

Table S1: TREND Statement Checklist

| Paper Section/Topic | Item No. | Descriptor | Reported? | |
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| | | | ✓ | Pg # |
| TITLE and ABSTRACT | | | | |
| Title and Abstract | 1 | • Information on how units were allocated to interventions | ✓ | 1 |
| | | • Structured abstract recommended | ✓ | 1 |
| | | • Information on target population or study sample | ✓ | 1 |
| INTRODUCTION | | | | |
| Background | 2 | • Scientific background and explanation of rationale | ✓ | 1-2 |
| | | • Theories used in designing behavioral interventions | ✓ | 2 |
| METHODS | | | | |
| Participants | 3 | • Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects) | ✓ | 3 |
| | | • Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented | ✓ | 3 |
| | | • Recruitment setting | ✓ | 3 |
| | | • Settings and locations where the data were collected | ✓ | 3 |
| 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? | ✓ | 4 |
| | | ○ Delivery method: how was the content given? | ✓ | 4 |
| | | ○ Unit of delivery: how were subjects grouped during delivery? | ✓ | 4 |
| | | ○ Deliverer: who delivered the intervention? | ✓ | 4 |
| | | ○ Setting: where was the intervention delivered? | ✓ | 4 |
| | | ○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last? | ✓ | 4 |
| | | ○ Time span: how long was it intended to take to deliver the intervention to each unit? | ✓ | 4 |
| ○ Activities to increase compliance or adherence (e.g., incentives) | ✓ | 4 | | |
| Objectives | 5 | • Specific objectives and hypotheses | ✓ | 2 |
| Outcomes | 6 | • Clearly defined primary and secondary outcome measures | ✓ | 5 |
| | | • Methods used to collect data and any methods used to enhance the quality of measurements | ✓ | 5 |
| | | • Information on validated instruments such as psychometric and biometric properties | ✓ | Table 1 |
| Sample size | 7 | • How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules | N/A | N/A |
| Assignment method | 8 | • Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community) | ✓ | 4 |
| | | • Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization) | N/A | N/A |
| | | • Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching) | N/A | N/A |
| 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 | N/A | N/A |
| Unit of Analysis | 10 | • Description of the smallest unit that is being analysed to assess intervention effects (e.g., individual, group, or community) | ✓ | 4 |
| | | • 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 | N/A | N/A |

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| | | using multilevel analysis) | | |
| Statistical methods | 11 | • Statistical methods used to compare study groups for primary methods outcome(s), including complex methods for correlated data | N/A | N/A |
| | | • Statistical methods used for additional analyses, such as subgroup analyses and adjusted analysis | ✓ | 5 |
| | | • Methods for imputing missing data, if used | N/A | N/A |
| | | • Statistical software or programs used | ✓ | 5 |
| 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) | ✓ | 5-6 |
| | | ○ Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study | ✓ | 5-6 |
| | | ○ Assignment: the numbers of participants assigned to a study condition | N/A | N/A |
| | | ○ Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention | N/A | N/A |
| | | ○ 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 | ✓ | 5-6 |
| | | ○ Analysis: the number of participants included in or excluded from the main analysis, by study condition | ✓ | 5-6 |
| | | • Description of protocol deviations from study as planned, along with reasons | No deviation from registered protocol | |
| Recruitment | 13 | • Dates defining the periods of recruitment and follow-up | ✓ | 4 |
| Baseline data | 14 | • Baseline demographic and clinical characteristics of participants in each study condition | ✓ | 6 |
| | | • Baseline characteristics for each study condition relevant to specific disease prevention research | N/A | N/A |
| | | • Baseline comparisons of those lost to follow-up and those retained, overall and by study condition | N/A | N/A |
| | | • Comparison between study population at baseline and target population of interest | N/A | N/A |
| Baseline equivalence | 15 | • Data on study group equivalence at baseline and statistical methods used to control for baseline differences | N/A | N/A |
| 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 | ✓ | 6-7 |
| | | • Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses | ✓ | 5 |
| 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 | ✓ | 5-9 |
| | | • Inclusion of null and negative findings | ✓ | 5-9 |
| | | • 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 | • Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory | N/A | N/A |
| 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) | ✓ | 8 |
| 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 | ✓ | 9-10 |
| | | • Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations | ✓ | 9-10 |
| | | • Discussion of the success of and barriers to implementing the intervention, fidelity of implementation | ✓ | 9-10 |

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| | | <ul style="list-style-type: none"> • Discussion of research, programmatic, or policy implications | ✓ | 9-10 |
| 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 | ✓ | 9-10 |
| Overall evidence | 22 | <ul style="list-style-type: none"> • General interpretation of the results in the context of current evidence and current theory | ✓ | 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/>