

CONSORT 2010 Checklist

Checklist of information to include when reporting a randomised trial. Required for all RCT submissions to the Energy Psychology Journal. Consult the CONSORT 2010 Explanation and Elaboration (Moher et al., 2010, BMJ 340:c869) for detailed guidance on each item.

Legend:	EPJ	Specific to Energy Psychology Journal	Required	Mandatory — must not be omitted	Recommended
----------------	------------	---------------------------------------	-----------------	---------------------------------	--------------------

How to use this checklist

For each item, tick the checkbox () and note the manuscript page number where the information appears. Items marked Required must be addressed in all submissions. Items marked Recommended are strongly encouraged for EPJ submissions. We also recommend consulting the CONSORT extension for Non-Pharmacological Treatments (Boutron et al., 2008, Ann Intern Med 148:295–309) for psychotherapy and behavioral intervention trials.

Item	Checklist Item	Note	Page #
Title and Abstract			
1a	<input type="checkbox"/> Identification as a randomised trial in the title	Required	p. ____
1b	<input type="checkbox"/> Structured summary of trial design, methods, results, and conclusions <i>For specific guidance see CONSORT for abstracts</i>	Required	p. ____
Introduction — Background and Objectives			
2a	<input type="checkbox"/> Scientific background and explanation of rationale		p. ____
2b	<input type="checkbox"/> Specific objectives or hypotheses		p. ____
Methods — Trial Design			
3a	<input type="checkbox"/> Description of trial design (such as parallel, factorial) including allocation ratio	Required	p. ____
3b	<input type="checkbox"/> Important changes to methods after trial commencement (such as eligibility criteria), with reasons		p. ____
Methods — Participants			
4a	<input type="checkbox"/> Eligibility criteria for participants	Required	p. ____
4b	<input type="checkbox"/> Settings and locations where the data were collected		p. ____

Methods — Interventions

- 5 The interventions for each group with sufficient detail to allow replication, including how and when they were actually administered Required p. ____

Methods — Outcomes

- 6a Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed Required p. ____

- 6b Any changes to trial outcomes after the trial commenced, with reasons p. ____

Methods — Sample Size

- 7a How sample size was determined Required p. ____

- 7b When applicable, explanation of any interim analyses and stopping guidelines p. ____

Methods — Randomisation: Sequence Generation

- 8a Method used to generate the random allocation sequence Required p. ____

- 8b Type of randomisation; details of any restriction (such as blocking and block size) p. ____

Methods — Randomisation: Allocation Concealment Mechanism

- 9 Mechanism used to implement the random allocation sequence (e.g., sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned Required p. ____

Methods — Randomisation: Implementation

- 10 Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions p. ____

Methods — Blinding

- 11a If done, who was blinded after assignment to interventions (e.g., participants, care providers, outcome assessors) and how p. ____

- 11b If relevant, description of the similarity of interventions p. ____

Methods — Statistical Methods

- 12a Statistical methods used to compare groups for primary and secondary outcomes **Required** p. ____
- 12b Methods for additional analyses, such as subgroup analyses and adjusted analyses p. ____

Results — Participant Flow

A CONSORT flow 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 **Required** p. ____
- 13b For each group, losses and exclusions after randomisation, together with reasons **Required** p. ____

Results — Recruitment

- 14a Dates defining the periods of recruitment and follow-up p. ____
- 14b Why the trial ended or was stopped p. ____

Results — Baseline Data

- 15 A table showing baseline demographic and clinical characteristics for each group **Required** p. ____

Results — Numbers Analysed

- 16 For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups p. ____

Results — 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) **Required** p. ____
- 17b For binary outcomes, presentation of both absolute and relative effect sizes is recommended **Recommended** p. ____

Results — Ancillary Analyses

- 18 Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory p. ____

Results — Harms

- 19 All important harms or unintended effects in each group
For specific guidance see CONSORT for harms Required p. ____

Discussion

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

Other Information

- 23 Registration number and name of trial registry
Pre-registration strongly recommended for EPJ submissions (e.g., ClinicalTrials.gov, ANZCTR) Required p. ____
- 24 Where the full trial protocol can be accessed, if available p. ____
- 25 Sources of funding and other support (such as supply of drugs), role of funders Required p. ____

* We strongly recommend reading this checklist in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all items. If relevant, also read CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. See: www.consort-statement.org