

Table S1. Quality assessment checklist for prevalence studies (adapted from Hoy et al. [24])

Name of author(s):			
Year of publication:			
Study title:			
Risk of bias items	Risk of bias levels	Points scored	
1. Was the study's target population a close representation of the national population in relation to relevant variables, e.g. age, sex, occupation?	Yes (LOW RISK): The study's target population was a close representation of the national population.	0	0
	No (HIGH RISK): The study's target population was clearly NOT representative of the national population.	1	1
2. Was the sampling frame a true or close representation of the target population?	Yes (LOW RISK): The sampling frame was a true or close representation of the target population.	0	0
	No (HIGH RISK): The sampling frame was NOT a true or close representation of the target population.	1	1
3. Was some form of random selection used to select the sample, OR, was a census undertaken?	Yes (LOW RISK): A census was undertaken, OR, some form of random selection was used to select the sample (e.g. simple random sampling, stratified random sampling, cluster sampling, systematic sampling).	0	0
	No (HIGH RISK): A census was NOT undertaken, AND some form of random selection was NOT used to select the sample.	1	1
4. Was the likelihood of non-response bias minimal?	Yes (LOW RISK): The response rate for the study was $\geq 75\%$, OR, an analysis was performed that showed no significant difference in relevant demographic characteristics between responders and non-responders.	0	0
	No (HIGH RISK): The response rate was $< 75\%$, and if any analysis comparing responders and non-responders was done, it showed a significant difference in relevant demographic characteristics between responders and non-responders.	1	1
5. Were data collected directly from the subjects (as opposed to a proxy)?	Yes (LOW RISK): All data were collected directly from the subjects.	0	0
	No (HIGH RISK): In some instances, data were collected from a proxy.	1	1
6. Was an acceptable case definition used in the study?	Yes (LOW RISK): An acceptable case definition was used.	0	0
	No (HIGH RISK): An acceptable case definition was NOT used.	1	1
7. Was the study instrument that measured the parameter of interest (e.g. prevalence of low back pain) shown to have reliability and validity (if necessary)?	Yes (LOW RISK): The study instrument had been shown to have reliability and validity (if this was necessary), e.g. test-re-test, piloting, validation in a previous study, etc.	0	0
	No (HIGH RISK): The study instrument had NOT been shown to have reliability or validity (if this was necessary).	1	1
8. Was the same mode of data collection used for all subjects?	Yes (LOW RISK): The same mode of data collection was used for all subjects.	0	0
	No (HIGH RISK): The same mode of data collection was NOT used for all subjects.	1	1
9. Were the numerator(s) and denominator(s) for the parameter of interest appropriate?	Yes (LOW RISK): The paper presented appropriate numerator(s) AND denominator(s) for the parameter of interest (e.g. the prevalence of low back pain).	0	--
	No (HIGH RISK): The paper did present numerator(s) AND denominator(s) for the parameter of interest but one or more of these were inappropriate.	1	--
10. Summary on the overall risk of study bias	LOW RISK	0-3	0-2
	MODERATE RISK	4-6	3-5
	HIGH RISK	7-9	6-8

Table S2. Basic characteristics of **cross-sectional** studies with low and moderate quality comparing chronic physical disorders among self-employed individuals (s-empl) with that of employees (empl)

Author, publication date	Country/region of study	Sample size, Female	Age [Mean(SD) or range]	Source population	Occupational groups	Disease outcomes: assessment tools
EUROPE						
Atherton 2007	Great Britain	8,952, n.r.	45 y	Perinatal mortality register	s-empl (without personnel) vs s-empl (with personnel) vs empl (managerials/professionals)	1. Blood pressure: three readings 2. Pain: American College of Rheumatology criteria
Nikiforow 1978	Finland	3,067 38.7 %	79.5 y (rural), 74.0 y (urban)	Every inhabitant of Oulu and Yli-li	s-empl vs empl	Absence because of headache: New questionnaire developed for the study
Rossignol 2005	Canada	2,834, 45.1 %	61.8 y (9.3)	Network of primary care all across France in cooperation with physicians	s-empl vs. empl	Osteoarthritis: a) Lequesne questionnaire, b) Dreiser questionnaire
ASIA						
Lewin-Epstein 1991	Israel	565, 0 %	25.65 y	Whole population of Holon and Bat-Yam	s-empl vs empl	2. BMI, blood pressure, blood samples: physical examination
Min 2019	Korea	64,802, 35.2 %	>19 y	2008 Korean Community Health Survey (KCHS): registered residents	s-empl (0-4 employees) vs s-empl (>5 employees) vs empl	1. Hypertension, 2. Diabetes, 3. Dyslipidemia, 4. Stroke, 5. Myocardial infarction, 6. Angina: New questionnaire developed for the study
AMERICA						
Fischer 2012	Canada	314, 92 %	37.2 (9.2)	Association of Visual Language Interpreters of Canada (AVLIC)	s-empl vs. empl (language interpreters)	Right forearm pain: New questionnaire developed for the study

vs = versus, n.r. = not reported, y = years, SD = standard deviation

Table S3. Results of **cross-sectional** studies with low and moderate quality comparing chronic physical disorders between self-employed individuals (s-empl) with that of employees (empl)

Author, Publication date	Results
Heart diseases and stroke	
Min 2019	Stroke s-empl (small employer) vs s-empl (middle to large employer) vs empl [%]: 0.58 vs. 0.37 vs. 0.14 * Myocardial infarction s-empl (small employer) vs s-empl (middle to large employer) vs empl [%]: 0.61 vs. 0.62 vs. 0.22 * Angina s-empl (small employer) vs s-empl (middle to large employer) vs empl [%]: 0.80 vs. 0.75 vs. 0.26 *
Non-musculoskeletal disease	
Min 2019	Hypertension s-empl (small employer) vs s-empl (middle to large employer) vs empl [%] 11.76 vs. 11.79 vs. 6.70 * Diabetes s-empl (small employer) vs s-empl (middle to large employer) vs empl [%]: 5.29 vs. 5.11 vs. 2.24 * Dyslipidemia s-empl (small employer) vs s-empl (middle to large employer) vs empl [%]: 3.79 vs. 5.07 vs. 2.83 *
Atherton 2007	Chronic widespread pain s-empl vs empl (managerial/professional, ref.) [%, OR(95%CI)]: male: 16.3 vs 8.1; 2.19 (1.64, 2.92); female: 16.5 vs 9.4; 1.90 (1.31, 2.76)
Lewin-Epstein 1991	HDL s-empl vs empl [%, effect of employment status] (%): 17.6(5.2) vs 20.0(7.0), b=-2.09 *
Nikiforow 1978	Headache (absence from work) s-empl vs empl [%]: all: 22 vs 12; rural: 23 vs 11; urban: 17 vs 13
Musculoskeletal diseases	
Fischer 2012	Pain intensity s-empl vs empl [Mean(SD)]: after 1h solo interpreting: 5.4(2.1) vs 5.4(2.4) after 1day team interpreting: 5.6(2.4) vs 5.5(2.3) at time filling out the survey: 3.4(2.3) vs 3.7(2.4)
Rossignol 2005	Osteoarthritis s-empl vs empl (construction, mechanics, clothing and food sector) [RR(CI95%)]: Male: 2.9(2.6-3.3) vs 1.9(1.7-2.2), female: 5.0(3.9-6.3) vs 3.2(2.5-4.1)

* $p \leq 0.05$, vs = versus, OR = odds ratio, CI = confidence interval, SD = standard deviation, RR = rate ratio