TREND Statement Checklist

Paper Section/ Topic	Item	Descriptor	Reported?	
	No		\checkmark	Pg #
Title and Abst	ract			
Title and	1	Information on how unit were allocated to interventions	х	2
Abstract		Structured abstract recommended	х	2
		Information on target population or study sample	х	2
Introduction				
Background	2	Scientific background and explanation of rationale	х	3-4
C		Theories used in designing behavioral interventions	х	3-4
Methods				
Participants	3	Eligibility criteria for participants, including criteria at different levels in		
		recruitment/sampling plan (e.g., cities, clinics, subjects)	x	5
		 Method of recruitment (e.g., referral, self-selection), including the 		
		sampling method if a systematic sampling plan was implemented	х	5-7
		Recruitment setting	x	5-7
		Settings and locations where the data were collected	х	5-7
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? 	x	5-7
		 Delivery method: how was the content given? 	x	5-7
		 Unit of delivery: how were the subjects grouped during delivery? 	x	5-7
		 Deliverer: who delivered the intervention? 		5-7
		 Setting: where was the intervention delivered? 	X	5-7
		• Exposure quantity and duration: how many sessions or episodes or	N/A	
		events were intended to be delivered? How long were they intended to last?	11/71	
		 Time span: how long was it intended to take to deliver the 		
		intervention to each unit?	х	5-7
		 Activities to increase compliance or adherence (e.g., incentives) 	N/A	
Objectives	5	Specific objectives and hypotheses	x	4
Outcomes	6	Clearly defined primary and secondary outcome measures	x	8-10
		Methods used to collect data and any methods used to enhance the		
		quality of measurements	x	8
		• Information on validated instruments such as psychometric and biometric		
		properties	х	7
Sample Size	7	• How sample size was determined and, when applicable, explanation of any		
Accignment	0	interim analyses and stopping rules	N/A	
Assignment Method	8	 Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community) 		F
		 Method used to assign units to study conditions, including details of any 	X	5
		restriction (e.g., blocking, stratification, minimization)	x	5
		 Inclusion of aspects employed to help minimize potential bias induced due 	^	
		to non-randomization (e.g., matching)	x	5

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Blinding	9	• Whether or not participants, those administering the interventions, and		
(masking)		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	
Unit of Analysis	10	 Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 	х	5
		 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	
Statistical	11	Statistical methods used to compare study groups for primary methods		
Methods		outcome(s), including complex methods of correlated data	х	10
		Statistical methods used for additional analyses, such as a subgroup		
		analyses and adjusted analysis	х	10
		Methods for imputing missing data, if used	х	10
		Statistical software or programs used	х	10
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)		
		 Enrollment: the numbers of participants screened for eligibility, 		
		found to be eligible or not eligible, declined to be enrolled, and		
		enrolled in the study	X	10-15
		 Assignment: the numbers of participants assigned to a study condition 	x	10-15
		 Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	x	10-15
		 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 	N/A	
		 Analysis: the number of participants included in or excluded from the main analysis, by study condition 	x	10-15
		 Description of protocol deviations from study as planned, along with reasons 	N/A	
Recruitment	13	Dates defining the periods of recruitment and follow-up	х	5
Baseline Data	14	Baseline demographic and clinical characteristics of participants in each		
		study condition	х	10-15
		Baseline characteristics for each study condition relevant to specific		
		disease prevention research	N/A	
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	N/A	
		 Comparison between study population at baseline and target population of interest 	v	14-15
Baseline	15	 Data on study group equivalence at baseline and statistical methods used 	X	14-10
equivalence	10	to control for baseline differences	N/A	

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Numbers	16	Number of participants (denominator) included in each analysis for each		
analyzed		study condition, particularly when the denominators change for different		
		outcomes; statement of the results in absolute numbers when feasible	Х	10-15
		• Indication of whether the analysis strategy was "intention to treat" or, if		
		not, description of how non-compliers were treated in the analyses	N/A	
Outcomes and	17	• For each primary and secondary outcome, a summary of results for each		
estimation		estimation study condition, and the estimated effect size and a confidence		
		interval to indicate the precision	X	14-15
		Inclusion of null and negative findings	N/A	
		Inclusion of results from testing pre-specified causal pathways through		
		which the intervention was intended to operate, if any	N/A	
Ancillary	18	• Summary of other analyses performed, including subgroup or restricted		
analyses		analyses, indicating which are pre-specified or exploratory	Х	10-14
Adverse events	19	• Summary of all important adverse events or unintended effects in each		
		study condition (including summary measures, effect size estimates, and	N/A	
		confidence intervals)		
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	Х	15-18
		Discussion of results taking into account the mechanism by which the		
		intervention was intended to work (causal pathways) or alternative		
		mechanisms or explanations	х	15-18
		• Discussion of the success of and barriers to implementing the intervention,		
		fidelity of implementation	Х	15-18
		Discussion of research, programmatic, or policy implications	Х	15-18
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	Х	15-18
		the study, and other contextual issues		
Overall	22	General interpretation of the results in the context of current evidence		
Evidence		and current theory	Х	15-18

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: <u>http://www.cdc.gov/trendstatement/</u>