Manuscript checklist

INTRODUCTION

	Paragraph 1: Describe the overarching problem that your research is trying to solve. Typically this begins with the big picture public health issue and leads to a description of the specific component of the issue that you are addressing.
	Paragraphs 2-3: What do we know about the topic? What is the knowledge gap you are filling? Be careful not to provide a laundry list of previous studies without a critical synthesis and making it clear what the gap is.
	Paragraph 4: Your aims. Include both primary and secondary aims. Aims should be written such that the design of your study is clear to the reader. Everything being measured in the study should be mentioned. The aims provide a map for the rest of the manuscript. Include hypotheses.
METH	DDS
	Design-briefly mention the study design that was used. If using secondary data, provide a summary of the parent study, including its intended purpose and relevant references
	Setting-if applicable, describe the setting in which your study took place.
	Sample— who was targeted and why. Include inclusion/exclusion criteria. What recruitment methods were used? If an RCT, include CONSORT figure here.
	Screening and Informed Consent – mention measures taken for screening and baseline measures. How were people consented?
	Randomization – describe how randomization occurred, who did it, when it occurred, and include any stratification factors.
	Measures – list all measures, making it clear how the measure is being used (e.g., dependent variable, baseline characteristic, covariate, etc) and the time points at which you are measuring each. Include references to psychometric data for each measure. For measures produced for this study, be sure to mention how many items, the response options (e.g., 5 point Likert scale from strongly agree to strongly disagree), and Cronbach alpha if multiple items measuring the same construct. Be sure all dependent measures mentioned here were mentioned in the aims (do not mention a dependent measure for the first time in the measures section). Order the presentation of measures by baseline characteristics, covariates, primary outcome, secondary outcome, etc. If appropriate for the journal, use headings to make this clear to the reader.
	Conditions – Describe each condition separately. For the intervention condition, describe the number of visits, the content of the intervention, who administered it, and reference the published protocol or other studies that used this intervention. For control conditions, describe in detail what participants received and were told. Justify the choice of condition and what it controlled for (e.g, attention control, enhanced usual care, no contact control, usual care, etc).
	Sample size estimation – describe how the sample was determined and what level of power it gave you to test your hypotheses. This is necessary for RCTs. For non- RCTs this section is sometimes not included.
	Analytic Plan – describe your approach to the statistical analyses. Begin with a brief description of descriptive and bivariate statistics used. Use bivariate analysis judiciously. They should clearly relate to your specific aims. Descriptions of models should map onto the specific aims. Describe why a particular modeling approach was used. Include a description of each covariates (with justification), and how missing data was accounted for. If variables had to be transformed, describe how and why this occurred. Mention which statistical software package was used.
RESUI	тѕ
	Mention the total sample size. If randomized conditions were included, describe numbers by condition and refer to the CONSORT or similar diagram. If applicable, describe study response rates. Describe construction of the analytic sample (i.e., numbers excluded from the analysis).
	Begin with descriptive statistics, then present results in order of primary aim, secondary aim, etc. A common error is presenting results in an order that is different from the aims.
	Be sure all results map onto the aims mentioned in the Introduction (and in the same order!).
	Be sure that no variables or analyses are mentioned for the first time in this section. Cross check that Abstract, Introduction, Methods, and Results all mention the same key variables in the same order. A common error is when these sections are not consistent or present variables in different orders which confuses the reader.
	If you are presenting data in tables, refer to them. The text description of the results should highlight the most salient factors.
	Use conceptual labels for variables rather than operational definitions. For example, "participants with elevated depressive symptoms" rather than "participants who scored 12 or greater on the PHQ9".
	Do not cite references in the Results section. Provide references for measures in the Methods, compare results to existing literature in the Discussion.

	Paragraph 1 – summarize the main most important result of the paper. Do not just repeat what is in the Results section but rather discuss in a way that is more in summary than an exact reiteration of the Results.
	Paragraph 2 – discuss most important result in the context of the literature. Point out where findings are consistent with the literature and describe why (don't just list previous studies). If results are in conflict with previous studies, describe some reasons why (e.g., differing samples, study designs, power?).
	Paragraph 3 – discuss second most important result in the context of the literature in same fashion as above.
	Paragraph 4 – if applicable, discuss third most important result in the contest of the literature in same fashion as above.
	Paragraph 5 – discuss implications of findings for clinical practice and/or public health. Identify research gaps that need to be filled.
	Paragraph 6- Limitations of the study. Mention key limitations, the likely magnitude and direction of the bias, and describe the reasons why such limitations occurred.
	Paragraph 7 – brief summary of main take home points. 3-4 sentences is all that is necessary.
	Be careful not to go off on tangents that are unrelated to your specific aims. Do not over-interpret your results. Avoid any assertions of cause-effect relationships if not a randomized trial.
	Tables should reflect the aims (no new variables not previously mentioned) and be presented in the same order as the aims. Each Table or Figure should "tell a story".
	Tables should reflect the aims (no new variables not previously mentioned) and be presented in the same order as the aims. Each Table or
	Variables should listed in the same order that they are presented in the text. Categorical variables should have categories matching that which is
	described in the Methods text.
	As in Results text, use conceptual labels rather than operational definitions.
OTHER	
	Avoid using different terms to refer to same thing (e.g., flip flopping from subjects to participants). Select one term and use consistently throughout.
	Once drafted, review the document a second time to eliminate unnecessary words and/or repetitive phrases/sentences. Make your points with the fewest words possible. Superfluous words decrease clarity for the reader. Don't send for review until you have trimmed it down for brevity.