PONE – D- 16-06104; Effectiveness of a Group Support Lifestyle Modification (GSLiM) Programme among Obese Adult in Workplace: A Randomised Controlled Trial
CONSORT 2010 checklist of information to include when reporting a randomised trial

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	line 1 – 3; page 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Page 2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	line 50 – 77; page 4 - 5
	2b	Specific objectives or hypotheses	line 80 to 85; page 5
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	line 87; page 5
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Nil
Participants	4a	Eligibility criteria for participants	line 99 – 103; page 6
	4b	Settings and locations where the data were collected	line 97 - 98; page 6
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Line 126 – 170; page 11 - 12
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Line 172 – 220; page 13 -14
	6b	Any changes to trial outcomes after the trial commenced, with reasons	Nil
Sample size	7a	How sample size was determined	Line 222- 225; page 14
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Nil
Randomisation:			
Sequence	8a	Method used to generate the random allocation sequence	Line 116 - 117;

generation			page 7
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Line 115; page 7
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	Line 117 - 118; page 7
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Line 114, page 7
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Line 117 - 118; page 7
	11b	If relevant, description of the similarity of interventions	-
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Line 237 – 238; page 15
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Line 241 – 243; Page 15
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 analysed for the primary outcome	Flow diagram
	13b	For each group, losses and exclusions after randomisation, together with reasons	Flow diagram
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Line 94-95; page 6
	14b	Why the trial ended or was stopped	-
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 4; Page 17
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Table 4; Page 17
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)	Table 6 -8 ; page 19 - 22
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Line 261 – 262 , page 18;
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	-
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Line 350- 253;

			Page 24
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Line 418 – 444; page 28 - 29
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Line 415 – 417 ; page 28
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Line 370 – 414; Page 24 -25
Other information			Line 88 – 89;
Registration	23	Registration number and name of trial registry	Page 5
Protocol	24	Where the full trial protocol can be accessed, if available	With this submission as additional information
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Line 90; Page 5