**SUPPLEMENTAL MATERIAL**

**Description of included datasets.**

Study 1:

* Objective: A randomized trial to examine the safety of rivaroxaban versus standard-of-care for treatment of symptomatic cerebral venous thrombosis, initiated within 14 days of diagnosis.
* Included participants: All participants were 18 years or older with new diagnosis of symptomatic cerebral venous thrombosis as confirmed on CT venogram or MR venogram and the ability to randomize within 14 days of neuroimaging-confirmed diagnosis. Exclusion criteria included upcoming invasive surgery, lowered level of consciousness, impaired renal function, pregnancy, breastfeeding, contraindication to anticoagulation, concomitant use of CYP3A4 inhibitors and severe comorbid conditions that would prevent improvement.
* Primary finding: Study still actively recruiting.
* Reference: Study of Rivaroxaban for CeREbral Venous Thrombosis - Full Text View - ClinicalTrials.gov [Internet]. [cited 2020 Apr 23];Available from: https://clinicaltrials.gov/ct2/show/NCT03178864

Study 2:

* Objective: A prospective study to examine the prognosis of individuals with cerebral venous thrombosis treated with standard of care therapy not eligible for randomization in Study 1.
* Included participants: All participants were 18 years or older with new diagnosis of symptomatic cerebral venous thrombosis as confirmed on CT venogram or MR venogram within 14 days of diagnosis.
* Primary finding: Study still actively recruiting.

Study 3:

* Objective: To evaluate whether assigning individuals to a specific psychologically-informed treatment tailored to their coping style is practical, acceptable, and beneficial for their recovery after a mild traumatic brain injury.
* Inclusion Criteria: Included patients were 18-70 years old. Inclusion criteria included sustaining a mild traumatic brain injury 1 to 12 months ago, English fluency, access to a computer, tablet or smartphone, 3+ persistent moderate-severe symptoms on the Rivermead Postconcussion Symptom Questionnaire and high avoidance and/or endurance behaviour.
* Primary finding: Study still actively recruiting.
* Reference: Behavioral Profile Matching: A Precision Medicine Approach to Concussion Rehabilitation - Full Text View - ClinicalTrials.gov [Internet]. [cited 2020 Apr 23];Available from: https://clinicaltrials.gov/ct2/show/NCT03972579

Study 4:

* Objective: To evaluate the equivalency of a novel videoconference protocol for adminis- tering the NIHTB-CB.
* Inclusion Criteria: 25 participants (aged 25-64) were fluent in English, had unimpaired use of their dominant hand, and reported no history of neurological disease, learning disability, attention-deficit disorder, attention- deficit hyperactivity disorder, or an active psychiatric disorder.
* Primary finding: The novel video conference protocol for administering the NIHTB-CB appears equivalent to the standard in-person administration protocol in healthy participants. No difference in NIHTB-CB performance for any of the three main composite scores (total, fluid, or crystallized cognition) or for any of the seven subtests was found between standard and video- conference administration conditions.
* Reference: Rebchuk AD, Deptuck HM, O’Neill ZR, Fawcett DS, Silverberg ND, Field TS. Validation of a Novel Telehealth Administration Protocol for the NIH Toolbox-Cognition Battery. Telemed. J. E. Health. 2019;25:237–242.

Study 5:

* Objective: To compare MoCA and NIHTB-CB performance in stroke survivors aged 18-55 years old without significant disability (mRS <2) and healthy controls
* Inclusion Criteria: All participants were 18-55 years old. Eligibility for the stroke group included neuro-imaging or clinical evidence of TIA, ischemic or hemorrhagic stroke within 3 years; mRS <2; and at least one subjective cognitive complaint. Healthy controls were also recruited. Exclusion criteria for both groups included: limited English proficiency, aphasia, history of concurrent neurological or psychiatric condition, substance use disorder, limited use of dominant hand and exposure to the NIHTB-CB within one year.
* Primary finding: The NIHTB-CB appears better suited than the MoCA for quantifying cognition following stroke in young individuals with minimal functional deficits, that report persistent cognitive deficits.
* Reference: unpublished; preliminary results: Rebchuk AD, Deptuck HM, Kuzmuk LE, Silverberg ND, Field TS. Abstract WP559: The NIH Toolbox Cognition Battery Outperforms the MoCA in Detecting Cognitive Impairment Following Mild Stroke in Young Patients. Stroke. 2019 Feb;50(Suppl\_1):AWP559.

Study 6:

* Objective: To investigate the validity of the NIHTB-CB and associated cognitive profiles of inpatients with treatment resistant psychosis
* Inclusion Criteria: (1) a minimum age of 18 years; (2) a primary diagnosis of a psychotic disorder, as determined by a comprehensive DSM-5 based diagnostic consensus meeting which included at least two psychiatrists and a doctoral-level clinical psychologist; (3) inadequate or no response to at least two antipsychotic trials (at least one second generation) for a minimum duration of six weeks each; (4) incomplete recovery of social, vocational, or occupational functioning, as determined by a score less than 60 on the SOFAS
* Primary finding: NIHTB-CB performance was associated with a standard neuropsychological battery and correlated with positive and disorganized symptoms of psychosis as well as daily functioning.
* Reference: Briana D. Cassetta, Mahesh Menon, Prescilla B. Carrion, Hadley Pearce, Ashley DeGraaf, Olga Leonova, Randall F. White, Robert M. Stowe, William G. Honer, Todd S. Woodward & Ivan J. Torres (2019): Preliminary examination of the validity of the NIH toolbox cognition battery in treatment-resistant psychosis, The Clinical Neuropsychologist, DOI: 10.1080/13854046.2019.1694072