TREND Statement Checklist

Paper Section/ Topic	Item	Descriptor	Reported?	
	No			Pg #
Title and Abst	ract			
Title and	1	Information on how unit were allocated to interventions		2
Abstract		Structured abstract recommended		2
		Information on target population or study sample		2
Introduction				
Background	2	Scientific background and explanation of rationale		3
0		 Theories used in designing behavioral interventions 		
Methods				
Participants	3	Eligibility criteria for participants, including criteria at different levels in	[4
	_	recruitment/sampling plan (e.g., cities, clinics, subjects)		-
		 Method of recruitment (e.g., referral, self-selection), including the 		8,9
		sampling method if a systematic sampling plan was implemented		
		Recruitment setting		
		Settings and locations where the data were collected		4
Interventions	4	Details of the interventions intended for each study condition and how		6,7
		and when they were actually administered, specifically including:		
		 Content: what was given? 		6,7
		 Delivery method: how was the content given? 		6,7
		 Unit of delivery: how were the subjects grouped during delivery? 		
		O Deliverer: who delivered the intervention?		6
		 Setting: where was the intervention delivered? 		6
		• Exposure quantity and duration: how many sessions or episodes or		10
		events were intended to be delivered? How long were they intended to last?		
		 Time span: how long was it intended to take to deliver the 		
		intervention to each unit?		
		 Activities to increase compliance or adherence (e.g., incentives) 		
Objectives	5	Specific objectives and hypotheses		3,4
Outcomes	6	Clearly defined primary and secondary outcome measures		6
		Methods used to collect data and any methods used to enhance the		5,6,
		quality of measurements		7,8
		Information on validated instruments such as psychometric and biometric		5,6,8
Comple Size	7	properties		
Sample Size		• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules		4
Assignment	8	 Unit of assignment (the unit being assigned to study condition, e.g., 		4
Method	0	individual, group, community)		4
		 Method used to assign units to study conditions, including details of any 		
		restriction (e.g., blocking, stratification, minimization)		
		 Inclusion of aspects employed to help minimize potential bias induced due 	+	9
		to non-randomization (e.g., matching)		

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Blinding (masking)	9	• Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed.		2,4,6
Unit of Analysis	10	 Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) If the unit of analysis differs from the unit of assignment, the analytical 		7,8
		method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)		
Statistical Methods	11	Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data		7,8
		 Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 		
		 Methods for imputing missing data, if used Statistical software or programs used 	Leg	end Fig.6
Results				
Participant flow	12	 Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended) 	10 Fi	, Table 1 g.1
		 Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study 		Fig.1
		 Assignment: the numbers of participants assigned to a study condition 		10 Fig.1
		 Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	1C Fi	, Table 1 g.1
		 Follow-up: the number of participants who completed the follow- up or did not complete the follow-up (i.e., lost to follow-up), by study condition 	10,1 Fig.1	l, Table 1 L
		 Analysis: the number of participants included in or excluded from the main analysis, by study condition 		11,12,13, Fig.2, Fig Table 1
		 Description of protocol deviations from study as planned, along with reasons 		6,7,10
Recruitment	13	Dates defining the periods of recruitment and follow-up		8
Baseline Data	14	 Baseline demographic and clinical characteristics of participants in each study condition 		, Table 1, le 2
		 Baseline characteristics for each study condition relevant to specific disease prevention research 		
		 Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 		10, Table S4,S5,S6
		 Comparison between study population at baseline and target population of interest 		
		of interest	1	

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Numbers	16	Number of participants (denominator) included in each analysis for each	11-16 Figs.2,3,
analyzed		study condition, particularly when the denominators change for different	Tables 1,
		outcomes; statement of the results in absolute numbers when feasible	S7 Fig.
		• Indication of whether the analysis strategy was "intention to treat" or, if	11
		not, description of how non-compliers were treated in the analyses	
Outcomes and	17	• For each primary and secondary outcome, a summary of results for each	11-17 Fig.2,3,4
estimation		estimation study condition, and the estimated effect size and a confidence	Fig.2,3,4 Tables 1,
		interval to indicate the precision	S7 Fig.
		Inclusion of null and negative findings	11-17.Table 1,
		 Inclusion of results from testing pre-specified causal pathways through 	Fig.2,3,5,6
		which the intervention was intended to operate, if any	
Ancillary	18	 Summary of other analyses performed, including subgroup or restricted 	5-6,11-17
analyses	10	analyses, indicating which are pre-specified or exploratory	5-0,11-1
Adverse events	19		
Auverse events	19	 Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and 	17,18
		confidence intervals)	
Interpretation	20	 Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study. 	18-26
		and other limitations or weaknesses of the study	
		 Discussion of results taking into account the mechanism by which the intervention was intended to wark (several pathways) or alternative 	21-23
		intervention was intended to work (causal pathways) or alternative mechanisms or explanations	
		 Discussion of the success of and barriers to implementing the intervention, 	
		fidelity of implementation	23-25
			24-25
Generalizability	21	Discussion of research, programmatic, or policy implications	
Generalizability	21	 Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of 	20,
		follow-up, incentives, compliance rates, specific sites/settings involved in	23-25
Overall	22	 the study, and other contextual issues General interpretation of the results in the context of current evidence 	
Evidence	22	 General interpretation of the results in the context of current evidence and current theory 	25-26

From: Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366. For more information, visit: <u>http://www.cdc.gov/trendstatement/</u>