TIDieR-Placebo/CoPPS reporting checklist

The Template for Intervention Description and Replication (TIDieR-Placebo) checklist was modified by adding reporting items from the Recommendations for the Development, Implementation, and Reporting of Control Interventions in Efficacy Trials of Physical, Psychological, and Self-Management Therapies (CoPPS) Statement (Hohenschurz-Schmidt et al., 2023). Added CoPPS items are illustrated in italics. In the column titled 'where located', trial authors should indicate where the respective information is reported in their publication or supplementary material. The rationale for additional CoPPS items can be found in the original CoPPS publication and its Explanations and Elaborations document. The TIDieR-Placebo Checklist is to be used alongside TIDieR-Placebo guide. This table was reproduced in accordance with the Creative Commons Attribution license (CC BY), and is based on the original TIDieR-Placebo checklist as published in: Howick J, Webster RK, Rees JL, et al. TIDieR-Placebo: A guide and checklist for reporting placebo and sham controls. *PLOS Medicine* 2020;17:e1003294. doi:10.1371/journal.pmed.1003294

Item	Where located			Where located		
	Primary paper (page or appendix number)	Other (details)		Primary paper (page or appendix number)	Other (details)	
Active intervention			Placebo/sham intervention			
0 Processes of sham intervention development						
			Sources and processes that informed the development of the control intervention.			
1 Brief Name						
Provide the name or a phrase that describes the intervention			Provide the name or a phrase that describes the placebo/sham intervention			
2 Why Describe any rationale, theory, or goal of the elements essential to the intervention			Describe any rationale, theory, or goal of the elements essential to the placebo/sham intervention*			
			Theoretical considerations underlying the control intervention (including explicit mechanistic rationales and objectives of the control intervention)			
3 What (materials)			of the control unervention)			
, -7			A highly detailed description of the content of the control intervention (covering all components listed in table 2 of the CoPPS publication and including resemblance or differences to the test intervention)			
Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (such as online appendix, URL)			Describe any physical or informational materials used in the placebo/sham intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed			

	(such as an online
	appendix, URL)
4 What (procedures)	
Describe each of the	Describe each of the
procedures, activities,	procedures, activities,
and/or processes used in	and/or processes used in
the intervention, including	the placebo/sham
any enabling or support	
activities	intervention, including any enabling or support
activities	activities
5 Who mustided	activities
5 Who provided	F
For each category of	For each category of
intervention provider (such	placebo/sham intervention
as psychologist, nursing	provider (such as
assistant), describe their	psychologist, nursing
expertise, background, and	assistant), describe their
any specific training given	expertise, background, and
	any specific training given
Should also include a	
description of provider	Should also include a
behaviour, verbal and non-	description of provider
verbal communication, and	behaviour, verbal and non-
issues of equipoise as	verbal communication, and
detailed in the text of the	issues of equipoise as
CoPPS Statement and its	detailed in the text of the
Explanations &	CoPPS Statement and its
Elaborations document; as	Explanations &
well as means to control	Elaborations document; as
these provider-related	well as means to control
factors.	these provider-related
	factors.
Additional provider-	Additional provider-
related information	related information
Reporting should further	Reporting should further
include how issues of	include how issues of
equipoise and provider	equipoise and provider
expectancy were	expectancy were
addressed; and if and how	addressed; and if and how
provider behaviour and	provider behaviour and
verbal and non-verbal	verbal and non-verbal
communication were	communication were
controlled in each group. If	controlled in each group.
different sets of providers	If different sets of
were employed to deliver	providers were employed
test and control	to deliver test and control
	interventions, this needs to
interventions, this needs to	
be reported along with	be reported along with
differences in their	differences in their
characteristics.	characteristics.
6 How	D 1 4 1 C
Describe the modes of	Describe the modes of
delivery (such as face to	delivery (such as face to
face or by some other	face or by some other
mechanism, such as	mechanism, such as
internet or telephone) of	internet or telephone) of
the intervention and	the placebo/sham
whether it was provided	intervention and whether it
individually or in a group	was provided individually
	or in a group
7 Where	
Describe the type(s) of	Describe the type(s) of
location(s) where the	locations(s) and settings
intervention occurred,	where the placebo/sham
including any necessary	intervention occurred,
1	including any necessary

:£	T I	:	
infrastructure or relevant		infrastructure or relevant	
features		features	
8 When and how much			
Describe the number of		Describe the number of	
times the intervention was		times the placebo/sham	
delivered and over what		intervention was delivered	
period of time including		and over what period of	
the number of sessions,		time including the number	
their schedule, and their		of sessions, their schedule,	
duration, intensity, or dose		and their duration,	
		intensity, or dose. If	
		relevant, include the	
		duration of the pre-, and	
		post-randomisation	
		consultations	
9 Tailoring			
If the intervention was		If the placebo/sham	
planned to be personalised,		intervention was planned	
titrated or adapted, then		to be personalised, titrated	
describe what, why, when,		or adapted, then describe	
and how		what, why, when, and how	
10 Modifications		,, mion, and now	
If the intervention was		If the placebo/sham	
modified during the course		intervention was modified	
of the study, describe the		during the course of the	
changes (what, why, when,		study, describe the changes	
and how)		(what, why, when, and	
and now)		how)	
11 How well: planned		now)	
Planned: If intervention		Planned: If placebo/sham	
adherence or fidelity was		intervention adherence or	
assessed, describe how and			
		fidelity was assessed,	
by whom, and if any		describe how and by	
strategies were used to		whom, and if any	
maintain or improve		strategies were used to	
fidelity, describe them		maintain or improve	
12 H		fidelity, describe them	
12 How well: actual		A (1 TC 1 1 / 1	
Actual: If intervention		Actual: If placebo/sham	
adherence or fidelity was		intervention adherence or	
assessed, describe the		fidelity was assessed,	
extent to which the		describe the extent to	
intervention was delivered		which the intervention was	
as planned		delivered as planned	
		Whether any reasons for	
		loss to follow-up	
		(participant attrition) or	
		non-adherence during the	
		trial were related to the	
		control intervention.	
13 Measuring the success			
of blinding			
Was blinding measured,			
and if so: how, and what			
were the results of such			
measurement?			
		Die in the state of	
Blinding should always be		Blinding should always be	
assessed if it was an		assessed if it was an	
objective of the control		objective of the control	
intervention, and results		intervention, and results	
should be reported as		should be reported as	
summary statistics per		summary statistics per	
group, allowing		group, allowing	
independent calculation of		independent calculation of	
blinding indices.		blinding indices.	

14 Assessment of participant expectation		
Report the method of	Report the method of	
assessment, timepoints,	assessment, timepoints,	
and results as summary	and results as summary	
statistics per group.	statistics per group.	

Reference of CoPPS Statement:

Hohenschurz-Schmidt, D., Vase, L., Scott, W., Annoni, M., Ajayi, O.K., Barth, J., Bennell, K., Berna, C., Bialosky, J., Braithwaite, F., Finnerup, N.B., Williams, A.C. de C., Carlino, E., Cerritelli, F., Chaibi, A., Cherkin, D., Colloca, L., Côté, P., Darnall, B.D., Evans, R., Fabre, L., Faria, V., French, S., Gerger, H., Häuser, W., Hinman, R.S., Ho, D., Janssens, T., Jensen, K., Lunde, S.J., Keefe, F., Kerns, R.D., Koechlin, H., Kongsted, A., Michener, L.A., Moerman, D.E., Musial, F., Newell, D., Nicholas, M., Palermo, T.M., Palermo, S., Peerdeman, K.J., Pogatzki-Zahn, E.M., Puhl, A.A., Roberts, L., Rossettini, G., Johnston, C., Matthiesen, S.T., Underwood, M., Vaucher, P., Vollert, J., Wartolowska, K., Weimer, K., Werner, C.P., Rice, A.S.C., Draper-Rodi, J., 2023. Recommendations for the Development, Implementation, and Reporting of Control Interventions in Efficacy and Mechanistic Trials of Physical, Psychological, and Self-Management Therapies - The CoPPS Statement. *BMJ*.