

# CONSORT 2010 checklist of information to include when reporting a randomised trial\*

Section/Topic	Item No	Checklist item	Reported on page No
<b>Title and abstract</b>			
<b>Introduction</b>	1a	Identification as a randomised trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	pg 1 5-4
<b>Background and objectives</b>	2a	Scientific background and explanation of rationale	5-6
	2b	Specific objectives or hypotheses	5-6
<b>Methods</b>			
<b>Trial design</b>	3a	Description of trial design (such as parallel, factorial) including allocation ratio	7-9
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	NA
	4a	Eligibility criteria for participants	7
<b>Participants</b>	4b	Settings and locations where the data were collected	7
	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	7-9, Fig 1 9-10
<b>Interventions</b>	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	9
	6b	Any changes to trial outcomes after the trial commenced, with reasons	10
	7a	How sample size was determined	10
<b>Sample size</b>	7b	When applicable, explanation of any interim analyses and stopping guidelines	10
	<b>Randomisation:</b>		
<b>Sequence generation</b>	8a	Method used to generate the random allocation sequence	8
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	8
<b>Allocation concealment mechanism</b>	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	8
	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	8
<b>Blinding</b>	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	8

		assessing outcomes) and how	
Statistical methods	11b	If relevant, description of the similarity of interventions	8
	12a	Statistical methods used to compare groups for primary and secondary outcomes	10-11
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	10-11
<b>Results</b>			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	11, Fig 2
	13b	For each group, losses and exclusions after randomisation, together with reasons	11, Fig 2
Recruitment	14a	Dates defining the periods of recruitment and follow-up	7
	14b	Why the trial ended or was stopped	7
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	27-28
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	29-30, Fig 2
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)	12-15, 25-30
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	12-15, 29-30
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	12-15
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	15
<b>Discussion</b>			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	18
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	18
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	15-19
<b>Other information</b>			
Registration	23	Registration number and name of trial registry	6
Protocol	24	Where the full trial protocol can be accessed, if available	Supp provided
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	2

\*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming; for those and for up to date references relevant to this checklist, see [www.consort-statement.org](http://www.consort-statement.org).