Supplementary File 1. PS-INTERPRET checklist for propensity score–based analyses

No.	Checklist item	Reported on page
ESTIMAND		
1	Clearly define whether the analysis targets the ATE or ATT	
2	Ensure that conclusions are restricted to the target population represented by the estimand	
COVARIATE SELECTION		
3	Describe how covariates were selected using causal reasoning or DAGs	
4	Specify whether mediators or colliders were excluded from the PS model	
5	Report consideration of potential instrumental variables associated with treatment assignment but not directly associated with outcome	
POSITIVITY AND OVERLAP		
6	Assess and report overlap in propensity score distributions between groups	
7	Describe how non-overlapping regions or extreme propensity scores were handled	
WEIGHT STABILITY		
8	Report evaluation of extreme or unstable IPTW weights	
9	Describe whether trimming, truncation, or stabilized IPTW was applied	
BALANCE DIAGNOSTICS		
10	Report covariate balance before and after PS adjustment	
11	Present graphical diagnostics such as Love plots, PS distributions, or weight histograms when appropriate	
UNMEASURED CONFOUNDING		
12	Discuss the potential impact of residual or unmeasured confounding	
13	Report whether sensitivity analyses (e.g., E-values) were performed	
INTERPRETATION		
14	Ensure that conclusions do not overstate causal or interventional effects	
15	Acknowledge limitations related to overlap, confounding, and generalizability	

ATE, average treatment effect; ATT, average treatment effect on the treated; DAG, directed acyclic graph; IPTW, inverse probability of treatment weighting; PS, propensity score.