

## Checklist of Items for Reporting Trials of Nonpharmacologic Treatments\*

Section	Item	Standard CONSORT Description	Extension for Nonpharmacologic Trials	Reported on Page No.
<b>Title and abstract†</b>	1	How participants were allocated to interventions (e.g., “random allocation,” “randomized,” or “randomly assigned”)	In the abstract, description of the experimental treatment, comparator, care providers, centers, and blinding status	1-3
<b>Introduction</b>				
Background	2	Scientific background and explanation of rationale		3-4
<b>Methods</b>				
Participants†	3	Eligibility criteria for participants and the settings and locations where the data were collected	When applicable, eligibility criteria for centers and those performing the interventions	4-5
Interventions†	4	Precise details of the interventions intended for each group and how and when they were actually administered	Precise details of both the experimental treatment and comparator	8-9, Fig 1, Additional File 2
	4A		Description of the different components of the interventions and, when applicable, descriptions of the procedure for tailoring the interventions to individual participants	8-9, Fig 1, Additional File 2
	4B		Details of how the interventions were standardized	8-9
	4C		Details of how adherence of care providers with the protocol was assessed or enhanced	6,9, Additional File 2 (p4)
Objectives	5	Specific objectives and hypotheses		4
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (e.g., multiple observations, training of assessors)		5-6
Sample size†	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	When applicable, details of whether and how the clustering by care providers or centers was addressed	5

Randomization– sequence generation†	8	Method used to generate the random allocation sequence, including details of any restriction (e.g., blocking, stratification)	When applicable, how care providers were allocated to each trial group	7
Allocation concealment	9	Method used to implement the random allocation sequence (e.g., numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned		7
Implementation	10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups		7
Blinding (masking)†	11A	Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to group assignment	Whether or not those administering co-interventions were blinded to group assignment	7-8
	11B		If blinded, method of blinding and description of the similarity of interventions†	7-8
Statistical methods†	12	Statistical methods used to compare groups for primary outcome(s); methods for additional analyses, such as subgroup analyses and adjusted analyses	When applicable, details of whether and how the clustering by care providers or centers was addressed	8
<b>Results</b>				
Participant flow†	13	Flow of participants through each stage (a diagram is strongly recommended)--- specifically, for each group, report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome; describe deviations from study as planned, together with reasons	The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider or in each center	9, Fig.2
Implementation of intervention†	New item		Details of the experimental treatment and comparator as they were implemented	14
Recruitment	14	Dates defining the periods of recruitment and follow-up		9
Baseline data†	15	Baseline demographic and clinical characteristics of each group	When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group	10, Tables 1-2

Numbers analyzed	16	Number of participants (denominator) in each group included in each analysis and whether analysis was by “intention-to-treat”; state the results in absolute numbers when feasible (e.g., 10/20, not 50%)		10, Tables 3-5
Outcomes and estimation	17	For each primary and secondary outcome, a summary of results for each group and the estimated effect size and its precision (e.g., 95% confidence interval)		11-14, Tables 3-5, Fig.3
Ancillary analyses	18	Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those prespecified and those exploratory		13-14
Adverse events	19	All important adverse events or side effects in each intervention group		
<b>Discussion</b>				
Interpretation†	20	Interpretation of the results, taking into account study hypotheses, sources of potential bias or imprecision, and the dangers associated with multiplicity of analyses and outcomes	In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group	15-16
Generalizability†	21	Generalizability (external validity) of the trial findings	Generalizability (external validity) of the trial findings according to the intervention, comparators, patients, and care providers and centers involved in the trial	16
Overall evidence	22	General interpretation of the results in the context of current evidence		15-16

\*Additions or modifications to the CONSORT checklist. CONSORT = Consolidated Standards of Reporting Trials.

†This item was modified in the 2007 revised version of the CONSORT checklist.