TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported on Page Number
Title and Abstract			
Title and Abstract	1	• Information on how unit were allocated to interventions	Page 1
		• Structured abstract recommended	Page 1-2
		• Information on target population or study sample	Page 1
Introduction			
Background	2	• Scientific background and explanation of rationale	Page 3
		• Theories used in designing behavioral interventions	Page 4-6
Methods			
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	Page 7
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	Page 7
		• Recruitment setting	Page 6
		• Settings and locations where the data were collected	Page 7
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	
		o Content: what was given?	Page 7
		o Delivery method: how was the content given?	Page 7-8
		o Unit of delivery: how were the subjects grouped during delivery?	Page 7-8
		o Deliverer: who delivered the intervention?	Page 7-8
		o Setting: where was the intervention delivered?	Page 7
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	Page 8

		o Time span: how long was it intended to take to deliver the intervention to each unit?	Page 8
		o Activities to increase compliance or adherence (e.g., incentives)	Page 8
Objectives	5	• Specific objectives and hypotheses	Page 6
Outcomes	6	• Clearly defined primary and secondary outcome measures	Page 8
		• Methods used to collect data and any methods used to enhance the quality of measurements	Page 8
		• Information on validated instruments such as psychometric and biometric properties	Page 8
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	Page 10
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)	Page 9-10
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)	Page 9-10
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	Page 9-10
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.	Page 7-8
Unit of Analysis	10	• Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	Page 8-9
		• 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)	Page 9
Statistical Methods	11	• Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	Page 9
		• Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	Page 9-10
		• Methods for imputing missing data, if used	Page 10
		• Statistical software or programs used	Page 9-10
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)	
		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	Page 10-11

		o Assignment: the numbers of participants assigned to a study condition	Page 10-11
		o Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention	Page 10-11
		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	Page 8
		o Analysis: the number of participants included in or excluded from the main analysis, by study condition	Page 10-11
		• Description of protocol deviations from study as planned, along with reasons	Page 10-11
Recruitment	13	• Dates defining the periods of recruitment and follow-up	Page 7
Baseline Data	14	• Baseline demographic and clinical characteristics of participants in each study condition	Page 10-11
		• Baseline characteristics for each study condition relevant to specific disease prevention research	Page 10-11
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	Page 10
		• Comparison between study population at baseline and target population of interest	Page 10-11
Baseline equivalence	15	• Data on study group equivalence at baseline and statistical methods used to control for baseline differences	Page 9-10
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	Page 10
		• Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses	Page 7
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	Page 11-14
		• Inclusion of null and negative findings	Page 11-14
		• Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any	Page 11-14
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	Page 16
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)	Page 17

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	Page 17-18
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	Page 18-19
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	Page 20-21
		• Discussion of research, programmatic, or policy implications	Page 18
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	Page 20-21
Overall Evidence	22	• General interpretation of the results in the context of current evidence and current theory	Page 21

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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