CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be

- a) a guide for reporting for authors of RCTs,
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

Your response is too large. Try shortening some answers.

doi: 10.2196/jmir.1923
PMID: 22209829

carriannemccclay@gmail.com (not shared) [Switch accounts](#)

Draft saved

***Required**

Your name *

First Last

McClay

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

University of Glasgow, Glasgow

Your e-mail address *

[abc@gmail.com](#)

c.mcclay@hotmail.co.uk

Title of your manuscript *

Provide the (draft) title of your manuscript.

Online Cognitive Behavioral Therapy (CBT) Life Skills Program for Depression: Pilot
Randomized Controlled Trial.

Your response is too large. Try shortening some answers.

Name of your App/Software/Intervention *

If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

LLTTF (Living Life to the Full)

Evaluated Version (if any)

e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Your answer

Language(s) *

What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App

e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

<https://llttf.com/>

URL of an image/screenshot (optional)

Your answer

Your response is too large. Try shortening some answers.

Accessibility *

Can an enduser access the intervention presently?

- ☐ access is free and open
- ☐ access only for special usergroups, not open
- ☒ access is open to everyone, but requires payment/subscription/in-app purchases
- ☐ app/intervention no longer accessible
- ☐ Other:

Primary Medical Indication/Disease/Condition *

e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Stress, low mood.

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Uptake, retention, satisfaction

Secondary/other outcomes

Are there any other outcomes the intervention is expected to affect?

Low mood, anxiety and participant satisfaction.

Your response is too large. Try shortening some answers.

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ☐ Approximately Daily
- ☒ Approximately Weekly
- ☐ Approximately Monthly
- ☐ Approximately Yearly
- ☐ "as needed"
- ☐ Other:

Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- ☒ unknown / not evaluated
- ☐ 0-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71%-80%
- ☐ 81-90%
- ☐ 91-100%
- ☐ Other:

Your response is too large. Try shortening some answers.

Overall, was the app/intervention effective? *

- ☐ yes: all primary outcomes were significantly better in intervention group vs control
- ☐ partly: SOME primary outcomes were significantly better in intervention group vs control
- ☐ no statistically significant difference between control and intervention
- ☐ potentially harmful: control was significantly better than intervention in one or more outcomes
- ☒ inconclusive: more research is needed
- ☐ Other:

Article Preparation Status/Stage *

At which stage in your article preparation are you currently (at the time you fill in this form)

- ☐ not submitted yet - in early draft status
- ☐ not submitted yet - in late draft status, just before submission
- ☐ submitted to a journal but not reviewed yet
- ☐ submitted to a journal and after receiving initial reviewer comments
- ☒ submitted to a journal and accepted, but not published yet
- ☐ published
- ☐ Other:

Your response is too large. Try shortening some answers.

Journal *

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- ☐ not submitted yet / unclear where I will submit this
- ☐ Journal of Medical Internet Research (JMIR)
- ☐ JMIR mHealth and UHealth
- ☐ JMIR Serious Games
- ☐ JMIR Mental Health
- ☐ JMIR Public Health
- ☒ JMIR Formative Research
- ☐ Other JMIR sister journal
- ☐ Other:

Is this a full powered effectiveness trial or a pilot/feasibility trial? *

- ☒ Pilot/feasibility
- ☐ Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

- ☐ no ms number (yet) / not (yet) submitted to / published in JMIR
- ☒ Other: 30489-567295-JM-LTP

TITLE AND ABSTRACT

Your response is too large. Try shortening some answers.

1a) TITLE: Identification as a randomized trial in the title**1a) Does your paper address CONSORT item 1a? ***

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

yes

Other:

1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

1

2

3

4

5

subitem not at all important

essential

Clear selection

Does your paper address subitem 1a-i? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"...and internet-based cognitive behavioural therapy (iCBT)"

Your response is too large. Try shortening some answers.

1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Support in the package includes weekly reminders (automated emails) plus support sessions with a support worker delivered weekly via email or telephone".

1a-iii) Primary condition or target group in the title

Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes")
Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 1a-iii? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Inclusion criteria:
- Aged 18 or over."

Your response is too large. Try shortening some answers.

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"a range of low intensity interventions that can increase access to services are available including guided CBT self-help materials delivered via books, classes and as online packages. This project aimed to pilot a randomised controlled trial of an online CBT-based life skills course with community-based individuals experiencing depression.....Participants were remotely randomised to receive either immediate access (IA) or delayed access (DA) to a research version of the Living Life to the Full online CBT-based life skills package (3rd edition) with telephone support provided by non-specialist charity-based workers whilst they used the online intervention".

Your response is too large. Try shortening some answers.

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like “fully automated” vs. “therapist/nurse/care provider/physician-assisted” (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants were remotely randomised to receive either immediate access (IA) or delayed access (DA) to a research version of the Living Life to the Full online CBT-based life skills package (3rd edition) with telephone support provided by non-specialist charity-based workers whilst they used the online intervention".

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use “blinded” or “unblinded” to indicated the level of blinding instead of “open”, as “open” in web-based trials usually refers to “open access” (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"People with symptoms of depression were recruited using a community-based approach using, advertisements in the Metro free newspaper in Central Scotland. No participants were recruited directly via the NHS".

"The measures used to assess the impact on mood and social functioning were the Patient Health Questionnaire-9 [3], the Generalised Anxiety Disorder Questionnaire (GAD-7) [30] and the Work and Social Adjustment Scale [31]. These were sent via a survey monkey link at each time point".

Participants and researchers knew group allocation -

"After randomisation, those in the IA group were given an access code and link to the LLTTF website, including instructions in how to use the resources. Those in the DA group were told that they would be contacted again in 3 months; the access code to the LLTTF website was sent once follow-up data had been received".

1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 1b-iv?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"There was effective recruitment, randomisation and uptake with 19 Immediate Access (IA) and 17 Delayed Access Control (DAC) participants entering the pilot study via newspaper adverts and 13 of the 19 participants taking up the intervention".

Your response is too large. Try shortening some answers.

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 1b-v?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable as it is a feasibility study.

INTRODUCTION**2a) In INTRODUCTION: Scientific background and explanation of rationale****2a-i) Problem and the type of system/solution**

Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 2a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study is a pilot study of an online educational life skills programme designed for low mood and anxiety based on CBT principles. The LLTTF approach puts bibliotherapy and life skills training at its core and adopts a blended learning approach [18] where the user engages with the course through a variety of mediums (reading, audio-visual modules and video). Content addresses key aspects of low mood and stress and is available in different formats to suit the user's preferred learning style. This includes live classes [19-20-21], printed books [22] and e-books in addition to the online course. The online version of the LLTTF intervention adheres to the key NICE recommendations regarding iCBT packages in terms of content, number of modules and the support element provided [4]. However the person chooses to learn, it is recommended a clear and structured support protocol is offered to enhance package engagement and application. A non-randomised feasibility study [23] demonstrates equivalent outcomes for the online course [9] compared to Beating the Blues online resource [8], and a book based bibliotherapy intervention [24-25]. However, as there are currently no adequately powered RCTs of the LLTTF package further research is needed to examine the efficacy of the package in its online format".

2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 2a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Health and Clinical Excellence [4] guidelines state that treatments for depression should follow the stepped care model, taking into account severity and chronicity of symptoms, and response to treatment. Treatment options range from active monitoring and psychoeducation at step one to psychosocial treatment options such as low intensity (LI) interventions including bibliotherapy (CBT-informed self-help books) and internet-based cognitive behavioural therapy (iCBT), group cognitive behavioural therapy (CBT) within step two; with face-to-face delivery of therapy such as specialist-delivered CBT, interpersonal therapy (IPT), behavioural activation at Step 3 with the use of crisis and inpatient services representing steps four and five.

However, the majority of individuals with depression worldwide do not receive appropriate treatment for their depression within health services [5]. This treatment gap may be dependent upon a number of factors, including non-recognition of the problem (by the individual or healthcare workers), reluctance to seek treatment from statutory mental or health service provision, limited knowledge about treatment options and/or a lack of mental health resources resulting in long waiting lists. A key aim of the WHO mental health Gap Action Programme (mhGAP) is to increase access to psychological therapies via non-expert support or healthcare workers. This could be achieved through the application of LI CBT guided self-help interventions, delivered via bibliotherapy or online in the form of internet-based CBT (iCBT). These could be delivered, as recommended, in Step 2 of the stepped care model and also through enhancing 'informal health care' service provision through trained members of community or voluntary sector organisations [6] to improve access for those reluctant to present to health services.

Various iCBT packages are available including MoodGYM (MG) [7], Beating the Blues (BTB) [8] and Living Life to the Full (LLTFF) [9]. There is evidence that online CBT can be an acceptable, impactful and cost-effective intervention for depression [10, 11] Some studies have found iCBT to be as effective as face to face CBT [12, 13].

2b) In INTRODUCTION: Specific objectives or hypotheses

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 2b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Primary question examining methodological uncertainties:

a. Is the study design feasible- is it possible to recruit from the community, randomise participants, deliver the online intervention with structured telephone support and collect data at baseline and 3 months post randomisation?

Secondary questions examining adherence and acceptability

b. To what extent will participants adhere to the online intervention?

c. Is the Living Life to the Full online package acceptable to participants?

d. What sample size will be required in the future substantive study?"

METHODS**3a) Description of trial design (such as parallel, factorial) including allocation ratio****Does your paper address CONSORT subitem 3a? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was a parallel, two-arm pilot randomised controlled trial with a 50:50 allocation ratio across the two groups with the primary outcome point at 3 months post-randomisation. Participants were remotely randomised to receive the online intervention immediately (IA group) or following a 3-month delay after randomisation (DA group)".

3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 3b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable - there were no changes after trial commencement.

3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This item is not applicable.

4a) Eligibility criteria for participants

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Inclusion criteria:

- Aged 18 or over.
- Living in the UK.
- Able to understand written and spoken English language.
- Regular access to a computer/smart phone/tablet with audio and broadband connection.
- Score of 10 or more on PHQ9 [3]"

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

1 2 3 4 5

subitem not at all important ☐ ☐ ☒ ☐ ☐ essential

Clear selection

Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Able to understand written and spoken English language.
Regular access to a computer/smart phone/tablet with audio and broadband connection".

Baselines questionnaires were internet based so computer literacy was demonstrated at this stage.

Your response is too large. Try shortening some answers.

4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 4a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"People with symptoms of depression were recruited using a community-based approach using, advertisements in the Metro free newspaper in Central Scotland. No participants were recruited directly via the NHS".

4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 4a-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"People with symptoms of depression were recruited using a community-based approach using, advertisements in the Metro free newspaper in Central Scotland. No participants were recruited directly via the NHS. Informed consent was collected from all potential participants prior to entry into the study".

4b) Settings and locations where the data were collected**Does your paper address CONSORT subitem 4b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Living in the UK". ".....advertisements in the Metro free newspaper in Central Scotland. No participants were recruited directly via the NHS".

4b-i) Report if outcomes were (self-)assessed through online questionnaires

Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 4b-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The measures used to assess the impact on mood and social functioning were the Patient Health Questionnaire-9 [3], the Generalised Anxiety Disorder Questionnaire (GAD-7) [30] and the Work and Social Adjustment Scale [31]. These were sent via a survey monkey link at each time point".

4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention.(Not a required item – describe only if this may bias results)

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

Your response is too large. Try shortening some answers.

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☒	essential

Clear selection

Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"CW is an author of a variety of written and iCBT resources. He is Director and shareholder of Five Areas Ltd, a company that delivers free and licensed online life skills resources including the LLTTF course. "

5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Your response is too large. Try shortening some answers.

Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Various iCBT packages are available including MoodGYM (MG) [7], Beating the Blues (BTB) [8] and Living Life to the Full (LLTTF) [9]. There is evidence that online CBT can be an acceptable, impactful and cost-effective intervention for depression [10, 11] Some studies have found iCBT to be as effective as face to face CBT [12, 13]."

"The LLTTF approach puts bibliotherapy and life skills training at its core and adopts a blended learning approach [18] where the user engages with the course through a variety of mediums (reading, audio-visual modules and video). Content addresses key aspects of low mood and stress and is available in different formats to suit the user's preferred learning style. This includes live classes [19-20-21], printed books [22] and e-books in addition to the online course. The online version of the LLTTF intervention adheres to the key NICE recommendations regarding iCBT packages in terms of content, number of modules and the support element provided [4]. However the person chooses to learn, it is recommended a clear and structured support protocol is offered to enhance package engagement and application. A non-randomised feasibility study [23] demonstrates equivalent outcomes for the online course [9] compared to Beating the Blues online resource [8], and a book based bibliotherapy intervention [24-25]. However, as there are currently no adequately powered RCTs of the LLTTF package further research is needed to examine the efficacy of the package in its online format".

5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was "frozen" during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your response is too large. Try shortening some answers.

5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 5-iv?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To assess fidelity to the support model in the study, copies of all email supports and recordings of any phone support contacts will be made (with consent) to enable a sample of 20 (5 %) of the support sessions to be evaluated using a previously used adherence and competency checklist [11]".

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Details of the intervention and the URL are included. A consort diagram is also provided.

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 5-vi?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"9. Living Life to the Full [Internet]. UK: Five Areas Ltd; [Accessed 28/04/21]. Available from www.llttf.com"

5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained "access to the platform and Internet" [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Your response is too large. Try shortening some answers.

Does your paper address subitem 5-vii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Intervention: The free-access online LLTTF course consists of eight modules that teach a range of CBT-based life skills".

"Worksheets are colourful and often include illustrations, and can be downloaded free of charge from the website".

"After randomisation, those in the IA group were given an access code and link to the LLTTF website, including instructions in how to use the resources. Those in the DA group were told that they would be contacted again in 3 months; the access code to the LLTTF website was sent once follow-up data had been received".

5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], "whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Intervention

The free-access online LLTTF course consists of eight modules that teach a range of CBT-based life skills.

The eight sessions are as follows:

Session 1: 'Why do I feel so bad?' – An introduction to the CBT model and the 'vicious cycle' of low mood that aims to help participants understand why they feel the way they do and how their thoughts, feelings, physical symptoms and behaviour are linked.

Session 2: 'I can't be bothered doing anything' – This module focuses on the impact of reduced activity. Users are encouraged to consider the things that they have stopped or reduced doing as a result of their low mood and make a plan to re-establish these activities in order to improve their mood.

Session 3: 'Why does everything always go wrong?' teaches skills to help tackle negative thinking, including how to label unhelpful thoughts, identify negative thinking patterns and to turn these thoughts around to create more helpful ones.

Session 4: 'I'm not good enough' – This session teaches how self-confidence is developed and teaches confidence-building techniques.

Session 5: 'How to fix almost everything' – A problem-solving approach using an 'easy four-step plan' to help break down problems into smaller parts in order to overcome challenges.

Session 6: 'The things you do that mess you up' – This session addresses unhelpful behaviours that may be worsening mood. Participants are encouraged to recognize problem behaviours such as isolating themselves, or drinking or smoking too much, and then create a plan for reducing them.

Session 7: 'Are you strong enough to keep your temper?' – Participants learn to recognize the things that cause them to feel irritable or angry and the early warning signs they experience when they start to feel angry. They then learn techniques for better managing their anger to help them react differently to challenging people and situations.

Session 8: '10 things you can do to feel happier straight away' – The final module teaches key lifestyle choices that can improve mood, including healthy eating, exercise and closeness with others.

Additional course worksheets, video and audio (relaxation) resources supplement the main modules. These are available on the intervention website.

Your response is too large. Try shortening some answers.

5-ix) Describe use parameters

Describe use parameters (e.g., intended “doses” and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☒ essential

Clear selection

Does your paper address subitem 5-ix?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study included automated weekly email reminders plus six weekly support sessions provided over the telephone with a trained support worker from the Scottish depression charity Action on Depression".

5-x) Clarify the level of human involvement

Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as “type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered”. It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 5-x?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study included automated weekly email reminders plus six weekly support sessions provided over the telephone with a trained support worker from the Scottish depression charity Action on Depression".

5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 5-xi? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study included automated weekly email reminders plus six weekly support sessions provided over the telephone with a trained support worker from the Scottish depression charity Action on Depression".

Your response is too large. Try shortening some answers.

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study included automated weekly email reminders plus six weekly support sessions provided over the telephone with a trained support worker from the Scottish depression charity Action on Depression".

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 6a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study included automated weekly email reminders plus six weekly support sessions provided over the telephone with a trained support worker from the Scottish depression charity Action on Depression. The support is protocol driven [11] and focuses on encouraging use and application of the intervention. It is designed to encourage an individualized plan to be made at the end of each session using a 'plan, do, review' structure (worksheets are completed), with a focus on participants applying the skills and techniques that they have learned and making changes in their lives; using the materials to support them in doing this. To assess fidelity to the support model in the study, copies of all email supports and recordings of any phone support contacts will be made (with consent) to enable a sample of 20 (5 %) of the support sessions to be evaluated using a previously used adherence and competency checklist [11]".

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

All measures are validated for online use and form the online assessment package used by IAPT.

Your response is too large. Try shortening some answers.

6a-ii) Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored

Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

Use was defined as number of modules completed (the website collects data on when the last page of the module is completed".

"These findings relate to the IA group participants only as the DA had not accessed the intervention at 3 months. Thirteen participants of the 19 IA participants provided data concerning the number of sessions they completed. Ten (77%) of the responding IA participants completed at least one module of the intervention. The average number of the four core modules completed was 2 (sd = 1.58; min = 0, max = 4). A third of participants completed all 4 core modules. The mean number of optional modules completed was 1 (sd = 1.41)".

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

No qualitative data was collected in this study.

6b) Any changes to trial outcomes after the trial commenced, with reasons

Does your paper address CONSORT subitem 6b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this case.

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The aim was to recruit 30-50 participants, a sample size widely accepted as sufficient for pilot studies to identify problems of recruitment, delivery of the intervention and evaluation measures [26]".

7b) When applicable, explanation of any interim analyses and stopping guidelines**Does your paper address CONSORT subitem 7b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this study.

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

Does your paper address CONSORT subitem 8a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants' ID numbers were passed to a separate researcher who used the randomisation function in Excel to remotely assign participants to the immediate IA or DA group. As it is a pilot study, we did not stratify for any variables during randomisation".

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 8b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants completed initial online questionnaires, and those that were eligible and consented were then remotely randomised to either an IA or DA group. Participants' ID numbers were passed to a separate researcher who used the randomisation function in Excel to remotely assign participants to the immediate IA or DA group. As it is a pilot study, we did not stratify for any variables during randomisation. After randomisation, those in the IA group were given an access code and link to the LLTF website, including instructions in how to use the resources. Those in the DA group were told that they would be contacted again in 3 months; the access code to the LLTF website was sent once follow-up data had been received".

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned**Does your paper address CONSORT subitem 9? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 10? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants completed initial online questionnaires, and those that were eligible and consented were then remotely randomised to either an IA or DA group. Participants' ID numbers were passed to a separate researcher who used the randomisation function in Excel to remotely assign participants to the immediate IA or DA group. As it is a pilot study, we did not stratify for any variables during randomisation. After randomisation, those in the IA group were given an access code and link to the LLTF website, including instructions in how to use the resources. Those in the DA group were told that they would be contacted again in 3 months; the access code to the LLTF website was sent once follow-up data had been received".

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 11a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

Your response is too large. Try shortening some answers.

11a-ii) Discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”.

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 11a-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable as there was only one intervention and a delayed access group.

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this study.

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 12a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Statistical analyses

Recruitment, uptake and adherence to intervention are summarised. Baseline characteristics are summarised for all participants as well as for the IA and DA groups separately. Two-sample t-tests or Mann-Whitney tests, depending on distributions, and Fisher's exact tests were used to compare the two treatment groups and confirm that participants had been effectively randomised.

To practice the analysis for efficacy, appropriate linear models were applied using an intention-to-treat approach. Models were adjusted using baseline scores as covariates. These models were used to estimate and test the statistical significance of the within-group change between baseline and 3 months, and the between-group differences at each time point".

12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

	1	2	3	4	5	
subitem not at all important	☐	☐	☒	☐	☐	essential

Clear selection

Does your paper address subitem 12a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To practice the analysis for efficacy, appropriate linear models were applied using an intention-to-treat approach. Models were adjusted using baseline scores as covariates".

Your response is too large. Try shortening some answers.

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☐ ☒

Clear selection

Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Ethical approval was granted by the College of Medical, Veterinary and Life Sciences Ethics Committee for Non-Clinical Research Involving Human Subjects, University of Glasgow, Ref. 200140159, and registered with the ISRCTN registry ID: ISRCTN12890709. Date assigned: 28/07/15".

Your response is too large. Try shortening some answers.

x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Informed consent was collected from all potential participants prior to entry into the study....Participants completed initial online questionnaires, and those that were eligible and consented were then remotely randomised to either an IA or DA group".

X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"As shown in the CONSORT flow diagram (Fig. 1) five people were excluded due to thoughts of self-harm/suicide. These individuals were advised to contact their GP regarding these feelings and were also given a list of additional sources of support that they could access".

The internet-based intervention also has a list of sources of support and what to do in an emergency.

RESULTS**13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome**

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"There was effective recruitment, randomisation and uptake with 19 Immediate Access (IA) and 17 Delayed Access Control (DAC) participants entering the pilot study via newspaper adverts and 13 of the 19 participants taking up the intervention. Overall (72%) were not currently under the care of their general practitioner (GP). The online package was acceptable to participants, the mean satisfaction score on the Client Satisfaction Questionnaire was 21 out of 32 (sd = 8.89). At three months, data collection was achieved from 28/36 (78%) of participants. The efficacy and retention data were used for a power calculation indicating that 72 participants in total will be required for a future substantive RCT".

13b) For each group, losses and exclusions after randomisation, together with

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Reasons were not given by participants.

13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

Clear selection

Does your paper address subitem 13b-i?

Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Since the study is a feasibility study, an attrition diagram was not necessary.

14a) Dates defining the periods of recruitment and follow-up

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 14a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Table 1: Recruitment phases.

Recruitment phase	Dates	Number of adverts
1	August-October 2015	4 adverts (one a week for 4 weeks)
2	January-March 2016	4 adverts (one a week for 4 weeks)
3	March-May 2016	4 adverts (one a week for 4 weeks)

14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

14b) Why the trial ended or was stopped (early)

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 14b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Table 2: Demographic data"

15-i) Report demographics associated with digital divide issues

In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Does your paper address subitem 15-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Table 2: Demographics includes age, sex, ethnicity.

Your response is too large. Try shortening some answers.

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple “denominators” and provide definitions

Report multiple “denominators” and provide definitions: Report N’s (and effect sizes) “across a range of study participation [and use] thresholds” [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants “used” the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define “use” of the intervention.

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☒	☐	essential
Clear selection						

Does your paper address subitem 16-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Ns are reported in all cases.

16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only “users”, with the appropriate caveats that this is no longer a randomized sample (see 18-i).

	1	2	3	4	5	
subitem not at all important	☐	☐	☐	☐	☐	essential

Your response is too large. Try shortening some answers.

Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To practice the analysis for efficacy, appropriate linear models were applied using an intention-to-treat approach. Models were adjusted using baseline scores as covariates. These models were used to estimate and test the statistical significance of the within-group change between baseline and 3 months, and the between-group differences at each time point".

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Does your paper address CONSORT subitem 17a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The IA and DA group improved to a similar level between BL and 3 months. The mean reduction in PHQ-9 score the IA group was 6.08 (sd = 7.49); mean difference in the DA group was 5.19 (sd = 6.00). As expected in this small unpowered pilot study the between group difference was not statistically significant (p=0.62, 95% CI (-6.10, 3.69))".

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Sessions are defined as the completion of an online module, completed independently at the participant's own pace.

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended**Does your paper address CONSORT subitem 17b? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this study.

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory**Does your paper address CONSORT subitem 18? ***

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this study.

Your response is too large. Try shortening some answers.

18-i) Subgroup analysis of comparing only users

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 18-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable in this study as it is a feasibility study.

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In relation to side effects of the intervention, very few were reported. Specifically, one participant said that they felt bad about their ability to put what they learned in the course into action, four felt that they were letting the support worker down during the intervention and one person said that the course content made them feel worse. Negative impacts will be assessed again in the full RCT".

Your response is too large. Try shortening some answers.

19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Does your paper address subitem 19-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable to this study.

19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No qualitative data was collected in this feasibility study.

Your response is too large. Try shortening some answers.

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

1

2

3

4

5

subitem not at all important

☐

☐

☒

☐

☐

essential

Clear selection

Does your paper address subitem 22-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This pilot study aimed to test key elements of a pilot RCT of the LLTTF online package. It demonstrated that a group of self-referring participants can be successfully recruited from the community and engaged in the RCT; with voluntary sector delivery. Several key methodological uncertainties in relation to study design and intervention delivery have been addressed, thus providing useful information for a future fully powered trial.

Recruitment and sample

Firstly, recruitment was feasible with 36 eligible individuals recruited within three phases of advertising in the Metro newspaper. The resources were limited in the current study but it seems likely that in a future funded RCT with an appropriate budget for UK-wide advertising the required sample size (see below) could be achieved using a community-based recruitment approach. The community-based approach employed successfully identified those living with depression. The majority of participants had at least moderate symptoms of depression; yet less than a third was currently under the care of their GP. This is in line with reports that there is a significant treatment gap with regard to depression [5]. Online interventions could serve as a potential treatment avenue to bridge the gap between onset of symptoms and access to psychological therapy.

22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☒ ☐ essential

Clear selection

Your response is too large. Try shortening some answers.

Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"However, efforts will need to be taken to improve completion rates in a future definitive RCT. Additionally, it proved problematic to conduct an economic analysis via emailed documents. It seems a telephone or other live interview might work more effectively for any future definitive RCT. Finally, in the future study, there would be advantages to collecting data at 6 months, and possibly one year, to record long-term outcomes and the sustainability or not of any changes to mood and social function".

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses**20-i) Typical limitations in ehealth trials**

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential
						Clear selection

Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not applicable as it is a feasibility study.

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

Your response is too large. Try shortening some answers.

21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Clear selection

Does your paper address subitem 21-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The trial was community based with few restrictions on entry so was generalisable to the general population.

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

	1	2	3	4	5	
subitem not at all important	☒	☐	☐	☐	☐	essential

Clear selection

Does your paper address subitem 21-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your response is too large. Try shortening some answers.

OTHER INFORMATION**23) Registration number and name of trial registry**

Does your paper address CONSORT subitem 23? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"...registered with the ISRCTN registry ID: ISRCTN12890709. Date assigned: 28/07/15".

24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"28. Williams, C., McClay, C.-A., Martinez, R., Morrison, J., Haig, C., Jones, R., and Ferrand, P. (2016) Online CBT life skills programme for low mood and anxiety: study protocol for a pilot randomized controlled trial. *Trials*, 17, 220. doi:10.1186/s13063-016-1336-y".

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The project was sponsored by the University of Glasgow, with partial-funding by NHS

Your response is too large. Try shortening some answers.

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

subitem not at all important 1 2 3 4 5 essential

☐ ☐ ☐ ☒ ☐

Clear selection

Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"CW is an author of a variety of written and iCBT resources. He is Director and shareholder of Five Areas Ltd, a company that delivers free and licensed online life skills resources including the LLTTF course".

About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? *

- ☐ yes, major changes
- ☐ yes, minor changes
- ☒ no

Your response is too large. Try shortening some answers.

What were the most important changes you made as a result of using this checklist?

N.A.....

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

1.5hrs.....

As a result of using this checklist, do you think your manuscript has improved? *

- ☐ yes
- ☒ no
- ☐ Other:

Would you like to become involved in the CONSORT EHEALTH group?

This would involve for example becoming involved in participating in a workshop and writing an "Explanation and Elaboration" document

- ☐ yes
- ☒ no
- ☐ Other:

Clear selection

Any other comments or questions on CONSORT EHEALTH

Your answer

Your response is too large. Try shortening some answers.

STOP - Save this form as PDF before you click submit

To generate a record that you filled in this form, we recommend to generate a PDF of this page (on a Mac, simply select "print" and then select "print as PDF") before you submit it.

When you submit your (revised) paper to JMIR, please upload the PDF as supplementary file.

Don't worry if some text in the textboxes is cut off, as we still have the complete information in our database. Thank you!

Final step: Click submit !

Click submit so we have your answers in our database!

Submit

Clear form

Never submit passwords through Google Forms.

This content is neither created nor endorsed by Google. [Report Abuse](#) - [Terms of Service](#) - [Privacy Policy](#)

Google Forms

Your response is too large. Try shortening some answers.