TREND Statement Checklist

	1	Postalistics	n
Paper Section/	ltem No	Descriptor	Reported?
Section/ Topic	INU		-√/ Pg#
	/• I		
Title and Abst	ract		
Title and	1	Information on how unit were allocated to interventions Title 4 Abstraction Title 4 Ab	net
Abstract		Structured abstract recommended Abstract	
		Information on target population or study sample Designed Meth	pds
Introduction			
Background	2	Scientific background and explanation of rationale The duction	<i>I</i>
Duckground	-	 Scientific background and explanation of rationale Theories used in designing behavioral interventions 	
		Theories used in designing behavioral interventions	
Methods			
Participants	3	• Eligibility criteria for participants, including criteria at different levels in 50-6	rets. Recountary
		recruitment/sampling plan (e.g., cities, clinics, subjects)	minothy of
		Method of recruitment (e.g., referral, self-selection), including the	- 114. 311. I
		sampling method if a systematic sampling plan was implemented	0
		Recruitment setting	11
		Settings and locations where the data were collected	11
Interventions	4	Potable of the interpretions intended for each study condition and hour	
		and when they were actually administered, specifically including:	dobile Bakel
			rivertien "
		Delivery method: how was the content given?	1
		Unit of delivery: how were the subjects grouped during delivery?	4
	Ì	Deliverer: who delivered the intervention?	
		Setting: where was the intervention delivered?	······································
		Exposure quantity and duration: how many sessions or episodes or	
		events were intended to be delivered? How long were they	l a
		intended to last?	"
		Time span: how long was it intended to take to deliver the	***************************************
		intervention to each unit?	l n
		Activities to increase compliance or adherence (e.g., incentives)	((
Objectives	5		10 due 401
Outcomes	6	Clearly defined primary and secondary outcome measures	. I Her.
			the Assessment
		·	havior of Physical
		 Information on validated instruments such as psychometric and biometric A 	
		properties	11 11
Sample Size	7	How sample size was determined and, when applicable, explanation of any	
	'	interim analyses and stopping rules	Statistical
Assignment	8	 Unit of assignment (the unit being assigned to study condition, e.g., Suline) 	Apalysis
Method		individual, group, community)	nunction of Eli
		Method used to assign units to study conditions, including details of any	
	***************************************	restriction (e.g., blocking, stratification, minimization)	II
		Inclusion of aspects employed to help minimize potential bias induced due	Statistical

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Blinding (masking)	9	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.	Stude Desic	N
Unit of Analysis	10	Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	Stud	Tsign
		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//-	{
Statistical Methods	11	Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	Statist	ical Ana
		Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	11	
		Methods for imputing missing data, if used	N/A	
		Statistical software or programs used		Joel A
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)	Figur	e 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 	\	
		 Assignment: the numbers of participants assigned to a study condition 	ц	
		 Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	(1	
		 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 	4)	
		 Analysis: the number of participants included in or excluded from the main analysis, by study condition 	N/A	
		 Description of protocol deviations from study as planned, along with reasons 	N/A	
Recruitment	13	Dates defining the periods of recruitment and follow-up	watd	Ellain
Baseline Data	14	 Baseline demographic and clinical characteristics of participants in each study condition 	Tabl	, 1
na (via segreta)		 Baseline characteristics for each study condition relevant to specific disease prevention research 	(1	
		 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 	N/A	÷
Baseline equivalence	15	 Data on study group equivalence at baseline and statistical methods used to control for baseline differences 	Statis	Hea(

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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 	N/4	•
		 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 	Toubl	e2
		Inclusion of null and negative findings Princip Outcomes And	1815, Se	cadary
		 Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	N/A	
Ancillary analyses	18	 Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 	NA	
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, 	J	uslen
]	and other limitations or weaknesses of the study	Visc	41.0-C
	ng se s control	 and other limitations or weaknesses of the study Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations 	Visco	
	THE PERSON NO.	Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative		
		 Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations Discussion of the success of and barriers to implementing the intervention, 	11	
Generalizability	21	 Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations Discussion of the success of and barriers to implementing the intervention, fidelity of implementation 	[1 [1	
Generalizability	21	 Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations Discussion of the success of and barriers to implementing the intervention, fidelity of implementation Discussion of research, programmatic, or policy implications Generalizability (external validity) of the trial findings, taking into account 	11	

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/