

TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions	Page2/Line27-32	Abstract/Paragraph2
		• Structured abstract recommended	Page2-3/Line22-47	Abstract
		• Information on target population or study sample	Page2/Line22-26	Abstract
Introduction				
Background	2	• Scientific background and explanation of rationale	Page4-5/Line53-90	Introduction
		• Theories used in designing behavioral interventions	Page4-5/Line64-85	Introduction
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	Page6/Line98-111	Methods
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	Page9/Line157-161	Methods
		• Recruitment setting	Page6/Line94-97	Methods
		• Settings and locations where the data were collected	Page9/Line157-169	Methods
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	Page7-8/Line114-145	Methods
		o Content: what was given?	Page7-8/Line114-145	Methods
		o Delivery method: how was the content given?	Page7-8/Line114-145	Methods
		o Unit of delivery: how were the subjects grouped during delivery?	Page7-8/Line114-145	Methods
		o Deliverer: who delivered the intervention?	Page7-8/Line114-145	Methods
		o Setting: where was the intervention delivered?	Page7-8/Line114-145	Methods
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	Page8/Line146-147	Methods

		<ul style="list-style-type: none"> o Time span: how long was it intended to take to deliver the intervention to each unit? 	Page8/Line146-147	Methods
		<ul style="list-style-type: none"> o Activities to increase compliance or adherence (e.g., incentives) 	Page7-8/Line114-145	Methods
Objectives	5	<ul style="list-style-type: none"> • Specific objectives and hypotheses 	Page9/Line157-169	Methods
Outcomes	6	<ul style="list-style-type: none"> • Clearly defined primary and secondary outcome measures 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Methods used to collect data and any methods used to enhance the quality of measurements 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Information on validated instruments such as psychometric and biometric properties 	Page9/Line157-169	Methods
Sample Size	7	<ul style="list-style-type: none"> • How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules 	Page9/Line157-169	Methods
Assignment Method	8	<ul style="list-style-type: none"> • Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community) 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization) 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching) 	Page9/Line157-169	Methods
Blinding (masking)	9	<ul style="list-style-type: none"> • 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. 	Not suitable	
Unit of Analysis	10	<ul style="list-style-type: none"> • Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis) 	Page9/Line157-169	Methods
Statistical Methods	11	<ul style="list-style-type: none"> • Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Methods for imputing missing data, if used 	Page9/Line157-169	Methods
		<ul style="list-style-type: none"> • Statistical software or programs used 	Page9/Line157-169	Methods
Results				
Participant flow	12	<ul style="list-style-type: none"> • Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended) 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> o Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study 	Page10/Line173-181	Results

		<ul style="list-style-type: none"> o Assignment: the numbers of participants assigned to a study condition 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> o Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> o 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 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> o Analysis: the number of participants included in or excluded from the main analysis, by study condition 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> • Description of protocol deviations from study as planned, along with reasons 	Page10/Line173-181	Results
Recruitment	13	<ul style="list-style-type: none"> • Dates defining the periods of recruitment and follow-up 	Page10/Line173-181	Results
Baseline Data	14	<ul style="list-style-type: none"> • Baseline demographic and clinical characteristics of participants in each study condition 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> • Baseline characteristics for each study condition relevant to specific disease prevention research 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> • Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> • Comparison between study population at baseline and target population of interest 	Page10/Line173-181	Results
Baseline equivalence	15	<ul style="list-style-type: none"> • Data on study group equivalence at baseline and statistical methods used to control for baseline differences 	Not suitable	
Numbers analyzed	16	<ul style="list-style-type: none"> • Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible 	Page10/Line173-181	Results
		<ul style="list-style-type: none"> • Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses 	Page10/Line173-181	Results
Outcomes and estimation	17	<ul style="list-style-type: none"> • For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision 	Page10/line184-189	Results
		<ul style="list-style-type: none"> • Inclusion of null and negative findings 	Page10/line184-189	Results
		<ul style="list-style-type: none"> • Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	Page10/line184-189	Results
Ancillary analyses	18	<ul style="list-style-type: none"> • Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 	Not suitable	
Adverse events	19	<ul style="list-style-type: none"> • Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals) 	Page11/line192-204	Results

DISCUSSION				
Interpretation	20	<ul style="list-style-type: none"> • 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 	Page11-14/line207-268	Discussion
		<ul style="list-style-type: none"> • Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations 	Page11-14/line207-268	Discussion
		<ul style="list-style-type: none"> • Discussion of the success of and barriers to implementing the intervention, fidelity of implementation 	Page11-14/line207-268	Discussion
		<ul style="list-style-type: none"> • Discussion of research, programmatic, or policy implications 	Page11-14/line207-268	Discussion
Generalizability	21	<ul style="list-style-type: none"> • Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues 	Page11-14/line207-268	Discussion
Overall Evidence	22	<ul style="list-style-type: none"> • General interpretation of the results in the context of current evidence and current theory 	Page14/Line269-271	Discussion

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: <http://www.cdc.gov/trendstatement/>

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.