#	Study Quality Criteria*	Considerations
1	Was the sample representative of the general TBI population?	Specialty sub-samples (eg, athletes, military, pediatrics) were not considered representative
2	Were participants recruited in an appropriate way?	Appropriate recruiting included consecutive (or all) patients in a location/database or random sampling of medical records
3	Was the sample size adequate?	Adequate sample size, $N \ge 246$ ($P = 0.2$; $d = 0.05$; $Z = 1.96$)
4	Were the TBI participants and experimental setting described in detail?	Must include geographic location, participant age and sex, cause of TBI, and severity of TBI
5	Was the data analysis conducted with sufficient coverage of the identified sample?	Sufficient coverage includes a high (or explained) patient response rate and low (or explained) patient attrition at follow-up
6	Were standard, validated criteria used for the measurement of photophobia?	Requires an established tool for measuring photophobia
7	Was each participant evaluated for photophobia in the same way?	Responses obtained directly from the participant were considered to be reliable and responses obtained from a secondary source were considered to be unreliable
8	Was there appropriate statistical analysis?	Appropriate description of statistical analysis was described in the study methods.
9	Are all important confounding factors/subgroups/differences identified and accounted for?	A major factor was whether the time since TBI interval was reported
10	Were subpopulations identified using objective criteria?	Objective criteria for subpopulations include using well- defined criteria for indicating TBI severity

Appendix Table A2. Methodological Quality Criteria and Considerations.

*questions are adapted from Munn, et al. $(2014)^{16}$ Each criterion was given a "Yes" or "No" response. TBI = traumatic brain injury. Sample size (question #3) was calculated using $(Z^2P(1-P))/d^2$ where Z is set at the 95% level for a two-tailed test, P is the predicted prevalence, and d is the desired precision of the prevalence estimate.