Table 1 2017 CONSORT checklist of information to include when reporting a randomized trial assessing nonpharmacologic treatments (NPTs)*

Section/Topic	Checklist item no.	Item	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract				
	1a	Identification as a randomized trial in the title	Page1/Line6-7	Abstract/Paragraph2
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see *Table 2*)	Page1/Line6-Page2/Line2	Abstract/Paragraph2-4
Introduction				
Background and objectives	2a	Scientific background and explanation of rationale	Page2/Line3-5	Introduction/Paragraph1
	2b	Specific objectives or hypotheses	Page3/Line5-6	Introduction/Paragraph1
Methods				
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio **(When applicable, how care providers were allocated to each trial group)**	Page3/Line3-4	Methords/Paragraph1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Page3/Line29-34	Methords/Paragraph2
Participants	4a	Eligibility criteria for participants **(When applicable, eligibility criteria for centers and for care providers)**	Page3/Line5-13	Methords/Paragraph1
	4b	Settings and locations where the data were collected	Page3/Line1-2	Methords/Paragraph1
Interventions†	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered **(Precise details of both the experimental treatment and comparator)**	Page3/Line46-50	Methords/Paragraph2
	5a	**Description of the different components of the interventions and, when applicable, description of the procedure for tailoring the interventions to individual participants.**	Page3/Line46-48	Methords/Paragraph2
	5b	**Details of whether and how the interventions were standardized.**	Page3/Line49-51	Methords/Paragraph2
	5c.	**Details of whether and how adherence of care providers to the protocol was assessed or enhanced**	Page3/Line29-34	Methords/Paragraph2
	5d	**Details of whether and how adherence of participants to interventions was assessed or enhanced**	Page3/Line29-34	Methords/Paragraph2

Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Page4/Line1-Page5/Line8	Methords/Paragraph3-7
	6b	Any changes to trial outcomes after the trial commenced, with reasons	Page4/Line1-Page5/Line8	Methords/Paragraph3-7
Sample size	7a	How sample size was determined **(When applicable, details of whether and how the clustering by care providers or centers was addressed)**	N/A	The larger the sample size within the test time range, the better
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Page5/Line19	Results/Paragraph1
Randomization:				
Sequence generation	8a	Method used to generate the random allocation sequence	Page3/Line15-16	Methords/Paragraph1
	8b	Type of randomization; details of any restriction (such as blocking and block size)	Page3/Line15-16	Methords/Paragraph1
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Page3/Line15-16	Methords/Paragraph1
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Page3/Line15-16	Methords/Paragraph1
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how **[If done, who was blinded after assignment to interventions (e.g., participants, care providers, those administering co-interventions, those assessing outcomes) and how]**	Page3/Line15-16	Methords/Paragraph1
	11b	If relevant, description of the similarity of interventions	Page2/Line29-34	Methords/Paragraph2
	11c	**If blinding was not possible, description of any attempts to limit bias**	Page2/Line29-34	Methords/Paragraph2
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes **(When applicable, details of whether and how the clustering by care providers or centers was addressed)**	Page5/Line10-15	Methords/Paragraph8
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Page5/Line10-15	Methords/Paragraph8

Results				
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome **(The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider or in each center)**	Page5/Line1-5	Results/Paragraph1
	13b	For each group, losses and exclusions after randomization, together with reasons	Page5/Line2-3	Results/Paragraph1
	13c	**For each group, the delay between randomization and the initiation of the intervention**	Page5/Line2-3	Results/Paragraph1
	new	**Details of the experimental treatment and comparator as they were implemented**	Page5/Line2-3	Results/Paragraph1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Page3/Line1-2	Methords/Paragraph1
	14b	Why the trial ended or was stopped	Page3/Line1-2	Methords/Paragraph1
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group **[When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group.]**	Table2	Table2
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Page5/Line3	Results/Paragraph1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Page5/Line4-5	Results/Paragraph1
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Page5/Line2	Statistical
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Page5/Line4-5	Results/Paragraph1
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Page5/Line4-5	Results/Paragraph1
Discussion				
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses **(In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group)**	Page8/Line1-6	Discussion/Paragraph4
Generalizability	21	Generalizability (external validity, applicability) of the trial findings **[Generalizability (external validity) of the trial findings according to the intervention, comparators, patients, and care providers and centers involved in the trial]**	Page7/Line2-4	Discussion/Paragraph1
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Page7/Line14-17	Discussion/Paragraph2

Other information				
Registration	23	Registration number and name of trial registry	Page3/Line11-13	Methods/Paragraph1
Protocol	24	Where the full trial protocol can be accessed, if available	Page3/Line11-13	Methods/Paragraph1
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Page8/Line5-6	Acknowledgments/Paragr

* Additions or modifications to the 2010 CONSORT checklist. CONSORT = Consolidated Standards of Reporting Trials

† The items 5, 5a, 5b, 5c, 5d are consistent with the Template for Intervention Description and Replication (TIDieR) checklist

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Table 2 Items to include when reporting an RCT assessing NPT in a journal or conference abstract*

Section	Item	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title	Identification of the study as randomized	Page1/Line2-4	Title/Paragraph1
Authors	Contact details for the corresponding author	Page1/Line19-20	Correspondence/Paragraph5
Trial design	Description of the trial design (e.g. parallel, cluster, noninferiority)	Page1/Line2-4	Title/Paragraph1
Methods			
Participants	Eligibility criteria for participants and the settings where the data were collected **(When applicable, report eligibility criteria for centers where the intervention is performed and for care providers)**	Page3/Line14-26	Methods/Paragraph1
Interventions	Interventions intended for each group	Page3/Line29-34	Methods/Paragraph2
Objective	Specific objective or hypothesis	Page3/Line5-10	Introduction/Paragraph1
Outcome	Clearly defined primary outcome for this report	Page5/Line18-Page6/Line26	Results/Paragraph1-6
Randomization	How participants were allocated to interventions	Page3/Line15-16	Methods/Paragraph1
Blinding (masking)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment	Page3/Line14-26	Methods/Paragraph1
Results			
Number randomized	Number of participants randomized to each group	Page3/Line14	Methods/Paragraph1
Recruitment	Trial status	Page3/Line14-26	Methods/Paragraph1
	Report any important changes to the intervention delivered from what was planned	Page3/Line29-34	Methods/Paragraph2
Number analyzed	Number of participants analyzed in each group	Page5/Line4-5	Results/Paragraph1
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision	Page5/Line18-Page6/Line26	Results/Paragraph1-6
Harms	Important adverse events or side effects	Page5/Line4-5	Results/Paragraph1
Conclusions	General interpretation of the results	Page5/Line18-Page6/Line26	Results/Paragraph1-6

Trial registration	Registration number and name of trial register	Page8/Line33	Footnote/Paragraph2
Funding	Source of funding	Page8/Line12-13	Acknowledgments/Paragraph2

* CONSORT = Consolidated Standards of Reporting Trials; NPT = nonpharmacologic treatment; RCT = randomized controlled trial

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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.