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	NA	
Abstract		Structured abstract recommended	yes	2
		Information on target population or study sample	yes	1-2
Introduction				
Background	2	Scientific background and explanation of rationale	yes	3-4
Buckground	_	Theories used in designing behavioral interventions	NA	3-4
		Theories used in designing behavioral interventions	1111	
Methods			T	
Participants	3	Eligibility criteria for participants, including criteria at different levels in	yes	15
		recruitment/sampling plan (e.g., cities, clinics, subjects)		
		Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	yes	15
		Recruitment setting	******	1.5
			yes	15
Interventions	4	 Settings and locations where the data were collected Details of the interventions intended for each study condition and how 	yes	15
interventions	4	and when they were actually administered, specifically including:		
		Content: what was given?	yes	15
		Delivery method: how was the content given?	yes	15
		 Unit of delivery: how were the subjects grouped during delivery? 	yes	15
		Deliverer: who delivered the intervention?	yes	15
		 Setting: where was the intervention delivered? 	yes	15
		 Exposure quantity and duration: how many sessions or episodes or 	yes	15
		events were intended to be delivered? How long were they intended to last?		
		 Time span: how long was it intended to take to deliver the intervention to each unit? 	yes	15
		 Activities to increase compliance or adherence (e.g., incentives) 	yes	15
Objectives	5	Specific objectives and hypotheses	yes	3-4
Outcomes	6	Clearly defined primary and secondary outcome measures	NA	
		Methods used to collect data and any methods used to enhance the	yes	15-18
		quality of measurements		
		Information on validated instruments such as psychometric and biometric	yes	15-18
		properties		
Sample Size	7	How sample size was determined and, when applicable, explanation of any	NA	
		interim analyses and stopping rules		
Assignment Method	8	Unit of assignment (the unit being assigned to study condition, e.g.,	NA	
		individual, group, community)		
		Method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to study conditions, including details of any method used to assign units to a	NA	
		restriction (e.g., blocking, stratification, minimization)		
		 Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching) 	NA	

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Blinding	9	Whether or not participants, those administering the interventions, and	NA	
(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.	NA	
Unit of Analysis	10	Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	yes	5-9
		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)	yes	17-18
Statistical Methods	11	Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	yes	17-18
		 Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 	yes	17-18
		Methods for imputing missing data, if used	yes	17-18
		Statistical software or programs used	yes	17-18
Doculto				
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	5
		 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	5
		 Assignment: the numbers of participants assigned to a study condition 	yes	5
		 Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	NA	
		 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	5
		 Analysis: the number of participants included in or excluded from the main analysis, by study condition 	yes	5
		Description of protocol deviations from study as planned, along with reasons	NA	
Recruitment	13	Dates defining the periods of recruitment and follow-up	yes	15
Baseline Data	14	Baseline demographic and clinical characteristics of participants in each study condition	yes	5
		Baseline characteristics for each study condition relevant to specific disease prevention research	NA	
		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	15	Data on study group equivalence at baseline and statistical methods used	1	1

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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	5-9
		 Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses 	NA	
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	NA	
		Inclusion of null and negative findings	yes	5-9
		 Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	yes	5-9
Ancillary analyses	18	Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	yes	5-9
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)	NA	
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	10-14
		Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	yes	10-14
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	yes	10-14
		Discussion of research, programmatic, or policy implications	yes	10-14
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	10-14
Overall Evidence	22	General interpretation of the results in the context of current evidence and current theory	yes	10-14

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/