aircraft noise traffic in dB and mental health outcomes (Table 2)</u> <table><thead><tr><th></th><th>B (95%CI)</th><th>p-value</th></tr></thead><tbody><tr><td>Overall difficulties</td><td></td><td></td></tr><tr><td>Model 2</td><td>0.013 (-0.023, 0.010)</td><td>0.471</td></tr><tr><td>Hyperactivity</td><td></td><td></td></tr><tr><td>Model 2</td><td>0.013 (0.001, 0.024)</td><td>0.032</td></tr><tr><td>Conduct disorder</td><td></td><td></td></tr><tr><td>Model 2</td><td>-0.005 (-0.013, 0.003)</td><td>0.220</td></tr><tr><td>Peer Problems</td><td></td><td></td></tr><tr><td>Model 2</td><td>0.004</td><td>0.296</td></tr></tbody></table>		B (95%CI)	p-value	Overall difficulties			Model 2	0.013 (-0.023, 0.010)	0.471	Hyperactivity			Model 2	0.013 (0.001, 0.024)	0.032	Conduct disorder			Model 2	-0.005 (-0.013, 0.003)	0.220	Peer Problems			Model 2	0.004	0.296	Study quality -(to +) Conflict of interest Sponsors had no role in study design, data collection, analysis, interpretation or writing the report Funding Public RANCH Study founded by European Community UK co-founding by Department of
	B (95%CI)	p-value																																	
Overall difficulties																																			
Model 2	0.013 (-0.023, 0.010)	0.471																																	
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Reference (First author, publication year) Meta-analysis (Yes/No)	Study design	Population	Outcome	Exposure			Results	Comments (study quality [overall assessment according to SIGN/CASP], conflict of interest [stated vs. not stated], funding [financed from public funds vs. financed from industry], confounding, strengths / weaknesses [potential bias, over- or underestimation of potential effects])
		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		road traffic noise. Two schools/country in each noise exposure grid cell Sample size: M+F= 2014 Not separated by gender Age: 9-10 years Exposed/unexposed: NA Time of recruitment/follow-up: Not specified Response rate (%) Overall child response rate: 80% Parental response rate: 80%	(hyperactivity, emotional, conduct and peer problems) Parental version		noise prediction method using a combination of proximity to roads. Measurements confirmed these estimates. For Netherlands aircraft and outdoor road traffic noise measurements provided by modelled data lined to school locations by geographical information systems.		<p>(-0.004, 0.012)</p> <p>Prosocial behavior</p> <p>Model 2 0.002 0.720</p> <p>(-0.007, 0.010)</p> <p>Emotional Problems</p> <p>Model 2 0.001 0.785</p> <p>(-0.009, 0.011)</p> <p>Model 2: adjusted for age, gender, country, mother's education, employment status, crowding, homeownership, long-standing illness, main language spoken at home, parental support, classroom glazing and other noise exposure</p> <p><u>Exposure to road noise traffic in dB and mental health outcomes</u></p> <p>B (95%CI) p-value</p> <p>Overall difficulties</p> <p>Model 2 -0.018 0.275</p> <p>(-0.049, 0.013)</p> <p>Hyperactivity</p>	<p>Environment, Food and Rural Affairs.</p> <p>Netherlands co-founding by the Dutch Ministry of Spatial Planning, Housing and Environment and the Dutch Ministry of Transport, Public Works and Water Management</p> <p>Confounding Age, gender, country, mothers education, employment status, crowding, homeownership, illness, main language spoken at home, parental support, classroom glazing</p>

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							<p>Model 2 0.0002 0.982 (-0.014, 0.014)</p> <p>Conduct disorder</p> <p>Model 2 -0.010 0.033 (-0.020, -0.001)</p> <p>Peer Problems</p> <p>Model 2 -0.009 0.072 (-0.019, 0.001)</p> <p>Prosocial behavior</p> <p>Model 2 -0.004 0.490 (-0.014, 0.007)</p> <p>Emotional Problems</p> <p>Model 2 0.001 0.828 (-0.011, 0.014)</p> <p>Model 2: adjusted for age, gender, country, mother's education, employment status, crowding, homeownership, long-standing illness, main language spoken at home, parental support, classroom glazing and other noise exposure</p>	<p>Strengths/weaknesses:</p> <p>+ Studied both aircraft and road traffic noise</p> <p>+ Good noise exposure assessment</p> <p>+ Confounder list pretty inclusive, but missing air particulate level</p> <p>+ Good response rate</p> <p>+ all schools matched according to socio-economic status and ethnicity within each country</p> <p>+ study introduced as study on environment and health without explicit mention of noise</p> <p>+ multi-country</p> <p>- Only noise exposure at school considered</p> <p>- cross-sectional study</p>

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
								- air particulate level not considered - no information on the sampling method (selection)
Tiesler 2013 Yes	Cross- section al study	Study region: Munich, Germany Study population: population-based, 10 year old children from GINIplus and LISAplus cohort Sample size: M+F=872 F=410 M=462 Age: 10.1 +/- 0.22 years	Psychological morbidity Strength and Difficulties Questionnaire (SDQ) - Hyperactivity/ inattention - Conduct Problems - Emotional symptoms - Total score (hyperactivity, emotional,	Road traffic noise	LDEN LN (22-06h) Noise modeling based on Munich noise map from 2007	LDEN Most exposed façade= 52.42+/- 7.87 dB range 35.40- 74.70 dB Least exposed= 44.92+/- 6.15 dB range: 24.20-	<u>Association between road traffic noise variables (LDEN) at most and least exposed façade of the children's' home address and behavioral problems (from Table 4) using continuation odds ratio (per IQR)</u> OR 95% CI LDEN at most exposed façade <i>These estimates were included in the meta- analysis and converted to OR per 10dB</i> Total difficulties 1.16 0.95-1.40 score Emotional 1.14 0.95-1.37 symptoms	Study quality - Conflict of interest No information Funding Federal Ministry for Education, Science, Research and Technology, Helmholtz Zentrum München, Federal Ministry of Environment, Ludwig/Maximilians-

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow- up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels				
		No. of cases NA Time of recruitment/follow-up: Baseline LISApplus: Dec 1997-Jan 1999 Baseline GINIplus Sept 1995-June 1998 Time of current study: 10-year follow-up of both cohorts Response rate (%) NA	conduct and peer problems) German version, parent-reported			64.50 dB LN Most exposed façade= 43.36+/- 7.63 dB range 26.90- 65.70dB Least exposed= 35.96+/- 6.27dB range: 15.40- 55.40dB Risk change	Conduct problems Hyperactivity/ inattention Peer relationship problems LDEN at least exposed facade Total difficulties score Emotional symptoms Borderline/abnor mal vs normal Abnormal vs borderline Conduct problems Hyperactivity/	0.95 1.28 0.93 1.16 - 1.18 0.93 1.18	0.76-1.18 1.03-1.58 0.72-1.21 0.91-1.46 - 0.92-1.51 1.32-3.64 0.72-1.20 0.91-1.52	University Munich (public funding) Confounding Study, sex, age, parental educational level, mothers age at birth, television/computer usage, single parent status Strengths/ weaknesses: + appropriate exposure measure with 2 noise indicators - not adjusted for other confounders (i.e. air particulate level) -no other noise exposure taken into account

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
						per IQR (equal approx. to 8.2- 9 dB)	inattention Peer relationship 0.94 0.70-1.28 problems LN at most exposed facade Total difficulties 1.18 0.97-1.44 score Emotional 1.17 0.97-1.41 symptoms Conduct 0.95 0.76-1.19 problems Hyperactivity/ inattention 1.32 1.06-1.64 Peer relationship 0.92 0.70-1.21 problems LN at least exposed facade Total difficulties 1.17 0.92-1.48 score Emotional - - symptoms Borderline/abnor 1.19 0.93-1.54	- cross-sectional design - not known response rate

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
							mal vs normal Abnormal vs borderline 2.29 1.36-3.85 Conduct problems 0.93 0.72-1.20 Hyperactivity/inattention 1.19 0.92-1.55 Peer relationship problems Borderline/abnormal vs normal 1.08 0.77-1.53 Abnormal vs borderline 0.49 0.24-1.00 Adjusted by study, sex, age, parental educational level, mothers age at birth, television/computer usage, single parent status	
Weyde 2017	Cohort study	Study region: Oslo, Norway	Inattention at age 8 from Rating Scale	Road traffic noise	LDEN	continuous	Table 4: Road traffic noise and inattention score (main model- ANOVA)	study quality: +

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels					
No (continuous endpoints)	Norwegian Mother and child cohort study (MoBa)	Sample size: N _{Total} =14,032 MoBa participants M+P=1,934 children (pregnancy study sample) N2=1,384 children (postnatal study sample) Males and females about equally distributed (%boys: 47.5-52.5 (distinction between pregnancy sample and postnatal sample and further between different exposure level)) Sample population: Children born between 2004 and 2007 Age: month: 97.3-97.5 (distinction between pregnancy sample and postnatal sample and further	for Disruptive Behavior ->corresponding to 9 inattention items of ADHD in DSM-IV	At child's residence and mother's residence during pregnancy Input data from 2006 and 2011 Assessment of railway traffic noise and NO ₂ , NO _x and PM _{2.5} -> confounders				N	coef	95%CI	Cohort study conflict of interest: stated (none declared) funding: stated (Norwegian Research Council, Environmental Exposures and Health Outcomes (MILPAAHEL), project no.; 228,142. The Norwegian Mother and Child Cohort Study is supported by the Norwegian Ministry of Health and Care Services and the Ministry of Education and Research, NIH/NIEHS (contract no N01-ES-75558), NIH/NINDS (grant no.1 UO1 NS 047537-01 and
							Pregnancy	1934	0.0042	-0.0013-0.0096	
							Postnatal	1384	0.0083	0.0012-0.0154	
							5-years average	1384	0.0090	0.0016-0.0164	
							Different sensitivity analysis performed: stratified by maternal education, household income, with railway noise, without parents living apart, without premature birth, without low birth weight, with air pollution Sensitivity analysis for postnatal and pregnancy road traffic considering the other noise time (pregnancy, postnatal, 5-year average) as covariates in the model.-> Similar results. Results were not extracted				

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
		between different exposure level) Time of recruitment: 1998-2008 Response: 40.6% Participant/ non-participant analysis: slight differences between postnatal sample and non-participants: postnatal sample higher household income and higher % of mothers drinking alcohol during pregnancy						grant no.2 UO1 NS 047537-06A1)) confounding (controlled for): age, gender, household income, maternal education, urbanity, ethnicity, maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, low birth weight, prematurity strengths, weaknesses: - statistical analysis + participant/ non-participant analysis + adequate control for confounders + adequate exposure assessment +adequate control for

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		Study region Sample population Sample size (M, F, M+F): Age (mean, range) No. of cases / no. of controls or exposed/unexposed Time of recruitment / follow-up (mean, range) Response (%) (baseline minus loss to follow-up)	Disease (ICD-10) Prescription Questionnaire	exposure source	exposure assessment	exposure levels		
								confounders + ethics approval by The Regional Committee for Medical Research Ethics (+) adequate definition and assessment of outcome (but parental reporting) (+) sensitivity analysis for air pollution

IQR Interquartile range