CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	Pg 1, line 1-2
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	1pg line 14-41
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Pg 2-3, line 46-76
	2b	Specific objectives or hypotheses	Pg 3, line 77-79
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Pg 3, line 87-88
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Pg 4, line 109-113
Participants	4a	Eligibility criteria for participants	Pg 3, line 91-108
	4b	Settings and locations where the data were collected	Pg 3, line 81-85
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and	Pg 4, line 114-124

		when they were actually administered	
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Pg 4 line 127-145
	6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a	How sample size was determined	Pg 5, line 147-152
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Pg 5, line 153-161
Randomisation:			
Sequence	8a	Method used to generate the random allocation sequence	Pg 5, line 174-188
generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Pg 5, line 174-188
Allocation	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Pg 5, line 174-188
concealment mechanism			
s	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Pg 5, line 177-178
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Pg 6, line 187-188
	11b	If relevant, description of the similarity of interventions	NA
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Pg 7, line 231-255

	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Pg 7, line 231-255
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Pg 8, line 274-277
	13b	For each group, losses and exclusions after randomisation, together with reasons	Pg 8, line 274-277
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Pg 8, line 276-277
	14b	Why the trial ended or was stopped	NA
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Pg 7-12, line 289-291
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Pg 7, line 232-233
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Pg 12-17, line 318-412
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	NA
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Pg 15, line 383-385

Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Pg 18, 461-464
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Pg 18, 463-464
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Pg 19, line 471-477
Other information			
Registration	23	Registration number and name of trial registry	Pg 7, 261-263
Protocol	24	Where the full trial protocol can be accessed, if available	Pg 19, line 479
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Pg 19, line 497-500

Citation: Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. BMC Medicine. 2010;8:18.

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up-to-date references relevant to this checklist, see www.consort-statement.org.