

**Table S1** Selected guidelines for reporting the methods used in public health research and practice

Guideline	Internet site	Applicability	Methods section should include
Public Health Agency of Canada/Outbreak Reporting Guide (4)	<a href="https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2015-41/ccdr-volume-41-04-april-2-2015/ccdr-volume-41-04-april-2-2015-1.html">https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2015-41/ccdr-volume-41-04-april-2-2015/ccdr-volume-41-04-april-2-2015-1.html</a> . Includes a checklist and example of an epidemiologic curve	Case reports after an investigation is complete; also useful for identifying emerging risks and describing new investigations and effective interventions	<ul style="list-style-type: none"> <li>• How the outbreak was detected <ul style="list-style-type: none"> <li>✦ Beginning and ending dates</li> </ul> </li> <li>• What investigations were undertaken <ul style="list-style-type: none"> <li>✦ Case finding procedures</li> <li>✦ Definitions for confirmed and suspected cases</li> <li>✦ Laboratory tests/environmental sampling performed</li> </ul> </li> <li>• What epidemiologic data were collected and analyzed <ul style="list-style-type: none"> <li>✦ Risk factors, survival analysis, background rates</li> <li>✦ Analytic methods used, including computer software employed</li> <li>✦ Analyses and controls for interactions, confounding factors, missing data, and reporting delays</li> </ul> </li> <li>• What interventions were implemented to control it <ul style="list-style-type: none"> <li>✦ Clinical and public health (e.g., exposure history, risk assessment, clinical treatments, or other public health measures)</li> </ul> </li> </ul>
Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) (10)	<a href="https://www.cdc.gov/trendstatement/">https://www.cdc.gov/trendstatement/</a> . Includes the TREND statement; or <a href="https://www.cdc.gov/trendstatement/pdf/trendstatement_TREND_Checklist.pdf">https://www.cdc.gov/trendstatement/pdf/trendstatement_TREND_Checklist.pdf</a> . Includes the 22-item checklist	Standards for nonrandomized evaluations of behavioral and public health interventions	<ul style="list-style-type: none"> <li>• Eligibility criteria for participants</li> <li>• Recruitment method (e.g., referral or self-selection), including sampling method if applicable</li> <li>• Recruitment setting</li> <li>• Settings where the data were collected</li> <li>• Intervention details for each study condition and how and when they were administered, including <ul style="list-style-type: none"> <li>✦ What was administered</li> <li>✦ How the content was administered</li> <li>✦ How the subjects were grouped during delivery</li> <li>✦ Who delivered the intervention</li> <li>✦ Where the intervention was delivered</li> <li>✦ How many sessions, episodes, or events were intended to be delivered and how long they were to last</li> <li>✦ How long delivery of the intervention was intended to take for each unit</li> <li>✦ What were the activities used to increase compliance or adherence (e.g., incentives)</li> </ul> </li> <li>• Specific objectives and hypotheses</li> <li>• Clearly defined primary and secondary outcome measures</li> <li>• Methods used to collect data and any methods used to enhance the quality of measurements</li> <li>• Information on validated instruments (e.g., psychometric and biometric properties)</li> <li>• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules</li> <li>• Unit of assignment: the unit being assigned to study condition (e.g., individual, group, community)</li> <li>• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, or minimization)</li> <li>• Inclusion of aspects employed to help minimize potential bias induced because of non-randomization (e.g., matching)</li> <li>• Whether 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</li> <li>• Description of the smallest unit being analyzed to assess intervention effects (e.g., individual, group, or community)</li> <li>• 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)</li> <li>• Statistical methods used to compare study groups for primary methods outcomes, including complex methods of correlated data</li> <li>• Statistical methods used for additional analyses (e.g., a subgroup analyses or adjusted analysis)</li> <li>• Methods for imputing missing data, if used</li> <li>• Statistical software or programs used</li> </ul>

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Guideline	Internet site	Applicability	Methods section should include
Consolidated Health Economic Evaluation Reporting Standards (CHEERS) (17)	<a href="http://www.equator-network.org/reporting-guidelines/cheers/">http://www.equator-network.org/reporting-guidelines/cheers/</a> ; or <a href="https://www.ispor.org/ValueInHealth/ShowValueInHealth.aspx?issue=3D35FD-BC-D569-431D-8C27-378B8F99EC67">https://www.ispor.org/ValueInHealth/ShowValueInHealth.aspx?issue=3D35FD-BC-D569-431D-8C27-378B8F99EC67</a> . Includes a 24-item checklist and extensive examples	Economic evaluations of health interventions	<ul style="list-style-type: none"> <li>• Characteristics of the base-case population and groups analyzed, including why they were chosen</li> <li>• Relevant aspects of the systems in which decisions needed to be made</li> <li>• Perspective of the study and association with the evaluated costs</li> <li>• Interventions or strategies compared and why they were chosen</li> <li>• The time horizons over which costs and consequences were being evaluated and why appropriate</li> <li>• Choice of discount rates used for costs and outcomes and why appropriate</li> <li>• Health outcomes used as the measures of benefit in the evaluation and their relevance for the type of analysis performed</li> <li>• Single-study-based estimates—design features of the single effectiveness study and why the single study was a sufficient source of clinical effectiveness data</li> <li>• Synthesis-based estimates—methods used for identifying included studies and synthesis of clinical effectiveness data</li> <li>• Population and methods used to elicit preferences for outcomes</li> <li>• Single study-based economic evaluation—approaches used to estimate resource use associated with the alternative interventions; primary or secondary research methods for valuing each resource item in terms of its unit cost; adjustments made to approximate to opportunity costs</li> <li>• Model-based economic evaluation—approaches and data sources used to estimate resource use associated with model health states; primary or secondary research methods for valuing each resource item in terms of its unit cost; any adjustments made to approximate to opportunity costs</li> <li>• Dates of the estimated resource quantities and unit costs; methods for adjusting estimated unit costs to the year of reported costs, if necessary; and methods for converting costs into a common currency base and the exchange rate</li> <li>• The specific type of decision-analytic model used; providing a figure of the model structure strongly recommended</li> <li>• All structural or other assumptions underpinning the decision-analytic model</li> <li>• All analytic methods supporting the evaluation (e.g., methods for dealing with skewed, missing, or censored data; extrapolation methods; methods for pooling data; approaches to validate or make adjustments to a model; and methods for handling population heterogeneity and uncertainty)</li> </ul>
Consolidated Standards of Reporting Trials (CONSORT) (19)	<a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a> . Includes the CONSORT statement, checklist, flow diagram, and explanations; or <a href="http://www.equator-network.org/?post_type=eq_guidelines&amp;eq_guidelines_study_design=0&amp;eq_guidelines_clinical_specialty=0&amp;eq_guidelines_report_section=0&amp;s=+CONSORT+extension&amp;btn_submit=Search+Reporting+Guidelines">http://www.equator-network.org/?post_type=eq_guidelines&amp;eq_guidelines_study_design=0&amp;eq_guidelines_clinical_specialty=0&amp;eq_guidelines_report_section=0&amp;s=+CONSORT+extension&amp;btn_submit=Search+Reporting+Guidelines</a> . Includes the CONSORT extensions	Reports of trial findings, facilitating their complete and transparent reporting, and aiding their critical appraisal and interpretation	<ul style="list-style-type: none"> <li>• Description of trial design (e.g., parallel or factorial), including allocation ratio</li> <li>• Important changes to methods after trial commencement (e.g., eligibility criteria), with reasons</li> <li>• Eligibility criteria for participants</li> <li>• Settings and locations where the data were collected</li> <li>• The interventions for each group with sufficient details to allow replication, including how and when each intervention was administered</li> <li>• Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed</li> <li>• Any changes to trial outcomes after the trial commenced, with reasons</li> <li>• How sample size was determined</li> <li>• When applicable, explanation of any interim analyses and stopping guidelines</li> <li>• Method used to generate the random allocation sequence</li> <li>• Type of randomization; details of any restriction (e.g., blocking and block size)</li> <li>• Mechanism used to implement the random allocation sequence (e.g., sequentially numbered containers), describing any steps taken to conceal the sequence until interventions are assigned</li> <li>• Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions</li> <li>• If done, who was blinded after assignment to interventions (e.g., participants, care providers, or those assessing outcomes) and how</li> <li>• If relevant, description of the similarity of interventions</li> <li>• Statistical methods used to compare groups for primary and secondary outcomes</li> <li>• Methods for additional analyses (e.g., secondary group analyses or adjusted analyses)</li> </ul>

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Guideline	Internet site	Applicability	Methods section should include
CAsE REport Guidelines (CARE) (21)	<a href="http://www.care-statement.org/">http://www.care-statement.org/</a> . Includes the CARE statement, checklist, and extensive list of publications; or <a href="http://www.care-statement.org/resources/checklist">http://www.care-statement.org/resources/checklist</a> . Includes the checklist	Reporting cases of disease or injuries	<ul style="list-style-type: none"> <li>• Does not include a designated methods section, but does report <ul style="list-style-type: none"> <li>✧ De-identified demographic information (e.g., age, sex, race/ethnicity, and occupation)</li> <li>✧ Main symptoms of the patient (his or her chief symptoms)</li> <li>✧ Medical, family, and psychosocial history, including diet, lifestyle, and genetic information whenever possible, and details about relevant comorbidities, including past interventions and their outcomes</li> <li>✧ Diagnostic methods (e.g., physical examination, laboratory testing, imaging, or questionnaires)</li> </ul> </li> </ul>
Standards for Reporting Qualitative Research (SRQR) (23)	<a href="http://www.equator-network.org/reporting-guidelines/srqr/">http://www.equator-network.org/reporting-guidelines/srqr/</a>	Qualitative research studies	<ul style="list-style-type: none"> <li>• Qualitative approach (e.g., ethnography, grounded theory, or case study, phenomenology, or narrative research) and guiding theory if appropriate; identifying the research paradigm also recommended; rationale (i.e., justification for choosing the theory, approach, method, or technique; assumptions and limitations implicit in those choices; and how those choices influence study conclusions and transferability)</li> <li>• Researchers' characteristics that might influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, or transferability</li> <li>• Setting or site and salient contextual factors; rationale</li> <li>• How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale</li> <li>• Documentation of approval by a relevant ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security concerns and protections</li> <li>• Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources and methods, and modification of procedures in response to evolving study findings; rationale</li> <li>• Description of instruments (e.g., interview guides or questionnaires) and devices (e.g., audio recorders) used for data collection; if and how the instruments changed over the course of the study</li> <li>• Number and relevant characteristics of participants, documents, or events included in the study; level of participation (might be reported in the results section)</li> <li>• Methods for processing data before and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization or de-identification of excerpts</li> <li>• Process by which inferences or themes, and so forth, were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale</li> <li>• Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale</li> </ul>
Consolidated Criteria for Reporting Qualitative Research (COREQ) (24)	<a href="http://www.equator-network.org/reporting-guidelines/coreq/">http://www.equator-network.org/reporting-guidelines/coreq/</a> or <a href="https://academic.oup.com/intqhc/article/19/6/349/1791966/Consolidated-criteria-for-reporting-qualitative">https://academic.oup.com/intqhc/article/19/6/349/1791966/Consolidated-criteria-for-reporting-qualitative</a> . Includes the 32-item checklist	Qualitative research studies	<ul style="list-style-type: none"> <li>• The methodologic orientation that underpinned the study (e.g., grounded theory, discourse analysis, ethnography, phenomenology, or content analysis)</li> <li>• Participant selection (e.g., purposive, convenience, consecutive, or snowball) and recruitment (e.g., face-to-face, telephone, mail, or e-mail)</li> <li>• Number of participants and number refusing to participate or dropping out and reasons provided</li> <li>• Data collection setting (e.g., home, clinic, or workplace) and presence of nonparticipants</li> <li>• Characteristics of the sample population (e.g., demographic data)</li> <li>• The questions, prompts, or guides provided to the data collectors; pilot-testing of the instrument, if applicable</li> <li>• Number of repeat interviews conducted, if applicable</li> <li>• Use of audio or visual recording to collect the data</li> <li>• Field notes used</li> <li>• Duration of the interviews or focus group</li> <li>• Data saturation, if applicable</li> <li>• Whether transcripts were returned to participants for comment or correction</li> <li>• Number of data coders</li> <li>• Description or graphic of the coding tree</li> <li>• Identified themes and whether they were established in advance or derived from the data</li> <li>• Software or programs used to manage the data</li> <li>• Participant feedback on the findings, if applicable</li> </ul>

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STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) (25,36)	<a href="https://www.strobe-statement.org/index.php?id=strobe-home">https://www.strobe-statement.org/index.php?id=strobe-home</a> . Includes the STROBE statement, publications, and news; or <a href="https://www.strobe-statement.org/index.php?id=available-checklists">https://www.strobe-statement.org/index.php?id=available-checklists</a> . Includes multiple checklists for applying the STROBE statement	Epidemiologic observational studies, including cohort, case-control, and cross-sectional studies	<ul style="list-style-type: none"> <li>• The key elements of the study design</li> <li>• The setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection</li> <li>• Cohort study—eligibility criteria and the sources and methods of participant selection and methods of follow-up</li> <li>• Case-control study—eligibility criteria and the sources and methods of case-patient ascertainment and control subject selection; rationale for the choice of case-patients and control subjects</li> <li>• Cross-sectional study—eligibility criteria and the sources and methods of selection of participants</li> <li>• Matched cohort studies—matching criteria and number of exposed and unexposed</li> <li>• Matched case-control study—matching criteria and the number of control subjects per case-patient</li> <li>• All outcomes, exposures, predictors, potential confounders, and effect modifiers; diagnostic criteria, if applicable</li> <li>• For each variable of interest, sources of data and measurement details; comparability of assessment methods if more than one group included</li> <li>• Any efforts to address potential sources of bias</li> <li>• How the study size was derived</li> <li>• How quantitative variables were handled in the analyses; if applicable, which groupings were chosen and why</li> <li>• All statistical methods, including those used to control for confounding</li> <li>• Any methods used to examine secondary groups and interactions</li> <li>• How missing data were addressed</li> <li>• For cohort study, how loss to follow-up was addressed</li> <li>• For case-control study, if applicable, how matching of case-patients and control subjects was addressed</li> <li>• For cross-sectional study, if applicable, analytical methods taking account of sampling strategy</li> <li>• Sensitivity analyses, if applicable</li> </ul>
Checklist for Reporting Results of Internet E-Surveys (CHERRIES) (27)	<a href="http://www.jmir.org/2004/3/e34/">http://www.jmir.org/2004/3/e34/</a> ; or <a href="http://www.jmir.org/article/viewFile/jmir_v6i3e34/2">http://www.jmir.org/article/viewFile/jmir_v6i3e34/2</a> . Includes the CHERRIES checklist	Web-based survey (e-mail, Internet, or intranet)	<ul style="list-style-type: none"> <li>• Might not include a designated methods section, but does report <ul style="list-style-type: none"> <li>◊ The target population and sampling frame</li> <li>◊ Whether the study has been approved by an institutional review board</li> <li>◊ The informed consent process (e.g., length of time needed to take the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study)</li> <li>◊ What mechanisms were used to protect unauthorized access to any personal information that was collected or stored</li> <li>◊ How the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire</li> <li>◊ If the survey was open (i.e., open for each visitor of a site) or closed (i.e., only open to a sample population that the investigator knows (e.g., password-protected)</li> <li>◊ The type of e-survey (e.g., posted on an internet/intranet site or sent out through e-mail) and how the responses were captured</li> <li>◊ If the survey was mandatory (e.g., every visitor who wanted to enter the internet site) or voluntary</li> <li>◊ If any incentives were offered (e.g., monetary or prizes) for completing the survey</li> <li>◊ The timeframe for data collection</li> <li>◊ If survey items were randomized or alternated to prevent biases</li> <li>◊ If adaptive questioning (i.e., certain items conditionally displayed on the basis of responses to other items) was used</li> <li>◊ The number of questionnaire items per page and over how many pages the questionnaire was distributed</li> <li>◊ Whether respondents were able to review and change their answers (e.g., through a back button or a review step)</li> <li>◊ How unique visitors were determined (e.g., on the basis of internet provider addresses or cookies or both)</li> <li>◊ Whether any methods (e.g., weighting of items or propensity scores) were used to adjust for the non-representative sample</li> </ul> </li> </ul>

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REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) (28)	<a href="http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001885#sec002">http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001885#sec002</a> ; or <a href="http://journals.plos.org/plosmedicine/article/figure?id=10.1371/journal.pmed.1001885.t001">http://journals.plos.org/plosmedicine/article/figure?id=10.1371/journal.pmed.1001885.t001</a> . Includes the RECORD checklist	Administrative and clinical purposes other than research and for reporting methods used in registry studies	<ul style="list-style-type: none"> <li>• The key elements of the study design</li> <li>• The setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection</li> <li>• The study population selection (e.g., codes or algorithms used to identify subjects); if not possible, provide an explanation</li> <li>• References to any validation studies of the codes or algorithms used to select the population</li> <li>• Links to databases and a flow diagram to illustrate the data linkage process</li> <li>• Complete list of codes and algorithms used to classify exposures, outcomes, confounders, and effect modifiers; if not possible, provide an explanation</li> <li>• For each variable of interest, sources of data and measurement details; comparability of assessment methods if more than one group included</li> <li>• Any efforts to address potential sources of bias</li> <li>• How the study size was derived</li> <li>• How quantitative variables were handled in the analyses; if applicable, which groupings were chosen and why</li> <li>• All statistical methods, including those used to control for confounding</li> <li>• Any methods used to examine secondary groups and interactions</li> <li>• How missing data were addressed</li> <li>• Sensitivity analyses, if applicable</li> <li>• A description of the extent to which investigators had access to the database population used to create the study population</li> <li>• Information regarding the data cleaning methods</li> <li>• A statement regarding whether the study included person-level, institution-level or other data linkage across <math>\geq 2</math> databases, including linkage and quality-evaluation methods used</li> </ul>
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (33,37)	<a href="http://www.equator-network.org/reporting-guidelines/prisma/">http://www.equator-network.org/reporting-guidelines/prisma/</a> ; or <a href="http://www.equator-network.org/?post_type=eq_guidelines&amp;eq_guidelines_study_design=0&amp;eq_guidelines_clinical_specialty=0&amp;eq_guidelines_report_section=0&amp;s=PRISMA+extension&amp;btn_submit=Search+Reporting+Guidelines">http://www.equator-network.org/?post_type=eq_guidelines&amp;eq_guidelines_study_design=0&amp;eq_guidelines_clinical_specialty=0&amp;eq_guidelines_report_section=0&amp;s=PRISMA+extension&amp;btn_submit=Search+Reporting+Guidelines</a> . Includes the PRISMA extensions	Systematic reviews and meta-analyses of observational studies or randomized controlled trials	<ul style="list-style-type: none"> <li>• If and where a study protocol can be accessed (e.g., an Internet address), and if available, study registration information, including registration number</li> <li>• Study characteristics (e.g., length of follow-up) and report characteristics (e.g., years considered, language, or publication status) used as criteria for eligibility, giving rationale</li> <li>• All information sources (e.g., databases with dates of coverage or contact with study authors to identify additional studies) in the search and date last searched</li> <li>• Full electronic search strategy for at least one database, including any limits used, such that it can be repeated</li> <li>• Process for selecting studies (i.e., screening, eligibility, included in systematic review, and if applicable, included in the meta-analysis)</li> <li>• Method of data extraction from reports (e.g., piloted forms, independently, or in duplicate) and any processes for obtaining and confirming data from investigators</li> <li>• All variables and their definitions for which data were sought (e.g., funding sources) and any assumptions and simplifications made</li> <li>• Methods used for assessing risk of bias of individual studies, including specification of whether this was done at the study or outcome level, and how this information is to be used in any data synthesis</li> <li>• The principal summary measures (e.g., risk ratio or difference in means)</li> <li>• Methods of handling data and combining results of studies, if done, including measures of consistency for each meta-analysis</li> <li>• Any assessment of risk of bias that might affect the cumulative evidence (e.g., publication bias or selective reporting within studies)</li> <li>• Methods of additional analyses (e.g., sensitivity or secondary group analyses or meta-regression), if done, indicating which were pre-specified</li> </ul>
Meta-analysis Of Observational Studies in Epidemiology (MOOSE) (34)	<a href="http://jamanetwork.com/journals/jama/fullarticle/192614">http://jamanetwork.com/journals/jama/fullarticle/192614</a> . Includes the checklist	Meta-analyses of observational studies	<ul style="list-style-type: none"> <li>• Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested</li> <li>• Rationale for the selection and coding of data (e.g., sound clinical principles or convenience)</li> <li>• Documentation of how data were classified and coded (e.g., multiple raters, blinding, and interrater reliability)</li> <li>• Assessment of study quality, including blinding of quality assessors; stratification, or regression on possible predictors of study results</li> <li>• Assessment of heterogeneity</li> <li>• Description of statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated</li> <li>• Provision of appropriate tables and graphics</li> </ul>

## References

36. STROBE Statement—checklist of items that should be included in reports of observational studies. Available online: [https://www.strobe-statement.org/fileadmin/Strobe/uploads/checklists/STROBE\\_checklist\\_v4\\_combined.pdf](https://www.strobe-statement.org/fileadmin/Strobe/uploads/checklists/STROBE_checklist_v4_combined.pdf)
37. Moher D, Liberati A, Tetzlaff J, et al. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009;6:e1000097.