***Study fact sheet* für ID:** (Name, Jahr (ggf. a,b,c))	Slater, 2003
1. Vollständige Referenz:	Slater MD, Buller DB, Waters E et al. (2003): A test of conversational and testimonial messages versus didactic presentations of nutrition information. Journal of Nutrition Education & Behavior 35(5): 255-259.
2. Autorenkontakt	Michael Slater, PhD, Department of Journalism and technical Communication, Colorado State University, Fort Collins, CO 80523-1785; Tel: (970) 494-2908; E-mail: michael.slater@colostate.edu.
3. Registrierung (ja/ nein; ggf. Nummer)	Nein
4. Fragestellung	Welchen Einfluss haben Informationsformate (Narrativ und Dialog vs. didaktischem Text) zum Thema Obst- und Gemüsekonsum auf die Glaubwürdigkeit, Verständlichkeit, Nutzen und Selbstwirksamkeit?
5. Studiendesign	3x3 Format, *within-subjekts design*
6. Teilnehmer	
Anzahl n (randomisiert)	31
Drop outs	Keine Angaben
Einschlusskriterien	-
Ausschlusskriterien	Mangelnde Sprachkenntnisse um englische Texte zu lesen
Alter (Spanne/ Durchschnitt)	Keine Angabe/ 37.3 Jahre
Geschlecht (ggf. Verteilung)	4 männlich 23 weiblich 4 keine Angabe
Gruppe (Studenten, Patienten etc.)	Verschiedenen ethnischen Gruppen angehörig, ca. 50% Lateinamerikaner
Bildungsstand	Keine Angaben
Land	USA
7. Intervention	
Format (Flyer, Video etc.)	Broschüre
Umfang	keine Angaben
Beschreibung	1. Narrativ in Erster Person Ein Lateinamerikaner oder -amerikanerin erzählen über ihre Erfahrungen bezüglich der relevanten Ernährung. 2. Gesprächsdialog Gespräch zwischen zwei Frauen. Aus der Konversation und den Namen lässt sich schließen, dass sie Lateinamerikanerinnen sind.
8. Kontrollintervention	
Format	Broschüre
Umfang	keine Angaben, aber Interventionen und Kontrolle von vergleichbarem Umfang

Beschreibung	Didaktische Information, im Stil eines Zeitungsartikels verfasst. Die Informationen (Interventionen und Kontrolle) wurden je zu drei verschiedenen Themen entwickelt (also neun Informationen insgesamt): "Gesundheitlicher Nutzen von 5x Obst und Gemüse am Tag", "Aufwand, Obst und Gemüse zu essen" und "Nutzung von Vitaminpräparaten". Die Probanden erhalten alle drei Informationsformate, jedes zu einem anderen Thema. Es gibt drei unterschiedliche Broschüren (in denen Reihenfolge und Zuordnung variieren), die zufällig zugeteilt werden.

9. Endpunkte
(alle *outcomes* nennen und Instrumente zur Erhebung beschreiben, einschließlich der Skalen)

- Glaubwürdigkeit
  2 Items, je 5-Punkte-Skala, von glaub- bzw. vertrauenswürdig bis nicht glaub- bzw. vertrauenswürdig
- Klarheit
  2 Items, klar/ verwirrend und leicht zu verstehen/ schwer zu verstehen
- Gefühlter Nutzen
  2 Items, nützlich/ wertlos für mich und das was ich brauche/ nicht das was ich brauche
- Identifizierung mit den erzählende Personen
  4 Items, ist wie ich/ ist anders, hat die gleichen Sorgen und Befürchtungen/ hat andere Sorgen und Befürchtungen, ist jemand den ich mag/ jemand den ich nicht mag und ist jemand den ich respektieren kann/ jemand den ich nicht respektieren kann
- Selbstwirksamkeit
  Je 3 Items zu jedem Thema, Statements zu Absichten und Möglichkeiten, je 5-Punkte-Skala von "nicht sehr sicher" bis "sehr sicher"

Teilnehmer n=33 insgesamt, keine Angaben zu *Drop outs*

***10.* Studienverlauf**	
Studiendauer	Keine Angaben
Erhebungszeitpunkte	*Baseline,* während und direkt nach der Intervention
Beschreibung	Rekrutierung über Flyer in Gemeindezentren. Mögliche Teilnehmer geben ihre demographischen Daten an und werden über die Studie informiert. Die drei verschiedenen Broschüren werden zufällig verteilt. Nach jedem Informationsformat werden die Teilnehmer nach ihrer Einschätzung zu Glaubwürdigkeit, Klarheit und Nützlichkeit gefragt. Zum Abschluss wird die erwartete Selbstwirksamkeit zu jedem Thema erhoben. Im Anschluss an die Erhebung erhalten die Teilnehmer eine Aufwandsentschädigung.

11. Ergebnisse (für jeden Endpunkt, einschließlich Fallzahlen etc.)

- Glaubwürdigkeit:
  Skala 1-5, Means (SD)
  Narrativ 3.98 (0.92) vs. Artikel 4.03 (0.94); p>0.1

Dialog 4.13 (0.78) vs. Artikel 4.03 (0.94); p<0.05

- Klarheit
  Keine statistisch signifikanten Unterschiede
- Gefühlter Nutzen
  Keine statistisch signifikanten Unterschiede
- Identifizierung mit den erzählende Personen
  Keine statistisch signifikanten Unterschiede
- Selbstwirksamkeit
  Keine statistisch signifikanten Unterschiede

Die Werte werden in der Studie nicht angegeben.

12. Bemerkungen/ Ergänzungen

13. Fehlende Informationen

14. Referenzen

Grau markierte Textstellen betreffen den für die aktuelle Fragestellung relevanten Endpunkt.

TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported? ✓	Reported? Pg #
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions	?	
		• Structured abstract recommended	✓	255
		• Information on target population or study sample	✓	255
Introduction				
Background	2	• Scientific background and explanation of rationale	✓	255/256
		• Theories used in designing behavioral interventions	✓	
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	✓	256
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	(✓)	256
		• Recruitment setting	✓	256
		• Settings and locations where the data were collected	✓	255
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	✓	256
		o Content: what was given?	✓	256
		o Delivery method: how was the content given?	✓	256
		o Unit of delivery: how were the subjects grouped during delivery?	✓	
		o Deliverer: who delivered the intervention?	✓	
		o Setting: where was the intervention delivered?	(✓)	255
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	✓	
		o Time span: how long was it intended to take to deliver the intervention to each unit?	✓	
		o Activities to increase compliance or adherence (e.g., incentives)	✓	256
Objectives	5	• Specific objectives and hypotheses	(✓)	256
Outcomes	6	• Clearly defined primary and secondary outcome measures	(✓)	257
		• Methods used to collect data and any methods used to enhance the quality of measurements	✓	257
		• Information on validated instruments such as psychometric and biometric properties	✓	relia. i. ref 257
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	✓	257
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)	✓	256
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)	✓	
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	✓	

TREND Statement Checklist

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.	∅	
Unit of Analysis	10	• Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	✓	256
		• 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)	∅	
Statistical Methods	11	• Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	✓	257
		• Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	∅	
		• Methods for imputing missing data, if used	∅	
		• Statistical software or programs used	∅	
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)	∅	
		○ Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study	∅	
		○ Assignment: the numbers of participants assigned to a study condition	✓	256
		○ Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention	∅	~~25~~
		○ 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	∅	
		○ Analysis: the number of participants included in or excluded from the main analysis, by study condition	∅	
		• Description of protocol deviations from study as planned, along with reasons	∅	
Recruitment	13	• Dates defining the periods of recruitment and follow-up	∅	
Baseline Data	14	• Baseline demographic and clinical characteristics of participants in each study condition	✓	256
		• Baseline characteristics for each study condition relevant to specific disease prevention research	∅	
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	∅	
		• Comparison between study population at baseline and target population of interest	∅	
Baseline equivalence	15	• Data on study group equivalence at baseline and statistical methods used to control for baseline differences	∅	

TREND Statement Checklist

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		
		• Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses		
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		
		• Inclusion of null and negative findings		
		• Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any		
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory		
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)		
DISCUSSION				
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	–	258/ 259
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations		258
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation		259
		• Discussion of research, programmatic, or policy implications		
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		
Overall Evidence	22	• General interpretation of the results in the context of current evidence and current theory		

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/