

Supplementary file 11. Narrative psychological quality of life outcome data not contributing to meta-analyses

Study ID	Number of overall study participants	Time point (weeks)	Measure used ¹	Narrative data comparing change in psychological quality of life (QoL) scores between quitters and non-quitters	Between group difference (↑ psychological QoL improved more in quitters than non-quitters; ↔ equivocal; ↓ psychological QoL improved less in quitters than non-quitters)
Aversa 2013	943	78	VR-36 - MCS	Results for the MCS alone are not explicitly reported; however three-way prolonged abstinence x time x the Posttraumatic Stress Disorder Checklist, Military Version cluster scores interactions were not statistically significant predictors of any of the VR-36 subscales.	Cannot predict due to lack of data
Hays 2012	2052	52	SCQoL – mental health component	<p>“A significant positive association existed between length of continuous abstinence and improved health transition, vitality, self-control, anxiety and overall mental profile. Smoking cessation was associated with improved vitality, reduced smoking-related anxiety and improvement in the mental component summary score.”</p> <p>“Finally, subjects who abstained from smoking for 16 weeks but <44 weeks and 44 weeks had better standardized mental component profiles than subjects with <4 weeks of cessation (<4 vs. 16 weeks: difference = 2.02, P < 0.01, effect size = 0.25; <4 vs. 44 weeks: difference = 2.35, P < 0.01, effect size = 0.29).”</p>	↑
Pertschuck 1979	28	17	Participants reported on overall change in anxiety, depression, anger, or irritability, plus any symptoms such as, appetite loss,	“Data were also analyzed using Chi square tests to compare the 16 subjects who successfully stopped smoking during treatment with the eight who didn't: no significant differences were found between the groups for any reported affect or symptom”	↔

¹ EQ-5D: EuroQoL- 5 Dimension; SCQoL: Smoking Cessation Quality of Life questionnaire; SF-36: Short Form-36; VR-36 – MCS: The Veterans RAND 36 Item Health Survey – Mental health composite score

			insomnia, nightmares, hopelessness, tension, apathy, difficulty in concentration, and temper outbursts experienced during the previous four months at baseline and four month follow-up		
Prochaska 2008	322	52	SF-36 – mental component	<p>“both groups exhibited a significant decline in depressive symptoms and days with emotional problems over time”</p> <p>“In separate generalized estimating equation models to predict change in BDI-II, SF-36, STAXI, percentage of days with emotional problems, and substance use, smoking cessation status was significant only in the model for alcohol use”</p> <p>Figure 2 suggests baseline and follow-up SF-36 – mental component scores were very similar between quitters and non-quitters</p>	↔
Qi Zhang 2014	225	52	EQ-5D: anxiety/depression dimension	<p>Information is reported for the whole scale; however only mental health subscale data is relevant to this review, which has not been reported separately.</p> <p>“Similar improvements in HRQoL were observed between patients who remained abstinent and those who relapsed.”</p>	Cannot predict due to lack of data
Sales 2009	60	52	SF-36: mental component	<p>“Analysis of covariance of HRQoL from baseline to the end of the program, taking age, gender and FTND score as covariates, revealed that the quitters presented statistically significant improvement in the role-physical, bodily pain, general health, vitality, social functioning and mental health domains, as well as in the physical component summary and the mental component summary ($p < 0.05$ for all; Table 3).”</p> <p>“Self-reported quality of life scores were significantly higher among the 40 quitters than among the 20 non-quitters. The following SF-36 domains were most affected: role-emotional ($p = 0.008$); general health ($p = 0.006$); vitality ($p < 0.001$); and mental health ($p = 0.002$).”</p> <p>Change in quitters presented only not in smokers. Mental health at follow up compared between quitters and smokers, but not change in mental health.</p>	Cannot predict due to lack of data
Ward 2005	296	52	SF-36: mental component	<p>“Using a mixed model approach, six of eight QoL indices (physical functioning; emotional well-being; social functioning; body pain; general health; energy/fatigue) worsened over 12 months, regardless of treatment condition or smoking outcome ($p, .05$).</p>	↔
Wiggers 2006	344	52	SF-36: mental component	<p>“We found no effects of smoking status on patients’ mental QoL”</p>	↔

Zillich 2002	31	13	SCQoL – mental health component	<p>“However, among 16 individuals who reported abstinence at 3 months, 11 had SCQOL scores. Repeated measures ANOVA from baseline to 3 months revealed statistically significant improvement for vitality, mental health, and self-control ($p < 0.05$ for each domain)”</p> <p>Only one participant who did not abstain completed the scale; therefore it is impossible to make a meaningful comparison between groups.</p>	Cannot predict due to lack of data
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