2012-09-04

CONSORT for Cluster Trials Checklist

Scope: Preferred Reporting Items for cluster randomized trials.

Reference: See source/variants/consort-cluster.yml for canonical link and provenance.

Instructions

- Use the boxes to confirm each reporting item.
- Add reviewer notes under each section as needed.

Checklist Items

- ? Title and abstract
 - ▶ ? 1a. Identification as a cluster randomised trial in the title
 - ▶ ② 1b. Structured summary of trial design, methods, results, and conclusions
- ? Introduction
 - ▶ ② 2a. Scientific background and explanation of rationale
 - ▶ ② 2b. Specific objectives or hypotheses
- ? Methods
 - ▶ ② 3a. Description of trial design (including allocation ratio, if applicable)
 - ▶ ② 3b. Important changes to methods after trial commencement (such as eligibility criteria), with reasons
 - 2 4a. Eligibility criteria for participants, clusters, and those delivering the intervention
 - ▶ ② 4b. Settings and locations where the data were collected
 - ② 5. The interventions for each group with sufficient details to allow replication, including how and when they were actually administered
 - ② 6a. Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed
 - ② 6b. Any changes to trial outcomes after the trial commenced, with reasons
 - ▶ ? 7a. How sample size was determined
 - ▶ ② 7b. When applicable, explanation of any interim analyses and stopping guidelines

- ▶ ② 8a. Method used to generate the random allocation sequence
- ▶ ② 8b. Type of randomisation; details of any restriction (e.g., blocking and block size)
- ? 9. Mechanism used to implement the random allocation sequence (e.g., central telephone; web-based), describing any steps taken to conceal the sequence until interventions were assigned
- ▶ ② 10. Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions
- ▶ ② 11a. If done, who was blinded after assignment to interventions (e.g., participants, care providers, those assessing outcomes) and how
- ▶ ② 11b. If relevant, description of the similarity of interventions
- ▶ ② 12a. Statistical methods used to compare groups for primary and secondary outcomes
- ▶ ② 12b. Methods for additional analyses, such as subgroup analyses and adjusted analyses

• ? Results

- ▶ ② 13a. For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome
- ▶ ② 13b. For each group, losses and exclusions after randomisation, together with reasons
- ▶ ② 14a. Dates defining the periods of recruitment and follow-up
- ▶ ② 14b. Why the trial ended or was stopped
- ▶ ② 15. A table showing baseline demographic and clinical characteristics for each group
- ▶ ② 16. For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
- ▶ ② 17a. For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (e.g., 95% confidence interval)
- ▶ ② 17b. For binary outcomes, presentation of both absolute and relative effect sizes is recommended
- ▶ ② 18. Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory
- ▶ ② 19. All important harms or unintended effects in each group

• ? Discussion

- > 20. Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses
- ▶ ② 21. Generalisability (external validity, applicability) of the trial findings
- > 22. Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

• ? Other information

- ▶ ② 23. Registration number and name of trial registry
- ▶ ② 24. Where the full trial protocol can be accessed, if available

▶ ② 25. Sources of funding and other support (e.g., supply of drugs), role of funders

Notes

Reviewer notes