TIDieR
Template for Intervention Description and Replication

The TIDieR (Template for Intervention Description and Replication) Checklist*:

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **
	BRIEF NAME	
1.	Provide the name or a phrase that describes the intervention.	The Zaman Lafiya Programme, which translates to "Living Well," is a face-to-face group intervention led by a nurse for adults living with cancer and their family caregivers.
	WHY	
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.	The Living Well programme was designed with the Behaviour Change Wheel's framework for behaviour change. It aims to address the needs of adult Nigerians living with cancer and their family caregivers, as well as to improve their quality of life.
	WHAT	
3.	Materials: 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 (e.g. online appendix, URL).	The intervention includes a weekly 2-hour session of 1.5 hours of content presentation and a 30-minute for questions and discussion. Additional Files 2 and 3 provide details on the intervention content and the guide that intervention providers use. The participants will receive the training booklet (see Additional File 2 for details).

4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	Adults with cancer who attend oncology clinics, as well as their family caregivers, will be informed about the study and encouraged to take part. Patients and loved ones who are interested will be scheduled for an appointment. Participants will be recruited, given informed consent, and then allocated at random to one of two groups: intervention or control. For four weeks, participants in the intervention group will receive two hours of weekly training. Data will be obtained at the beginning of the research and again after the intervention.	
	WHO PROVIDED		
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	The intervention will be delivered by four health professionals (clinical nurses and a nurse researcher) with experience working with cancer patients and their families. Prior to participating in the study, the researchers developed the intervention manual and slides, as well as co-led practise sessions.	
	HOW		
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	Adults with cancer and their family caregivers will obtain the intervention in a face-to-face group session led by clinical nurses. The space will be set up in a circular seating layout, with facilitators strategically placed throughout.	

	WHERE	
7.	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	The intervention will be delivered in an open room in the oncology department of a tertiary health institution.
	WHEN and HOW MUCH	
8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	The intervention will be administered in weekly 2-hour, four sessions. Adults with cancer and their family caregivers are encouraged to attend after a confirmed cancer diagnosis, but they are welcome to come at any time during their illness. Participants and facilitators would be able to arrange sessions at a time that is convenient for them.
	TAILORING	
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	This item defines tailoring as personalising an intervention for the individual (e.g., individual titration). In this sense, Zaman Lafiya Programme, a local vernacular name that means “Living Well” is not personalised. However, given the interactive group format, there is inherent minimal personalisation involved that is dependent on the interests of the individuals in each group.
	MODIFICATIONS	
10.‡	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	N/A (Intervention not yet delivered)

	HOW WELL	
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	N/A (Intervention not yet delivered)
12.‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	N/A (Intervention not yet delivered)

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement.** When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org).