# 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.
* Required

**Your name** *
First Last
Lenneke van Genugten

**Primary Affiliation (short), City, Country** *
University of Toronto, Toronto, Canada
Erasmus Medical Ceent

**Your e-mail address** *
abc@gmail.com
l.vangenugten@erasmus

**Title of your manuscript** *
Provide the (draft) title of your manuscript.

Evaluating the effects of an online computer-tailored weight management intervention for overweight adults on anthropometric and behavioural outcome measures: results of a randomised controlled trial.

**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:

**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)
- ○ Other:

**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: ms#1901

## TITLE AND ABSTRACT

## 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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"online computer-tailored"

**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”).

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"computer-tailored"

**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

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"intervention for overweight adults"

## 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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"Self-regulation theory was used as the basis of the intervention"

**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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"computer-tailored intervention "
"Anthropometric measurements were measured by trained research assistants at baseline and 6-months post-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)

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**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

Yes.
"Participants were 539 overweight adults (mean age 47.8 years, mean BMI 28.04, 30.9% male, 10.7% low educated) who where recruited among the general population and among employees from large companies by advertisements and flyers. Anthropometric measurements were measured by trained research assistants at baseline and 6-months post-intervention. DI and PA behaviours were assessed at baseline, 1-month and 6-month post-intervention, using self-reported questionnaires. "

**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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

yes
"The first module of the tailored intervention was visited by almost all participants, but only 15% completed all four modules of the tailored intervention, while 46% completed the three modules of the general information intervention. The tailored intervention was considered more personally relevant (TI 3.20 vs GI 2.83, P=.001), containing more new information (TI 3.11 vs GI 2.73, P=.003) and having longer texts (TI 3.20 vs GI 3.07, P=.01) but was appreciated equally to the generic information

**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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"The online computer-tailored weight management intervention for adults being overweight resulted in prevention of weight gain and changes in dietary intake in the desired direction, but the intervention was not more effective in preventing weight gain than generic information. A possible reason for the absence of intervention effects is sub-optimal use of the intervention and the self-regulation components. Further research is therefore needed to gain more insight in how the intervention and exposure to its contents can be improved. "

## 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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

yes
"Prevention of weight gain is particularly important among people being overweight (BMI 25-30 kg/m2), since they are most at risk of becoming obese. "
"Therefore, we developed a computer-tailored intervention aiming to prevent weight gain among adults being overweight"
"The aim of this study was to establish the efficacy of an online, computer-tailored weight management intervention (GRIPP) on anthropometric

**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 appropiate), 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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"Several reviews have shown that (online) computer tailored interventions may have a positive effect on energy-balance related behaviours [25-28], compared to general information or no information. "

## 2b) In INTRODUCTION: Specific objectives or hypotheses

**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

yes
"The aim of this study was to establish the efficacy of an online, computer-tailored weight management intervention (GRIPP) on anthropometric outcome measures at 6-months post-intervention and on energy balance related behaviours (intake of sugar sweetened drinks, snacks and fat, and physical activity) at 1- and 6-months post-intervention compared to a generic information control group. The hypotheses were that:
1. Anthropometric outcomes (BMI, waist circumference and skin fold

## 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

"A two-group randomised controlled trial was conducted, in which the computer-tailored intervention (TI, n=270) was compared with a generic information intervention (GI, n=270) control group. "

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

**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

NA

**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].

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

NA

## 4a) Eligibility criteria for participants

**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

"The participants were adults (18–65 years) being overweight (self-reported BMI 25-30 m2). Exclusion criteria were not having a sufficient command of the Dutch language, not having Internet access, being pregnant, following a diet prescribed by a physician or dietician and having a history of depression or eating disorders. "

**4a-i) Computer / Internet literacy**
Computer / Internet literacy is often an implicit “de facto” eligibility criterion - this should be explicitly clarified.

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**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

"Exclusion criteria were not having a sufficient command of the Dutch language, not having Internet access,"

**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.

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**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

"Participants were recruited (between March and October 2009) from the general population in the Rotterdam (the second largest city in the Netherlands, with approximately 600.000 inhabitants) region through advertisements in local newspapers, flyers that were delivered door-to-door and in waiting rooms of GP's, and among the employees of four large companies, with the aim to reach a diverse population with respect to socioeconomic status. "
". In addition, they received an email in which they were asked to fill out the

**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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"After subscription, participants received a confirmation letter and information leaflet about the study. "

"Participants signed the informed consent form when they had their anthropometric measurements taken. When participants did not come to have their anthropometrics measured, the informed consent form was sent to their home address, with a return-envelope. "

## 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

"In addition, they received an email in which they were asked to fill out the baseline questionnaire online. Weight, height, waist circumference and skin folds were measured at the hospital site. "

**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.

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**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

"In addition, they received an email in which they were asked to fill out the baseline questionnaire online. "

**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)

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

NA

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

**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).

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

NA

**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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

Information about the development of the intervenion and the formative evaluation can be read in a previous published (open access) paper: http://www.biomedcentral.com/1471-2458/10/649

**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).

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

NA

**5-iv) Quality assurance methods**

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

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

?

**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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

Information about the intervention content is provided in http://www.biomedcentral.com/1471-2458/10/649 . More detailed information can be obtained from the authors.

**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.

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

Currently, the intervention cannot be accessed by others. It is archived by the authors.

**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).

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| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"All randomised participants received a login name and a password by e-mail, which gave them access to the allocated intervention program. Participants were asked to visit the websites at least three/four times during a two month period. They received e-mail reminders to (re-) visit the intervention every two weeks. "

"Gift vouchers were handed out as a compensation for travel expenses and invested time. Participants who filled out the questionnaire 1-month

**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 |

**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

This information can be obtained from http://www.biomedcentral.com /1471-2458/10/649 . The information is also described in the section about the intervention.

**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 |

**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

"All randomised participants received a login name and a password by e-mail, which gave them access to the allocated intervention program. Participants were asked to visit the websites at least three/four times during a two month period. They received e-mail reminders to (re-) visit the intervention every two weeks. "

**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 |

**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

For the intervention: "They received e-mail reminders to (re-) visit the intervention every two weeks"

For the trial:
Objective measurements were conducted by trained research assistents

**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 |

**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

"They received e-mail reminders to (re-) visit the intervention every two weeks"

**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 |

**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

NA

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

**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

"Body height, weight, waist circumference and skin fold thickness were measured at baseline and 6-month post-intervention and measurements of energy balance related behaviour at were taken at baseline, 1-month post-intervention and 6-month post-intervention. "

**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 |

**Does your paper address subitem 6a-i?**

Copy and paste relevant sections from manuscript text

The used questionnaires are validated for hard-copy use, but have often been used in electronic versions. )e.g. by Oenema, Kroeze and Brug)

**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

"An objective measure of exposure to the intervention was obtained from the log-in data from the intervention registration, which keeps information from participants' use of the (tailored) information. One scale was made for use/exposure, indicating the number of modules actually used (0-4 for TI, 0-3 for GI). "

**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 |

**Does your paper address subitem 6a-iii?**
Copy and paste relevant sections from manuscript text

"Self-reported measures of use and appreciation were included in the one-month post-intervention questionnaire. If not stated otherwise, answer categories ranged from 'totally disagree' (1) to 'totally agree' (5). "

"Amount of information read was assessed by the question 'To what extent did you read the information in the program?". Answering categories ranged from 'none of it' (0) to 'all of it' (5). Perceived length of the texts was assessed by the question 'What do you think of the lengths of the texts in

## 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

NA

## 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.

| | 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"A power calculation showed that a number of 200 participants in each study group would be sufficient to detect 0.4 difference in BMI points between the intervention and control group (caused by weight gain of 0.3 kg in the control group and weight maintenance or slight weight reduction in the intervention group) with a power of 0.80 and a significance level of p<.05. To account for drop-out between the measurements 600 participants needed to be recruited for the study. "

## 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

NA

## 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

"After baseline assessment, participants were allocated to one of the two study groups (1:1), by means of sex-stratified computer block randomisation (block size: 10)."

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

**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

"After baseline assessment, participants were allocated to one of the two study groups (1:1), by means of sex-stratified computer block randomisation (block size: 10)."

## 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

"All randomised participants received a login name and a password by e-mail, which gave them access to the allocated intervention program. "

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

**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

The sequence was computer generated, the first author enrolled participants and assigned them o interventions in the order of subscription

## 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 |

**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

Participants and research assistents were blinded.

**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 |

**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

Participants did not know to which study groups they were allocated. All participants could visit a website that required log-in codes, thus, prcedures were the same for both study groups

## 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

"The generic information for the control group was embedded in a website with similar content, and similar reminders were sent to the participants. " The desing of the website and log-in procedures were also similar.

## 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

**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

"Repeated measures analyses were performed, using a general linear mixed model with a random intercept, to study changes during the study period ('time') and differences in changes between the intervention groups ('group', GI=0 vs TI=1) For the main outcome measures. "

**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 |

**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

All randomised participants were inclded in the analyses. Analyses were repeated for sub groups (LOCF, BOCF, coplete cases only) but these yielded the same results as the reported analyses.

## 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

NA

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

**X26-i) Comment on ethics committee approval**

| | 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"The study received a declaration of no objection from the Erasmus MC medical ethics committee. The trial registration number is NTR1862 "

**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 |

**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

"Weight, height, waist circumference and skin folds were measured at the hospital site. Participants signed the informed consent form when they had their anthropometric measurements taken. "

**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 |

**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

NA, this was a healthy participant population, and thus, no adverse effects were expected.

## 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

Figure 1 reports this data/

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

**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

See figure 1.

**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.

| | 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

See figure 2

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

**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

"Participants were recruited (between March and October 2009) from the general population .... "
"Participants were asked to visit the websites at least three/four times during a two month period. They received e-mail reminders to (re-) visit the intervention every two 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 |

**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

NA

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

**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

NA

## 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

See table 1

**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

See table 1

## 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 |

**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

See table 1 and figure 2

**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 |

**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

Only primary analyses are reported in this manuscript.

## 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

These results are reported in table 3 and 5.

**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 |

**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

See figure 2 and table 6

## 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

No binary outcomes measured/ reported

## 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

NA

**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 |

**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

NA

## 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

No such effects have taken place.

**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 |

**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

NA

**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 |

**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

Qualitative feedback was obtained in the process evaluation.

## 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 |

**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

Yes

**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 |

**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

"Further research is therefore needed to gain more insight in how the intervention and exposure to its contents can be improved. The paper presents a number of 'learning points' that can be useful for other researchers that want to develop online weight management programs"

## 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 |

**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

"Limitations are the self-reported measures for physical activity and dietary intake, which may have resulted in less reliable outcomes. Specifically, over-reporting of physical activity seems to be a problem. In general, physical activity in Dutch adults is much lower (about 60% of the population is physically active for more 30 minutes per day) {Hildebrandt, 2010 #953}. Furthermore, the different number of modules for the tailored intervention group (4 modules) and the generic information group (3 modules) limits the comparability between the two study groups because the participants are

## 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

**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 |

**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

"Even though initially our sample size was sufficient for detecting the anticipated effect, retention of participants in the study was much lower than we had anticipated, thus reducing the actual power of the study. "

**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 |

**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

NA

## 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

Trial registration: NTR1862

## 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

http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=1862

## 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

"Acknowledgements
This work was support by a grant from 'The Netherlands Organisation for Health Research and Development' (ZonMW) [6130.0025]
"

## 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.

| | 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ | essential |

**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

"Conflict of interest: none declared"

## 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

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

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

60 min

**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:

**Any other comments or questions on CONSORT EHEALTH**

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