

## The TIDieR (Template for Intervention Description and Replication) Checklist\*:

Information to include when describing an intervention and the location of the information

Item	Item	Where located **	
number		Primary paper	Other † (details)
		(page or appendix	
		number)	
4	BRIEF NAME	D 7: 1 400	
1.	Provide the name or a phrase that describes the intervention.	P 7; L 106	
	WHY		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.	P 5-6	
	WHAT		
3.	Materials: Describe any physical or informational materials used in the intervention, including those	P 6; L 89	Also see ref 20
	provided to participants or used in intervention delivery or in training of intervention providers.	P 9; L147	
	Provide information on where the materials can be accessed (e.g. online appendix, URL).		
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention,	P 9-10	
	including any enabling or support activities.		
	WHO PROVIDED		
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their	P 12; L 215-230	
	expertise, background and any specific training given.		
	HOW		
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or	P 9-10	
	telephone) of the intervention and whether it was provided individually or in a group.		
	WHERE		
7.	Describe the type(s) of location(s) where the intervention occurred, including any necessary	P 6; L 89	
	infrastructure or relevant features.	P 8; L 119-121	
		-,	

	WHEN and HOW MUCH		
8.	Describe the number of times the intervention was delivered and over what period of time including	P 9; L143	
	the number of sessions, their schedule, and their duration, intensity or dose.	P 13-14; L 248-	
		264	
	TAILORING		
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why,	P 9-10; L 158-	
	when, and how.	172	
	MODIFICATIONS		
10.‡	If the intervention was modified during the course of the study, describe the changes (what, why,	P 16-17; L 310-	
	when, and how).	334	
	HOW WELL		
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any	N/A	
	strategies were used to maintain or improve fidelity, describe them.		
12.‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the	In process	
	intervention was delivered as planned.		

<sup>\*\*</sup> **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

<sup>†</sup> If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

<sup>‡</sup> If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

<sup>\*</sup> We strongly recommend using this checklist in conjunction with the TIDieR guide (see BMJ 2014;348:g1687) which contains an explanation and elaboration for each item.

<sup>\*</sup> The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a randomised trial is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see <a href="https://www.consort-statement.org">www.consort-statement.org</a>) as an extension of <a href="https://www.consort-statement.org">ttem 5 of the CONSORT 2010 Statement</a>. When a clinical trial protocol is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of <a href="https://www.consort-statement.org">ttem 11 of the SPIRIT 2013</a>

