TREND Statement Checklist

Paper Section/ Topic	ltem 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	Line 3-4 /Page 1	Title
		Structured abstract recommended	Line 3-4 /Page 1	Title
		Information on target population or study sample	Line 3-4 /Page 1	Title
Introduction				
Background	2	Scientific background and explanation of rationale	Line 78-87/Page 3	Introduction//Paragraph2
		Theories used in designing behavioral interventions	Line 70- 77 /Page 3	Introduction//Paragraph2
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	Line 97- 112 /Page 4	Methods/Paragraph1-3
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	Line 95- 96 /Page 4	Methods/Paragraph1-3
		Recruitment setting	Line 95- 96 /Page 4	Methods/Paragraph1-3
		Settings and locations where the data were collected	Line 95- 96 /Page 4	Methods/Paragraph1-3
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Content: what was given?	Line120 - 128 /Page 4	Methods/Paragraph6
		o Delivery method: how was the content given?	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Unit of delivery: how were the subjects grouped during delivery?	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Deliverer: who delivered the intervention?	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Setting: where was the intervention delivered?	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	N/A	N/A

		o Time span: how long was it intended to take to deliver the intervention to each unit?	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
		o Activities to increase compliance or adherence (e.g., incentives)	Line118 - 184 /Page 4-6	Methods/Paragraph5-12
Objectives	5	Specific objectives and hypotheses	Line 213-216 /Page7	Methods/Paragraph 19
Outcomes	6	Clearly defined primary and secondary outcome measures	Line 205 /Page 7	Methods/Paragraph 18
		Methods used to collect data and any methods used to enhance the quality of measurements	Line 95- 115 /Page 3-4	Methods//Paragraph1-3
		Information on validated instruments such as psychometric and biometric properties	N/A	N/A
Sample Size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	Line 211- 222 /Page 7	Methods/Paragraph 19
Assignment Method	8	Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)	Line 225- 228 /Page 7	Methods/Paragraph 19
		Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)	Line 225- 228 /Page 7	Methods/Paragraph 19
		Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	Line 225- 228 /Page 7	Methods/Paragraph 19
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.	N/A	N/A
Unit of Analysis	10	Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	Line 225- 228 /Page 7	Methods/Paragraph 19
		• 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)	N/A	N/A
Statistical Methods	11	Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	Line 230-238 /Page 7-8	Methods/Paragraph 20
		Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	Line 230-238 /Page 7-8	Methods/Paragraph 20
		Methods for imputing missing data, if used	Line 230-238 /Page 7-8	Methods/Paragraph 20
		Statistical software or programs used	Line 230-238 /Page 7-8	Methods/Paragraph 20
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)	Line 242- 247 /Page 8	Results/Paragraph1
		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	Line 242- 247 /Page 8	Results/Paragraph1

		o Assignment: the numbers of participants assigned to a study condition	Line 242- 247 /Page 8	Results/Paragraph1
		o Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention	Line 242- 247 /Page 8	Results/Paragraph1
		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	Line 242- 247 /Page 8	Results/Paragraph1
		o Analysis: the number of participants included in or excluded from the main analysis, by study condition	Line 242- 247 /Page 8	Results/Paragraph1
		Description of protocol deviations from study as planned, along with reasons	Line 245- 247 /Page 8	Results/Paragraph1
Recruitment	13	Dates defining the periods of recruitment and follow-up	Line 95-96 /Page 3	Methods/Paragraph 1
Baseline Data	14	Baseline demographic and clinical characteristics of participants in each study condition	Line 249- 253 /Page 8	Results/Paragraph 2
		Baseline characteristics for each study condition relevant to specific disease prevention research	Line 249- 253 /Page 8	Results/Paragraph 2
		Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	Line 249- 253 /Page 8	Results/Paragraph 2
		Comparison between study population at baseline and target population of interest	Line 249- 253 /Page 8	Results/Paragraph 2
Baseline equivalence	15	Data on study group equivalence at baseline and statistical methods used to control for baseline differences	Line 249- 253 /Page 8	Results/Paragraph 2
Numbers analyzed	16	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	Line 243- 245 /Page 8	Results/Paragraph1
		Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses	Line 245- 247 /Page 8	Results/Paragraph1
Outcomes and estimation	17	• 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	Line 255-281 /Page 8-9	Results/Paragraph 2-5
		Inclusion of null and negative findings	Line 255-281 /Page 8-9	Results/Paragraph 2-5
		Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any	Line 255-281 /Page 8-9	Results/Paragraph 2-5
Ancillary analyses	18	Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre- specified or exploratory	Line 269-273 /Page9	Results/Paragraph 5
Adverse events	19	Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)	Line 272- 275 /Page 9	Results/Paragraph 6
	1	1	l	1

DISCUSSION				
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	Line 284-287 /Page 9	Discussion/Paragraph 1
		Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	Line 313- 318 /Page 9	Discussion/Paragraph 4
		Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	Line 319- 331 /Page9	Discussion/Paragraph 5
		Discussion of research, programmatic, or policy implications	Line 319- 331 /Page9	Discussion/Paragraph 5
Generalizability	21	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	Line 332-341 /Page 11	Discussion/Paragraph 6
Overall Evidence	22	General interpretation of the results in the context of current evidence and current theory	Line 352- 356 /Page 11	Discussion/Paragraph 9

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/

Article Information: http://dx.doi.org/10.21037/jtd-20-2500 *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.