Webtable 2 [as supplied by authors]: Quality assessment of included studies

Study ID	Generation of allocation sequence adequate[a]	Concealed allocation	No differences in treatment of experimental and control group[b]	Outcome of interest of the systematic review fully defined[c]	Outcome assessor blinded[d]	Patients analysed in the group in which they were randomised	All randomised patients analysed	Drop-out/ withdrawals reported and analysed Number of drop-outs[e]
Kissinger 2006[w1]	Yes	Unclear	Yes	Yes[f]	No	Unclear	No	Partly (no numbers per group reported) *Overall:* 87 (19%)
Golden 2005[w3]	Unclear	Unclear	No (condoms and info on STIs in experimental group only)	Yes	No	Unclear	No	Yes *Experimental:* 446 (32%) *Control:* 445 (32%)
Kissinger 2005[w2]	No (allocation according to month of admission; months were randomised)	No	Yes	Yes[f]	No	Unclear	Unclear	Partly (no numbers per group reported) *Overall:* 207 (21%)
Schillinger 2003[w4]	Unclear	Yes	No (advice on sexual behaviour and info on STIs in experimental group only)	Yes	No	Yes	No	Yes *Experimental:* 218 (23%) *Control:* 217 (23%)
Ostergaard 2003[w8]	Unclear	Unclear	Yes	Partly (timeframe unclear)	Unclear	Unclear	Yes	n/a
Moyo 2002[w9]	Yes	Yes	No (health care voucher for partners in experimental group only)	Partly (timeframe unclear)	No	Yes	No	Yes *Experimental:* 70 (51%) *Control:* 68 (51%)

Study ID	Generation of allocation sequence adequate[a]	Concealed allocation	No differences in treatment of experimental and control group[b]	Outcome of interest of the systematic review fully defined[c]	Outcome assessor blinded[d]	Patients analysed in the group in which they were randomised	All randomised patients analysed	Drop-out/ withdrawals reported and analysed Number of drop-outs[e]
Nuwaha 2001[w5]	Yes	Unclear	No (outcome assessment biased in favour of experimental group)	Yes[g]	No	Unclear	Yes	No (analysis based on partners not on index patients)
Kissinger 1998[w6]	Unclear[h]	Unclear[h]	No (different providers)	Partly (timeframe unclear)	No	Unclear	No	No (no information on all randomised patients)
Andersen 1998[w7]	No (allocation according to date of birth)	No	Yes	Partly (timeframe unclear)	No	Unclear	Yes	n/a
Faxelid 1996[w10]	Yes	Unclear	No (contact cards in experimental group only; unclear if provider referral was offered in experimental group only)	Partly (timeframe unclear)	No	Unclear	Yes	Partly (no analysis reported) *Experimental:* 8 (4%) *Control:* 11 (6%)
Katz 1988[w11]	Unclear	Unclear	Yes	Partly (timeframe unclear)	No	Yes	Unclear	n/a
Solomon 1988[w12]	Unclear	Unclear	Yes	Partly (timeframe unclear)	No	Unclear	Unclear	n/a
Cleveland undated[w13]	Unclear	Unclear	Yes	Yes	No	Unclear	Yes	n/a
Ellison undated[w14i]	Unclear	Unclear	Unclear	Unclear	Yes	Unclear	Yes	n/a

Legend:

STI, sexually transmitted infection; superscripts w1-14 refer to the reference list available at www.bmj.com

[a] Computer generated random numbers, tables of random numbers, drawing lots.
[b] If some of the intervention are viewed as complex interventions with several components assessment would change from "No" to "Yes" for four trials [w3 w4 w9 w10]
[c] Timeframe and measuring method defined.
[d] Open assessment of outcomes assumed if blinding not explicitly mentioned.
[e] Only assessed for the primary outcome of the individual study.
[f] Outcome assessment of the outcome 'partners treated' potentially biased in favor of experimental group (assessment based on index patients).
[g] Outcome assessment of the outcome 'partners treated' potentially biased (assessment based on index patients but only index patients in experimental group were refunded for return transport cost; outcome assessment differed between groups: interview of index patients + linking medical records of patients attending the clinic to index patients in control group versus interview of index patients only in experimental group).
[h] Patients were randomised to providers. One provider worked fewer hours per week and used PDPT. The other providers in the center used patient referral.
[i] Unpublished study and study report not available for assessment. Quality assessment taken from Mathews et al.[3]