# Supplementary material

Appendix A: Inclusion/Exclusion criteria.

Include	Exclude						
All quantitative empirical studies	Systematic reviews						
Patients with Klinefelter syndrome, all ages	Meta-analysis						
Outcome measures related to QoL and WHOQOL-100 dimensions (subsections)	Guidelines, position statements and case						
WITO QOL 100 difficilisions (subsections)	studies						
Human studies only	Qualitative studies						
Full text available	Animal studies						
Peer-reviewed published studies	Reviews, editorials and opinion papers						
Manuscripts in English	Duplicated cohorts						
Studies with comparison groups	Studies without comparison groups						

Appendix B: Literature search strategy, CINAHL

Search ID#	Search Terms	Search Options	Actions
S10	<b>™</b> S1 AND S9	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	□ View Results (35)    □ View Details    □ Edit
S9	S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	Q View Results (643,721)
S8	Spirituality OR religion OR personal beliefs	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Q View Results (34,917)
<b>S</b> 7		Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	
S6	Social relations	Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	□ View Results (4,340)
S5		Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	□ View Results (1,216)       □ View Details       □ Edit
S4	□ psychological	Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	
S3	nphysical health	Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	
S2	a quality of life	Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	
S1		Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	□ View Results (472)    □ View Details    □ Edit

### Appendix C: Literature search strategy, MEDLINE

Selec	ct / deseled	ct all Search with AND Search with OR Delete Searches		Refresh Search Resul
S	earch ID#	Search Terms	Search Options	Actions
	S10	S1 AND S9	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	© View Results (150)
	S9	S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	© View Results (1,592,497)    ✓ View Details    ✓ Edit
	S8	Spirituality OR religion OR personal beliefs	Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolear/Phrase	
	S7		Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolear/Phrase	© View Results (744,220)
	S6	Social relations	Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolear/Phrase	
	S5		Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolear/Phrase	
	S4	sychological psychological	Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolear/Phrase	© View Results (536,843)
	S3	M physical health	Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	
	S2		Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	
	S1	M Klinefelter Syndrome OR 48, xxyy syndrome OR 49 xxxy syndrome OR xxxy males OR xxy syndrome OR xxy trisomy	Limiters - Date of Publication: -20200131; English Language  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase	

# Appendix D: Joanna Briggs Quality appraisal tool: Analytical Cross-Sectional Studies.

Author & year	Were the criteria for inclusion in the sample clearly defined?	Were the study subjects and the setting described in detail?	Was the exposure measured in a valid and reliable way?	Were objective, standard criteria used for measurement of the condition?	Were confounding factors identified?	Were strategies to deal with confounding factors stated?	Were the outcomes measured in a valid and reliable way?	Was appropriate statistical analysis used?
(Ferlin et al., 2018)	Υ	Υ	Υ	Υ	N	N	Υ	Υ
(Fisher et al., 2015)	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
(Herlihy et al., 2011)	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
(K,Sorensen, 1992)	Υ	Υ	Υ	Υ	N	N	Υ	Y
(Rapp et al., 2018)	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ
(Rijn, 2018)	Υ	Υ	Υ	Υ	N	N	Υ	Y
(Skakkebaek et al., 2018)	Υ	Υ	Υ	Υ	Υ	N	Υ	Y
(Skakkebaek et al., 2017)	Υ	Υ	Υ	Υ	Unclear	N	Υ	Υ
(Van Rijn et al., 2014)	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
(Van Rijn, Swaab, Aleman and Khan, 2008)	Υ	Υ	Υ	Υ	N	N	Υ	Υ

(Liberato et al., 2017)	Υ	Υ	Υ	Υ	N	N	Unclear	Υ
(Fabrazzo et al.,2021)	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ

## Appendix E: Joanna Briggs Quality appraisal tool: Cohort Studies.

Author & year	Were the two groups similar and recruited from the same population?	Were the exposures measured similarly to assign people to both exposed and unexposed groups?	Was the exposure measured in a valid and reliable way?	Were confounding factors identified?	Were strategies to deal with confounding factors stated?	Were the groups/participants free of the outcome at the start of the study (or at the moment of exposure)?	Were the outcomes measured in a valid and reliable way?	Was the follow up time reported and sufficient to be long enough for outcomes to occur?	Was follow up complete, and if not, were the reasons to loss to follow up described and explored?	Were strategies to address incomplete follow up utilized?	Was appropriate statistical analysis used?
(Nielsen and Pelsen, 1987)	Y	N/A	Υ	N	N	N/A	Υ	Υ	Y	N	Υ

### Appendix F: Full text review. Included, Excluded studies with reasons

#	Author & Year	Is a full text copy of the study available?	Are patients Males with a clinical KS diagnosis?	Is it primary research?  If YES specify the type of study.	Is the study measuring QOL?  If YES which parameters does it meet e.g. 'Physical health, Environment, Psychological, Social Relations, Level of Independence'	Can an explicit method or measurement of assessment of these parameters be identified?  If YES, specify the measurement of assessment.	If study is a cohort or an interventional study,  What is the comparator?	Is there an outcome associated with QOL and patients with KS?  If YES, what is the outcome?	Decision: Include or Exclude. If Excluded give reason.
1.	(Bender et al., 2001)	Y	N - Mix patient group of 23 patients with other genetic conditions, KS not labelled or clinical diagnosis confirmed.	Y - Cross- sectional study	Y - Psychological, Thinking, learning, memory.	Y – Wisconsin card sorting, Woodcock tests. WRAT, WAIS-R tests, WAIRS-R Full-scale IQ	Y - "Controls, including 11 male and 11 female siblings of propositi, were karyotypicaly normal"	Y - "In summary, the presence of an SCA results in increased potential for learning problems in childhood that persist into adulthood"	Exclude -KS patients not defined or identified within results.
2.	(Close, Fennoy, Smaldone and Reame, 2015)	Y	Y	Y – Cross- sectional study	Y – Psychological	Y –Questionnaires: Paediatric QOL inventory 4.0 health related- QOL, Piers-Harris 2 self concept scale, Coopersmith self- esteem inventory, Children's depression inventory.	N/A	Y -"Depending on the degree of phenotypic abnormality, boys with KS may be at risk for impaired QOL"	Exclude -No comparator
3.	(Ferlin et al., 2018)	Y	Y	Y – Part being assessed Cross- sectional study, second part Non-RCT	Y – Social relations, sexual activity.	Y - 15-Item International Index of Erectile Function, endocrine assessment,	Y - 60 age matched controls.	Y – "KS subjects have lower sexual desire, intercourse satisfaction"	Include
4.	(Boratynska- Dabrowsk et al., 1970)	N	N/A	N/A	N/A	N/A	N/A	N/A	Exclude - No full text

5.	(Herlihy, 2017)	N	N/A	N/A	N/A	N/A	N/A	N/A	Exclude - No full text
6.	(Close,2011)	Y	Y – 43 KS males	Y- Mixed methods (Cross- sectional and retrospective chart review)	Y - Physical health, Psychological	Y – Questionnaires, (Peds QL4.0), Coopersmith self-esteem inventory, Piers-Harris2 short form, (CDI), Physical problems frequencies.	N/A	Y – "Findings of the current study suggest that a high portion of KS (67.4%) have poor total QOL"	Exclude -No comparator
7.	(Fisher et al., 2015)	Y	Y	Y- Cross sectional study	Y – Social relations /sexual activity. Psychological/Thinking learning memory and concentration.	Y – Questionnaires. Psychometric tests. (AQ) (RME) (GIDYQ-AA) (SAST) (SCL-90-R) Wechsler Adult Intelligence scale-Revised.	Y- 43 healthy male controls.	Y- "KS is associated with hyper sexuality, paraphilic, and GB, which were mediated by obsessive compulsive and autistic traits."	Include
8.	(Herlihy et al., 2011)	Y	Y – Males 18 years and older	Y – Cross sectional study	Y – Psychological, Environment, Social care. Bodily image, Self-esteem, general health, Sexual activity.	Y – (PWI), global life satisfaction, (MBSRQ- AS), Appearance Evaluation, Appearance Orientation subscale, (RSE), (K10), (SIS), (QRI), (Short form-1)	N/A	Y – Shows KS has a significant personal impact.	Include
9.	(K,Sorensen, 1992)	Y	Y – 14 males with KS	Y- Cross sectional study	Y – Sexual activity, Psychological/ memory, learning and concentration.	Y – Wechsler Adult Intelligence Scale, School attainment. Mean scores for school difficulties including, Concentration, speech, interest. Experience of coitus and frequency of masturbation.	Y – 19 healthy male controls were used in the studies measuring QOL that have been identified.	Y – "subjects had increased height, reduced weight, impaired hearing, slightly lower intelligence, poor school performance, increased incidence of psychological consultation and lowered sexual activity.	Include
10.	(Khan et al., 2018)	Y	Y – 154 KS diagnosed patients amongst mixed cohort.	Y – Cohort study	N	N	N	N	Exclude -QOL is not explicitly measured.

11.	(Liberato et al., 2017)	Y	Y – 58 Adult male KS patients	Y – Cross sectional observation	Y – Psychological	Y – Clinical interview and questionnaires measuring. (SCID-ii), (MMPI-2), (SPM).	N/A	Y – PD prevalence was higher than in the general population.	Include
12.	(Nielsen and Pelsen 1987)	Y	Y – 34 KS, 16 hypogonadal males without KS diagnosis.	Y - 20 year follow up study.	Y – Psychological, Sexual activity, Level of independence	Y – Anamnestic information and psychopathological symptoms. Occupation status & change in job responsibility,	Y – 16 hypogonadal males without KS diagnosis.	Y – Showed controls and KS patients had better than expected results in the tested measures, however this was post diagnosis and medical intervention for the previous twenty year.	Include
13.	(Rapp et al., 2018)	Y	Y – 218 Klinefelter syndrome, other groups in study. KS clearly labelled throughout, where necessary.	Y- Multicentre cross-sectional clinical evaluation	Y – WHOQOL brief	Y – (WHOQOL-100 BREF) is used for KS patients.	Y – Healthy European populations.	Y – The study shows that all conditions included shows a that there's a significant lower QOL for the patients compared to controls.	Include
14.	(Rijn, 2018)	Y	Y- 20 KS boys.	Y – Cross sectional study	Y – Psychological, Intellectual functioning and social anxiety.	Y – IQ, Social Anxiety Scale,	Y - 25, non- clinical controls between 8 and 19 years old.	Y – Mean level of intellectual functioning was significantly lower	Include
15.	(Skakkebaek et al., 2014)	Y	Y – 73 KS males were used, Subgroups of Paternal, maternal, skewed and no skewed	Y – Cross sectional study	Y – Psychological,	Y – Autism spectrum Quotient scores. (SCL)	Y – 73 controls	N	Exclude -Unable to determine QOL outcomes from study as results cannot be analysed due to subgroup.
16.	(Skakkebaek et al., 2018)	Y	Y – 132 KS males	Y – Cross- sectional study	Y – Psychological, Physical health, Social relations, Sexual activity.	Y – Questionnaires completed by KS patients. (IIEF-15), (WHOQOL- BREF).	Y – 313 matches controls	Y – KS status is associated with lower PQOL and MQOL.	Include
17.	(Skakkebaek et al 2017)	Y	Y – 69 KS males	Y – Cross- sectional study	Y – Psychological,	Y – Questionnaires, IQ, (AQ scale), cognitive performance.	Y- 69 Controls	Y- KS is associated with lower intelligence and poorer social skills	Include

18.	(Skakkebaek et al., 2018) Anxiety and depression.	Y	N/A	N/A	N/A	N/A	N/A	N/A	Exclude -Results in table one are identical to table one in, (Skakkebaek et al.,2017) The role of genes.
19.	(Tartaglia et al., 2010)	Y	Y – 57 Children and adolescents with KS	Y – Cross sectional study	Y – Psychological,	Y – Questionnaires, Including (WISC-IV), (WASI), (SRS), ADHD symptoms, (ADI-R), (ADOS),	N/A	Y – Diagnosis of KS support having greater prevalence of psychological conditions and cognitive function.	Exclude -No comparator
20.	(Temple and Sanfilippo,2003)	Y	Y – 3 KS	Y – Case study	N/A	N/A	N/A	N/A	Exclude -Case study
21.	(Turriff, Levy and Biseecker, 2011)	Y	Y- 310 self reported XXY aged 14-75	Y – Cross sectional study	Y – Psychological	Y – Questionnaire using online websites. (CES-D),	N/A	Y – KS may be at increased risk for depressive symptoms.	Exclude -No comparator
22.	(Turriff, Levy and Biesecker,2015)	Y	Y- 310 self reported XXY aged 14-75	N/A	N/A	N/A	N/A	N/A	Exclude -Participation cohort seemingly used for (Turriff, Levy and Biseecker,2011)
23.	(Turriff, Macnamara, Levy and Bisecker, 2016)	Y	Y- 310 self reported XXY aged 14-75	Y – Thematic analysis.	N/A	N/A	N/A	N/A	Exclude -Thematic analysis
24.	(Van Rijn and Swaab, 2011)	Y	Y – 73 Ks subjects	Y – Cross sectional study.	Y – Psychological,	Y- Wechsler Intelligence scales, Autism questionnaire, Schizotypal personality Questionnaire.	Y – 93 age matched controls	Y – Psychopathology traits were significantly higher with KS than the control group.	Exclude -Patient group recruited from same pool as (Rijn et al., 2008 & Rijn et al 2006).

25.	(Van Rijn and Swaab,2015)	Y	Y – 23 KS boys, clearly labelled, other participants 17 girls with Trisomy X, XXX.	Y – Cross sectional study	Y – Psychological	N- Outcome measures not shown for KS males	Y – 100 non clinical controls, 47 boys and 53 girls.	Y – Executive function is impacted from an additional chromosome affecting everyday function.	Exclude -outcome measures
26.	(Van Rijn et al., 2014)	Y	Y – 34 boys with KS and 26 girls with Trisomy X	Y – Cross sectional study	Y- Psychological, social relations	Y – IQ, (SSRS), (SRS), social anxiety.	Y – 106 non clinical controls 46 boys and 60 girls.	Y – Score between boys and girls were similar with an extra X, scores showed more prevalence in the test than the controls. Differences between boys and girls shown, in results.	Include
27.	(Van Rijn et al., 2016)	Y	Y – 29 KS boys and 21 Trisomy X girls. Various results explain both girls and boys results.	Y – Cross sectional study	Y – Psychological, thinking, learning and memory.	Y – IQ, Cognitive performance scores,	Y – 103 non- clinical controls.	Y – Intellectual functioning was lower in the KS group than controls. Early life stress has a greater negative on those with an extra chromosome than those without.	Exclude -Same patient group used as (Van Rijn et al., 2013)
28.	(Van Rijn, de Sonneville and Swaab, 2018)	Y	Y- 70 males with KS.	Y – Cross sectional study	Y – Psychological, thinking, learning and memory. Social relations	Y – Wechsler Intelligence scales, Full scale IQ:FSIQ), (ANT),	N/A	Y – KS is linked to lower social cognition with regards to ToM, and fits other studies measuring similar outcomes.	Exclude -No comparator
29.	(Van Rijn, Swaab, Aleman and Khan, 2006)	Y	Y – 32 KS men	Y – Cross sectional study	Y – Psychological, Social relations	Y – (Raven's Advanced Progressive metrics, short form), (NART), Benton and Van Allen Test,	Y - 26 men from the general population.	Y – KS had greator social cognition disturbances than that of the general population.	Exclude -Similar patient group from same participant pool as,(Van Rijn, Swaab, Aleman and Khan,2008).
30.	(Van Rijn, Swaab, Aleman and Khan, 2008)	Y	Y – 31 KS men	Y – Cross sectional study	Y – Psychological, Social relations	Y – (Ravens Advanced Progressive metrics, (NART), scale for interpersonal behaviour(SIB), (Autism spectrum Quotient),	Y – two groups of 24 and 20 male controls.	Y – KS men had increased distress in social situations and less engagement in certain social situations. Ks also had significant higher autism traits.	Include

31	(Fabrazzo et al.,	Y	Y – 23 Men with	Y – Cross-	Y – Overal and	Y – Q-LES-Q, MMSE,	Y – 23 healthy	Y – KS patients, treated	Include
	2021)		KS post 1-year	sectional study	psychological measures	SCL—90-R, TCI-R	controls	for one year with	
			androgen					testosterone undecanoate,	
			therapy.					do not yield a QoL	
								compared to matched	
								healthy controls.	