TREND Statement Checklist

Paper Section/ Topic	Item	Descriptor	Reported?	
	No			Pg #
Title and Abst	ract			
Title and	1	Information on how unit were allocated to interventions	Yes	6&Fig1
Abstract		Structured abstract recommended	Yes	3
		Information on target population or study sample	Yes	6&Fig1
Introduction				
Background	2	Scientific background and explanation of rationale	Yes	4-5
0		Theories used in designing behavioral interventions	NA	
Methods			I	
Participants	3	Eligibility criteria for participants, including criteria at different levels in		
		recruitment/sampling plan (e.g., cities, clinics, subjects)	Yes	6,20,21
		 Method of recruitment (e.g., referral, self-selection), including the 	Yes	
		sampling method if a systematic sampling plan was implemented		6,20,21
		Recruitment setting	Yes	20
		Settings and locations where the data were collected	Yes	20-21
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? 		5,6,7
		 Delivery method: how was the content given? 	N/A	
		 Unit of delivery: how were the subjects grouped during delivery? 	N/A	5
		 Deliverer: who delivered the intervention? 	N/A	20
		 Setting: where was the intervention delivered? 	N/A	20
		• Exposure quantity and duration: how many sessions or episodes or		5-7& 20-21
		events were intended to be delivered? How long were they intended to last?	N/A	
		 Time span: how long was it intended to take to deliver the 	N/A	5-7&
		intervention to each unit?		20-21
		 Activities to increase compliance or adherence (e.g., incentives) 	N/A	20-21
Objectives	5	Specific objectives and hypotheses	Yes	5
Outcomes	6	Clearly defined primary and secondary outcome measures	Yes	27
		 Methods used to collect data and any methods used to enhance the quality of measurements 	Yes	20-27
		 Information on validated instruments such as psychometric and biometric properties 	N/A	
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	Yes	27
Assignment Method	8	 Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community) 	Yes	5-7&20-
		 Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization) 	NA	5-7&20-2
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	Yes	6,20,F1

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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.	Yes	7,25
Unit of Analysis	10	 Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 	Yes	20-27
		 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 Methods	11	 Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data 	Yes	27
		 Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 	Yes	27
		Methods for imputing missing data, if used	NA	
		Statistical software or programs used	Yes	27
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) 	Yes	Fig 1
		 Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study 	Yes	Fig1
		 Assignment: the numbers of participants assigned to a study condition 	Yes	Fig 1
		 Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	Yes	Fig1
		 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 	Yes	Fig1
		 Analysis: the number of participants included in or excluded from the main analysis, by study condition 	Yes	Fig1
		 Description of protocol deviations from study as planned, along with reasons 	Yes	Fig1
Recruitment	13	Dates defining the periods of recruitment and follow-up	Yes	5-6, 20
Baseline Data	14	Baseline demographic and clinical characteristics of participants in each study condition	Yes	Table 1
		Baseline characteristics for each study condition relevant to specific disease prevention research	Yes	20-21 Table 1
		 Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 	NA	
		 Comparison between study population at baseline and target population of interest 	NA	
Baseline equivalence	15	 Data on study group equivalence at baseline and statistical methods used to control for baseline differences 	Yes	Table ²

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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	Yes	Fig1 & Tables
		 Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses 	Yes	20
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	Yes	Figs & Tables
		Inclusion of null and negative findings	Yes	6-12
		 Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	Yes	8, 11
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	Yes	6-12
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)	Yes	6,20-21
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	Yes	6-19
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	Yes	13,16
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	Yes	13-16
		Discussion of research, programmatic, or policy implications	Yes	13-19
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 the study, and other contextual issues	Yes	13-19
Overall Evidence	22	General interpretation of the results in the context of current evidence and current theory	Yes	13-19

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>