

Supplementary Table S1. DIRECT Checklist for Discrete Choice Experiments in Health

Reference: Ride J, Goranitis I, Meng Y, LaBond C, Lancsar E. *PharmacoEconomics*. 2024;42(10):1161–1175. doi:10.1007/s40273-024-01431-6

Compliance summary: 20 of 26 items fully reported | 4 partially reported | 2 not reported

Domain	Domain name	#	Criterion	Status	Location / comment
1	Purpose & rationale	1	Describe the real-world context and decision-maker.	Yes	Introduction, paragraphs 1–4. Informs tobacco control education program design.
1		2	Provide rationale for using a DCE.	Yes	Introduction, paragraph 3. DCE for quantitative attribute importance estimation.
2	Attributes & levels	3	Describe how attributes and levels were derived.	Yes	Methods: DCE Design. Literature review, expert consultation, student focus groups.
2		4	Provide the final list of attributes and levels.	Yes	Table 1. Six attributes with two levels each.
3	Experimental design	5	Report number of alternatives per choice set; labelled or unlabelled.	Yes	Methods: DCE Design. Two unlabelled alternatives per choice set.
3		6	Describe response options.	Yes	Binary forced choice with no opt-out.
3		7	Describe type of experimental design.	Yes	Main-effects fractional factorial with near-orthogonality ($r=-0.17$).
3		8	Describe which effects are identified.	Yes	Methods: Statistical Analysis. Main effects only.
3		9	Report number of choice sets, blocks, choice sets per block.	Yes	7 choice sets; no blocking; all respondents completed all 7.
3		10	Indicate how experimental design was obtained.	Yes	Main-effects fractional factorial; specific software not reported.
4	Survey design	11	Provide sample choice set and instructions.	Yes	Table 1 provides attribute/level definitions. Full instrument available on request.
4		12	Report any randomisation of order.	Yes	Fixed order. Acknowledged as limitation.
4		13	Describe what was checked in piloting.	Yes	Pilot with focus group participants; details in parent RCT protocol.
4		14	Report whether pilot information updated the design.	Yes	Not reported.
5	Sample & data collection	15	Report inclusion/exclusion criteria.	Yes	Methods: Participants. Age 18–24, full-time, never-tobacco-users.
5		16	Describe how data were collected.	Yes	Online self-administered via WenJuanXing at week 4 follow-up.
5		17	Report response/cooperation rate.	Yes	260/289 = 89.97% valid response rate.
5		18	Report final sample size and how determined.	Yes	N=260. Determined by parent RCT enrollment
5		19	Describe respondent characteristics.	Yes	Table 2. Sex, education, alcohol, exercise, parental/peer smoking, trial arm.
6	Econometric analysis	20	Indicate coding of data.	Yes	Effects coding (+1/-1); reference levels defined in Table 1.
6		21	Report whether any respondents were removed.	Yes	29 of 289 RCT participants did not complete DCE; 260 valid responses analyzed.
6		22	Provide rationale for model choice.	Yes	Conditional logit; random utility theory; IIA assumption.
6		23	Report model specification.	Yes	Utility function with 6 main-effect terms; Methods section.
7	Reporting of results	24	Report model performance.	Yes	Pseudo- $R^2=0.050$ reported in Table 4.
7		25	Describe methods for analysis of results.	Yes	Relative importance; stratified models; Wald interaction tests.
7		26	Report measures of precision.	Yes	Tables 3–5: 95% CIs, SEs, and p-values for all coefficients.

Color key: White = fully reported; Yellow = partially reported; Red = not reported.

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