




TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions	p 2 lines 46-50	Abstract, paragraph 2
		• Structured abstract recommended	p 2 lines 41-62	Abstract, paragraphs 1-4
		• Information on target population or study sample	p 2 lines 46-50	Abstract, paragraph 2
Introduction				
Background	2	• Scientific background and explanation of rationale	p3-4 lines 66-102	Introduction, paragraphs 1-2
		• Theories used in designing behavioral interventions	p3-4 lines 66-102	Introduction, paragraph 2
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	p4-6 lines 106-142	Methods, paragraph 1
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	p4-6 lines 106-142	Methods, paragraph 1
		• Recruitment setting	p4-6 lines 106-142	Methods, paragraph 1
		• Settings and locations where the data were collected	p4-6 lines 106-142	Methods, paragraph 1
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	p6 lines 130-152	Methods, paragraph 3
		o Content: what was given?	p6 lines 130-152	Methods, paragraph 2-3
		o Delivery method: how was the content given?	p6 lines 130-152	Methods, paragraph 2-3
		o Unit of delivery: how were the subjects grouped during delivery?	p6 lines 130-152	Methods, paragraph 2-3
		o Deliverer: who delivered the intervention?	p6 lines 130-152	Methods, paragraph 2-3
		o Setting: where was the intervention delivered?	p6 lines 130-152	Methods, paragraph 2-3
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	p6 lines 130-152	Methods, paragraph 2-3

		<ul style="list-style-type: none"> o Time span: how long was it intended to take to deliver the intervention to each unit? 	p6 lines 130-152	Methods, paragraph 2-3
		<ul style="list-style-type: none"> o Activities to increase compliance or adherence (e.g., incentives) 	n/a	n/a
Objectives	5	<ul style="list-style-type: none"> • Specific objectives and hypotheses 	p4 lines 106-111	Introduction, paragraph 4
Outcomes	6	<ul style="list-style-type: none"> • Clearly defined primary and secondary outcome measures 	p4 lines 106-111	Introduction, paragraph 4
		<ul style="list-style-type: none"> • Methods used to collect data and any methods used to enhance the quality of measurements 	p6 lines 130-152	Methods, paragraph 2-3
		<ul style="list-style-type: none"> • Information on validated instruments such as psychometric and biometric properties 	n/a	n/a
Sample Size	7	<ul style="list-style-type: none"> • How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules 	p4 lines 106-108	Methods, paragraph 1
Assignment Method	8	<ul style="list-style-type: none"> • Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community) 	p4-5 lines 106-116	Methods, paragraph 1
		<ul style="list-style-type: none"> • Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization) 	p4-5 lines 106-116	Methods, paragraph 1
		<ul style="list-style-type: none"> • Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching) 	n/a	n/a
Blinding (masking)	9	<ul style="list-style-type: none"> • Whether or not participants, those administering the interventions, and 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	n/a
Unit of Analysis	10	<ul style="list-style-type: none"> • Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 	p4-5 lines 106-116	Methods, paragraph 1
		<ul style="list-style-type: none"> • 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	n/a
Statistical Methods	11	<ul style="list-style-type: none"> • Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data 	p8 lines 192-193	Methods, paragraph 8-9
		<ul style="list-style-type: none"> • Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 	n/a	n/a
		<ul style="list-style-type: none"> • Methods for imputing missing data, if used 	n/a	n/a
		<ul style="list-style-type: none"> • Statistical software or programs used 	p8 lines 192-193	Methods, paragraph 9
Results				
Participant flow	12	<ul style="list-style-type: none"> • Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended) 	p4-6 lines 106-144	Methods, paragraph 1 and Figure 1
		<ul style="list-style-type: none"> o Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study 	p4-6 lines 106-144	Methods, paragraph 1-2

		<ul style="list-style-type: none"> o Assignment: the numbers of participants assigned to a study condition 	p4-6 lines 106-144	Methods, paragraph 1-3
		<ul style="list-style-type: none"> o Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	p4-6 lines 106-144	Methods, paragraph 1-3
		<ul style="list-style-type: none"> o 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 	p4-6 lines 106-144	Methods, paragraph 1-3
		<ul style="list-style-type: none"> o Analysis: the number of participants included in or excluded from the main analysis, by study condition 	p4-6 lines 106-144	Methods, paragraph 1-3
		<ul style="list-style-type: none"> • Description of protocol deviations from study as planned, along with reasons 	n/a	n/a
Recruitment	13	<ul style="list-style-type: none"> • Dates defining the periods of recruitment and follow-up 	p4-5 lines 106-116	Methods, paragraph 1-3
Baseline Data	14	<ul style="list-style-type: none"> • Baseline demographic and clinical characteristics of participants in each study condition 	p8-9 lines 195-205	Results, paragraph 1, 
		<ul style="list-style-type: none"> • Baseline characteristics for each study condition relevant to specific disease prevention research 	p8-9 lines 195-205	Results, paragraph 1, 
		<ul style="list-style-type: none"> • Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 	p8-9 lines 195-205	Results, paragraph 1, 
		<ul style="list-style-type: none"> • Comparison between study population at baseline and target population of interest 	n/a	n/a
Baseline equivalence	15	<ul style="list-style-type: none"> • Data on study group equivalence at baseline and statistical methods used to control for baseline differences 	n/a	n/a
Numbers analyzed	16	<ul style="list-style-type: none"> • 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 	p8-9 lines 195-205	Results, paragraph 1, Table 1
		<ul style="list-style-type: none"> • 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	n/a
Outcomes and estimation	17	<ul style="list-style-type: none"> • 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 	p9-13, lines 214-287	Results, paragraph 2-6
		<ul style="list-style-type: none"> • Inclusion of null and negative findings 	p9-13, lines 214-287	Results, paragraph 2-6
		<ul style="list-style-type: none"> • Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	n/a	n/a
Ancillary analyses	18	<ul style="list-style-type: none"> • Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 	n/a	n/a
Adverse events	19	<ul style="list-style-type: none"> • Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals) 	p8-9, lines 196-206	Results, paragraph 1

DISCUSSION				
Interpretation	20	<ul style="list-style-type: none"> • 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 	p13-16, lines 291-358	Discussion, paragraph 1
		<ul style="list-style-type: none"> • Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations 	p13-16, lines 291-358	Discussion, paragraph 1
		<ul style="list-style-type: none"> • Discussion of the success of and barriers to implementing the intervention, fidelity of implementation 	p13-16, lines 291-358	Discussion, paragraph 6
		<ul style="list-style-type: none"> • Discussion of research, programmatic, or policy implications 	p13-16, lines 291-358	Discussion, paragraph 7
Generalizability	21	<ul style="list-style-type: none"> • 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 	p13-16, lines 291-358	Discussion, paragraph 6
Overall Evidence	22	<ul style="list-style-type: none"> • General interpretation of the results in the context of current evidence and current theory 	p13-16, lines 291-358	Discussion, paragraph 6-7

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

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.