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**Article:**

https://doi.org/10.1016/j.jclinepi.2014.12.007

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<tr>
<th>Study</th>
<th>Countries</th>
<th>Proxy role</th>
<th>Person condition</th>
<th>Number of dyads</th>
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<tr>
<td>Awadalla 2005 [26]</td>
<td>Sudan</td>
<td>Family carer</td>
<td>Major affective disorder</td>
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<td></td>
<td>Neurosis</td>
<td>81</td>
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<tr>
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<td></td>
<td>Schizophrenia</td>
<td>99</td>
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<tr>
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<td>Sudan</td>
<td>Family carer</td>
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<td>Bahrami 2008 [28]</td>
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<td>Couple with infertility⁺</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Schizophrenia</td>
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<td>Rabin 2009 [34]</td>
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<td>Schmidt 2010 [35]</td>
<td>Brazil, Czech Republic, Germany, Spain, Turkey and UK</td>
<td>Various: primarily parents, paid carers and professionals</td>
<td>Mild learning disability</td>
<td>614</td>
</tr>
</tbody>
</table>

⁺ For infertile couples in Chachamovich 2010 [30], both women and men were proxies for each other. After tossing a coin to select one pairing, we designated men as persons and women as proxies.

‡ In Schmidt 2010 [35] some persons had two proxies, and these analyses were presented separately. Our analysis took the responses of proxy one only, as this data set was more complete (n=614 (proxy one) vs. n=257 (proxy two)).