TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Repo	Reported?	
			٧	Section	
Title and Abst	ract				
Title and Abstract	1	Information on how unit were allocated to interventions	٧	Abstract	
		Structured abstract recommended	٧		
		Information on target population or study sample	٧		
Introduction			•		
Background	2	Scientific background and explanation of rationale	V	Introduction	
		Theories used in designing behavioral interventions		Not applicable	
		The state of the s	L		
Methods Participants	3	Eligibility critoria for participants, including critoria at different	١٧	Patients and Methods-	
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	V	Patients and Methods Patients	
		 Method of recruitment (e.g., referral, self-selection), including 	٧	- Tatients	
		the sampling method if a systematic sampling plan was	\ \ \		
		implemented			
		Recruitment setting	٧		
		Settings and locations where the data were collected	V		
Interventions	4	Details of the interventions intended for each study condition			
		and how and when they were actually administered, specifically			
		including:			
		Content: what was given?	٧	Patients and Methods-	
				Testing devices,	
				Protocol	
		 Delivery method: how was the content given? 	٧	Patients and Methods- Protocol	
		 Unit of delivery: how were the subjects grouped during delivery? 		Not applicable	
		Deliverer: who delivered the intervention?	٧	Patients and Methods-	
		 Setting: where was the intervention delivered? 	٧	Protocol	
		Exposure quantity and duration: how many sessions or	٧		
		episodes or events were intended to be delivered? How			
		long were they intended to last?			
		o Time span: how long was it intended to take to deliver the		Not applicable	
		intervention to each unit?		Not applicable	
		 Activities to increase compliance or adherence (e.g., incentives) 		Not applicable	
Objectives	5	Specific objectives and hypotheses	٧	Introduction	
Outcomes	6	Clearly defined primary and secondary outcome measures		Not applicable	
		Methods used to collect data and any methods used to enhance	٧	Patients and Methods-	
		the quality of measurements		Protocol	
		• Information on validated instruments such as psychometric and	٧	Patients and Methods-	
		biometric properties		Testing devices	
Sample Size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules		Not applicable	
Assignment Method	8	Unit of assignment (the unit being assigned to study condition,		Not applicable	
		e.g., individual, group, community)			
		Method used to assign units to study conditions, including		Not applicable	
		details of any restriction (e.g., blocking, stratification,			
		minimization)			
		Inclusion of aspects employed to help minimize potential bias		Not applicable	
		induced due to non-randomization (e.g., matching)			

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Blinding	9	Whether or not participants, those administering the		Not applicable
(masking)		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.		
Unit of	10	Description of the smallest unit that is being analyzed to assess		Not applicable
Analysis		intervention effects (e.g., individual, group, or community)		
		If the unit of analysis differs from the unit of assignment, the		Not applicable
		analytical method used to account for this (e.g., adjusting the		
		standard error estimates by the design effect or using multilevel		
		analysis)		
Statistical	11	Statistical methods used to compare study groups for primary	٧	Patients and Methods-
Methods		methods outcome(s), including complex methods of correlated		Statistical Analysis
		data		
		Statistical methods used for additional analyses, such as a	٧	
		subgroup analyses and adjusted analysis		
		Methods for imputing missing data, if used		Not applicable
		Statistical software or programs used	٧	Patients and Methods-
				Statistical Analysis
		,	ı	·
Results	1	T	ı	
Participant	12	Flow of participants through each stage of the study:		
flow		enrollment, assignment, allocation, and intervention exposure,		
		follow-up, analysis (a diagram is strongly recommended)		
		o Enrollment: the numbers of participants screened for	٧	Results-Clinical
		eligibility, found to be eligible or not eligible, declined to be		features
		enrolled, and enrolled in the study		
		 Assignment: the numbers of participants assigned to a 	٧	
		study condition		
		Allocation and intervention exposure: the number of		Not applicable
		participants assigned to each study condition and the		
		number of participants who received each intervention		
		o Follow-up: the number of participants who completed the	٧	Results-Clinical
		follow-up or did not complete the follow-up (i.e., lost to		features
		follow-up), by study condition		
		o Analysis: the number of participants included in or excluded	٧	
		from the main analysis, by study condition		
		Description of protocol deviations from study as planned, along	٧	Results-Clinical
		with reasons		features
Recruitment	13	Dates defining the periods of recruitment and follow-up	٧	Patients and Methods-
				Patients
Baseline	14	Baseline demographic and clinical characteristics of participants	٧	Results-Clinical
Data		in each study condition		features
		Baseline characteristics for each study condition relevant to		Not applicable
		specific disease prevention research		
		Baseline comparisons of those lost to follow-up and those		Not applicable
		retained, overall and by study condition		
		Comparison between study population at baseline and target		Not applicable
		population of interest		
Baseline	15	Data on study group equivalence at baseline and statistical		Not applicable
equivalence		methods used to control for baseline differences		
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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		Results
		Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses		Not applicable
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		Not applicable
		Inclusion of null and negative findings		Not applicable
		 Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 		Not applicable
Ancillary analyses	18	 Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 	٧	Results – all sections
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)		Not applicable
Discussion				
Interpretatio n	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	٧	Discussion
		Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations		Not applicable
		Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	٧	Discussion
		Discussion of research, programmatic, or policy implications	٧	
Generalizabil ity	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 	٧	Discussion
Overall Evidence	22	General interpretation of the results in the context of current evidence and current theory	٧	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/