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

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating webbased 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

Geraldine Martorella

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

University of Montreal, Mo

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abc@gmail.com

geraldine.martorella@umc

| Title of your manuscript * Provide the (draft) title of your manuscript. |
|---|
| A web-based nursing intervention for the self-management of pain after cardiac surgery: A pilot randomized controlled trial |
| |
| Article Preparation Status/Stage * |
| At which stage in your article preparation are you currently (at the time you fill in this form) Onot submitted yet - in early draft status |
| onot 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") |
| onot 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) on ms number (yet) / not (yet) submitted to / published in JMIR Other: |

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

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| 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 |
| |
| ● yes |
| Other: |
| |
| 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" |
| 1 2 3 4 5 |
| subitem not at all important O O O essential |
| 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 |
| "A web-based nursing intervention for" |
| 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 O O O 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 |

| there is a co-intervention but it is of minor importance in comparison to the web-based intervention. |
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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

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

| "of pain after cardiac surgery" | |
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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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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

"patients were randomly assigned to the experimental group (EG: preoperative 30-minute web-based nurse-assisted session with two postoperative brief reinforcements in person) and the control group (CG: usual care including educational pamphlet and postoperative follow-up)"

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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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

postoperative brief reinforcements in person"

The human involvement did not necessitate a particular preparation or expertise from the nurse, since the objective was to offer a realistic alternative in the unstable context of acute care. The nurse assisted patients during the web session only if technical problems occurred. The reinforcements were based on the web session and messages were already prepared according to the patient's answers on the web.

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

"Data were collected through questionnaires at the time of admission and across Day 1 to 7 after surgery with the help of a blinded research assistant."

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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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

"60 of them accepted to participate and were randomly assigned to the experimental group (n=30) and the control group (n=30)... All patients from the EG received the intervention and were included in the analyses. Eight patients from the CG were excluded from the analyses"

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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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

"All patients from the EG received the intervention... The results revealed that patients from the EG did not experience less intense pain but..."

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 standalone 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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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

"there is a clear lack of innovation in the field of pain education since interventions and conclusions did not change over almost 20 years... Computer-tailoring technology was used to offer a complementary and personalized tool to empower patients without adding a burden to the clinicians in the accelerated context of acute care"

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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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

"Current reviews on traditional nursing educative interventions for surgical populations report unclear objectives and mixed effects on pain... Clinically relevant results and statistically significant effect sizes of computer-tailored interventions have been recognized for health behaviour change with diverse populations"

2b) In INTRODUCTION: Specific objectives or hypotheses

Does your paper address CONSORT subitem 2b? *

| "the objective of this pilot study was to assess the preliminary effects of the | l |
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| intervention on pain intensity, pain interference with daily postoperative activities, | ı |
| patients' pain barriers, tendency to catastrophize in face of pain, and analgesic | ı |
| consumption" | ı |
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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

| "after having collected baseline measures, participants were randomized into |
|--|
| two groups Pernuted-block randomization with allocation ratio of 4 was |
| used" |

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

Does your paper address CONSORT subitem 3b? *

| No changes to methods were made after trial commencement. It is important to |
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| note that it is a pilot study and that these studies are also focused on feasibility observations. |
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| 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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| 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 |
| No bug fixes or changes were made. |
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| 4a) Eligibility criteria for participants |
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Does your paper address CONSORT subitem 4a? *

| "Patients were selected according to the following criteria: a) 18 years and olde b) Patients were not eligible for the study if they a) already had a cardiac surgery" | r, |
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4a-i) Computer / Internet literacy

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

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

This criterion was not relevant since the nurse was present to assist participants (pilot study) in case of technical problems. Also, the web pages were designed in the most simple possible way.

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.

Does your paper address subitem 4a-ii? *

| "An experienced research assistant was blinded and responsible of the entire | |
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| face-to-face data collection elected for a first intention cardiac surgery at the | |
| cardiac surgery unit all participants completed baseline measures on the | |
| cardiac surgery unit" | |
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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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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

"The PI was responsible of the informed consent procedures...and explained...each potential participant was given a copy..."

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *

| "all participants completed days or the day before surg | gery. | Po | stop | erat | ive r | measures | | | | |
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| intensive care unit and at th | ne si | urgio | cal c | are ι | unit.' | " | | | | |
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| 4b-i) Report if outcomes w | | • | • | | | _ | • | | ommon in | a wab |
| Clearly report if outcomes w based trials) or otherwise. | ere | (seii | -)as | sess | sea t | inrougn on | iline questionnaire | es (as c | ommon ir | ı web- |
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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

| "an experienced research assistant was blinded and responsible of the entire face-to-face data collection" | |
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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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Does your paper address subitem 4b-ii?

| non applicable. |
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| Participants were recruited at the hospital. |
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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).



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

| patients from the EG also used the SOULAGE-TAVIE web application created with the help of a prototype developed by the University of Montreal's Chair for research" | |
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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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Does your paper address subitem 5-ii?

The study is a pilot-RCT but "before this study, the content was validated with clinicians and the web application's usability was pre-tested with four patients"

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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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

The study was a pilot-RCT and the content was "frozen" in order to observe feasibility and acceptability.

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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Does your paper address subitem 5-iv?

| 5-v) Ensure replicability by | | | | | | | |
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| - | | | | | - | _ | owcharts of the algorithms used providing screenshots/screen-capture |
| | | | | | | | Replicability (i.e., other researchers |
| should in principle be able to | | | | _ | | | |
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| | | | | | | | te on this item by providing additional not applicable/relevant for your study |
| A screenshot of the applica | | | | | | | |
| The details of the developn | nent | of t | he w | eb a | | | |
| article (submitted by the sa | me | first | auth | or). | | | |
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| 5-vi) Digital preservation | | | | | | | |
| Digital preservation: Provide | | | | | | | ut as the intervention is likely to change or |
| | | | | | | | e intervention is archived (Internet |
| | | | | | | | e or screenshots/videos alongside the d, consider creating demo pages which |
| are accessible without login | | ,0,0, | J110 (| Jarin | | o aromivo | z, conclude orealing define pages which |
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Does your paper address subitem 5-vi?

| is not availa | | nent | of the | e web app | plication might be |
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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

"30-minute tailored preoperative session on a computer animated by a virtual nurse..."

"information and strategies specifically tailored to the participant's profile"

"two profiles (mild vs. moderate/severe) and two types of learning activities..."

"based on tailored communication and persuasive communication theories"

"two tailored reinforcements... face-to-face"

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.

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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

"30-minute-tailored preoperative session on a computer.... Information ad strategies were specifically tailored... Two profiles... for each subscale. Two tailored reinforcements of five to ten minutes were also provided on Day 2 and 3 after surgery."

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).

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Does your paper address subitem 5-x?

"A nurse was present to assist participants if technical problems occurred. Two tailored reinforcements of five to ten minutes... face-to-face by the PI on Days 2 and 3 after surgery."

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).

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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 application was used only once by each participant. No reminder was necessary.

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.

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subitem not at all important O O O O 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 |
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| "all participants received the usual preoperative education a pamphlet to read" | |
| "two tailored reinforcements of five to ten minutes " | |
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| | |
| 6a) Completely defined pre-specified primary and seconda measures, including how and when they were assessed | ary outcome |
| | |

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 were no primary and secondary outcomes per se because it was a pilot-

"postoperative measures were taken at the intensive care unit..." "pain intensity was assessed at 24, 48, 72 hours and seven days after surgery with a numeircal..."

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].

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| subitem not at all important | • | 0 | 0 | 0 | 0 | essentia |

Does your paper address CONSORT subitem 6a? *

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

| non applicable | | | | | |
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| Sa-ii) Describe whether and defined/measured/monitore | | "use | ıi) "e | nclu | ding intensity of use/dosage) was |
| Describe whether and how "u | se" (ir (login | s, lo | gfile | anal | lysis, etc.). Use/adoption metrics are important |
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| The application was used or | | | | | · |
| algorithm based on the ansv | /ers | ." | | | |
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| | when (| quali | tativ | e fee | litative feedback from participants was obtained edback from participants was obtained (e.g., through s). |
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| | | | | | evelopment and validation of the |
| web application (submitted b | | | | | |
| focus on the results obtained | | | | | thor). In the present article, we |
| Todas off the results obtained | | | | | thor). In the present article, we |
| Todas on the results obtained | | | | | thor). In the present article, we |
| locus on the results obtained | | | | | thor). In the present article, we |

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

| No changes. | | |
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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 | |
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| subitem not at all important | • | 0 | 0 | 0 | 0 | essential |

Does your paper address subitem 7a-i?

| There is no sample size rule of calculation for pilot studies. "since the pilot study is not expected to be powered to detect" |
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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

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

| "Permuted-block randomization with allocation ratio of 4" | |
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8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b? *

| | k randomization with allocation ratio of 4" |
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| 9) Mechanis | sm used to implement the random allocation sequence |
| such as se | quentially numbered containers), describing any steps |
| aken to co | nceal the sequence until interventions were assigned |
| | • |
| | |
| | er address CONSORT subitem 9? * |
| | relevant sections from the manuscript (include quotes in quotation marks "like this |
| | t quotes from your manuscript), or elaborate on this item by providing additional n the ms, or briefly explain why the item is not applicable/relevant for your study |
| | d allocation through the use of concealed envelopes was also |
| clarified" | d allocation through the use of concealed envelopes was also |
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| | nerated the random allocation sequence, who enrolled |
| | nerated the random allocation sequence, who enrolled s, and who assigned participants to interventions |
| | • |
| participants | s, and who assigned participants to interventions |
| participants Does your pape | er address CONSORT subitem 10? * |
| participants Does your pape Copy and paste | s, and who assigned participants to interventions |

| "The PI was responsible of the recruitment and informed consent procedures" "participants were randomized into two groups by the PI" |
|---|
| "the list and envelopes were prepared by a PI's colleague who was not involved in this study" |
| |
| |
| 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 O O O o 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 |
| "an experienced and blinded research assistant was responsible of the entire data collection" |
| |
| 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

O O O essential

| _ | | | | | 44 !! |
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| Does v | our ı | oaper | address | subitem | 11a-ıı? |

| In the context of acute care, it was obvious to participants which intervention of interest. | on was |
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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

| non applicable | | |
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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? *

| "the evolution of pain intensity, pain interference and analgesic consumption was examined with two-way ANOVA with repeated-measures on one factor" |
|---|
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| |
| 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 O O O o 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 |
| No imputation technique was used in the context of a pilot study (small sample). "eight patients were excluded from analysis since no pain measures were available" |
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| 12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses |
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Does your paper address CONSORT subitem 12b? *

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| | ocedures e.g., if consent was obtained offline or online (how? information was provided (see 4a-ii). See [6] for some items to be |
| | |
| | as obtained from the University of Montreal Research thics Board of the Centre Hospitalier de l'Université de |
| to indicate direct quotes | subitem X26-i? ctions from the manuscript (include quotes in quotation marks "like this myour manuscript), or elaborate on this item by providing additional rebriefly explain why the item is not applicable/relevant for your study |
| subitem not at all import | O O O essential |
| | 1 2 3 4 5 |
| • | oval and Ethical Considerations [recommended as Methods"] (not a CONSORT item) |
| | |
| in each group who repo | was carried out to compare the percentage of patients disevere pain interference" a restricted sample a power calculation was run |

Does your paper address subitem X26-ii?

| | ible of the informed consent procedures. A copy of the . After having signed the consent" |
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| | |
| Safety and security p | security procedures procedures, incl. privacy considerations, and any steps taken to reduce the of harm (e.g., education and training, availability of a hotline) |
| subitem not at all imp | 1 2 3 4 5 portant • O O O essential |
| Copy and paste relevto indicate direct quo | dress subitem X26-iii? vant sections from the manuscript (include quotes in quotation marks "like this tes from your manuscript), or elaborate on this item by providing additional ms, or briefly explain why the item is not applicable/relevant for your study |
| Since the sample w | as hospitalized, safety and security were easily monitored. |
| | |

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 information not in the ms, or briefly explain why the item is not applicable | |
|--|--|
| cf CONSORT diagram | |
| | |
| 13b) For each group, losses and exclusions after ra together with reasons | ndomisation, |
| Does your paper address CONSORT subitem 13b? (NOTE: Preferab CONSORT flow diagram) * Copy and paste relevant sections from the manuscript (include quotes in to indicate direct quotes from your manuscript), or elaborate on this item information not in the ms, or briefly explain why the item is not applicable | quotation marks "like this' by providing additional |
| cf CONSORT diagram | |
| 13b-i) Attrition diagram Strongly recommended: An attrition diagram (e.g., proportion of participa the intervention/comparator in each group plotted over time, similar to a sfigures or tables demonstrating usage/dose/engagement. | |
| 1 2 3 4 5 | |
| subitem not at all important O O O O essential | |
| Does your paper address subitem 13b-i? Copy and paste relevant sections from the manuscript or cite the figure not (include quotes in quotation marks "like this" to indicate direct quotes from elaborate on this item by providing additional information not in the ms, of item is not applicable/relevant for your study | m your manuscript), or |

| cf Consort diagram | | | | | | |
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| 14a) Dates defining | the | pe | rio | ds | of | f recruitment and follow-up |
| Does your paper address (| | | | | | |
| to indicate direct quotes from | n you | ır m | nanu | scri | pt), (| or elaborate on this item by providing additional the item is not applicable/relevant for your study |
| "A sample of 60 participants june 2010" | s wa | s re | cruit | ed o | over | er four months from february to |
| Jan 20 10 | | | | | | |
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| | ents | " fel | II inte | o the | e stu | I into the study period tudy period, e.g., significant changes in Internet ardware or Internet delivery resources" |
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| subitem not at all important | • | 0 | 0 | 0 | 0 | essential |
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| Does your paper address s | | | | | 2001 | puparint (include quotes in quotation marks "like this" |
| to indicate direct quotes from | n you | ır m | nanu | scri | pt), (| or elaborate on this item by providing additional the item is not applicable/relevant for your study |
| non applicable | | | <u>'</u> | | | |
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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

| non applicable | | |
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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 | | |
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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.

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| subitem not at all important | 0 | 0 | 0 | 0 | • | essential |

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| see table 1 | | | |
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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.

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| subitem not at all important | 0 | 0 | 0 | 0 | • | 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 CONSORT diagram and tables |
|---|
| "all participants from the EG received the whole intervention according to the planned timing and format" |
| |
| |

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).

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| 'an intent-to-treat analysis | | | | | | |
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| non applicable in the conte | ext o | f this | pilo | t stu | ıdy | |
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| n addition to primary/secor netrics of use and intensity | ndary of u | y (cli ıse (| nical dose | l) ou e, ex | tcor pos | th as metrics of use and intensity of use mes, the presentation of process outcomes such a ure) and their operational definitions is critical. Thi often a binary variable), but also to more continuo |
| exposure metrics such as " | aver | age | sess | sion | leng | oth". These must be accompanied by a technical ed (e.g., timeout after idle time) [1] (report under |
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| subitem not at all important | | | | • | | essential |

| Does y | your | paper | address | subitem | 17a-i? |
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| all participants from the EG received the whole intervention according to the lanned timing and format" | |
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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

| n | on applicable | l |
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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? *

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| 18-i) Subgroup analysis of combe stressed that this is a serandomized trial (see 16-iii) | nparii elf-se | ng o | nly เ | users | s is | not unco | | | | | | | must |
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| 40) All income and and local | | | | | | | | | | le | | | |
| 19) All important ha | | | | | | | ffects | in e | ach | grou | ıp | | |
| 19) All important ha | | | | | | | ffects | in e | ach | grou | ıp | | |

| non applicable | | | | | | |
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| participants, but also incide | echn nts s | ical such | prob as p | olem perce | s. Theive | olems his does not only include physical "harm" to d or real privacy breaches [1], technical problems intended effects" also includes unintended positiv |
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| Does your paper address Copy and paste relevant se o indicate direct quotes from formation not in the ms, on no technical problems | sub ctior m yo | i tem ns fro our m | n 19 - om ti nanu expla | -i? he m ıscri _l ain w | nanu ot), d | script (include quotes in quotation marks "like this or elaborate on this item by providing additional he item is not applicable/relevant for your study |
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| Does your paper address Copy and paste relevant se to indicate direct quotes from Information not in the ms, or Ino technical problems Ithis item is detailed in anot Include qualitative feedback | sub ctior m you r brie her a her a from of ti | articlopack | n 19- om til nanu expla ele su froi articip pplici | m pa | artic s or n, eseaso | script (include quotes in quotation marks "like this or elaborate on this item by providing additional he item is not applicable/relevant for your study by the same first author. Sipants or observations from staff/researchers observations from staff/researchers, if available, specially if they point to unintended/unexpected |

| this item is detailed in another article submitted by the same first author. |
|--|
| 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 O O O 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 "This study examined the preliminary effects" "no group difference was found for pain intensity" |
| |

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

Highlight unanswered new questions, suggest future research.

| | 1 | 2 | 3 | 4 | 5 | |
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| subitem not at all important | 0 | 0 | 0 | 0 | • | essential |
| indicate direct quotes from | ction | ns fro our m | om tl nanu | he m Iscrip | ot), d | uscript (include quotes in quotation marks "like thi or elaborate on this item by providing additional the item is not applicable/relevant for your study |
| interestingly, the tendency | | | · | | · wa | s found to be quite low" |
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| and, if relevant, multions in Typical limitations in Expired limitations in Expired limitations in ehealth | tipl ehe n tria | ealth | ty c | of a | nal | n ehealth trials are rarely blinded. Ehealth trials |
| and, if relevant, multiplications in the special limitations in the special limitation in th | ehe tria outo ility | ealth lls: F come issue | tria Partio es, i es, b | of a | nal nts in asin | lyses |
| and, if relevant, multiplications in Typical limitations in ehealth often look at a multiplicity of | ehen tria outo ility | ealth lls: F com- issue | tria Partices, i es, b | of a | nts in asin es th | n ehealth trials are rarely blinded. Ehealth trials ag risk for a Type I error. Discuss biases due to no prough informed consent procedures, unexpected |

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

Since this study is a pilot-RCT, we cannot discuss external validity.

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.

Does your paper address subitem 21-ii?

| not applicable since the intervention was developed with a clinical focus in terms |
|--|
| of feasibility and applicability. |
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| OTHER INFORMATION |
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| 23) Registration number and name of trial registry |
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| 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 |
| "clinicaltrials.gov: NCT01084018" |
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| 24) Where the full trial protocol can be accessed, if available |
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Does your paper address CONSORT subitem 24? *

| clinicaltrials.gov | |
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| 25) Sources of funding and other support (such as supply o role of funders | of drugs), |
| Does your paper address CONSORT subitem 25? * | |
| Copy and paste relevant sections from the manuscript (include quotes in quotation in to indicate direct quotes from your manuscript), or elaborate on this item by providing information not in the ms, or briefly explain why the item is not applicable/relevant for | g additional |
| "acknowledgements" | |

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 | • | 0 | 0 | 0 | 0 | essential |

Does your paper address subitem X27-i?

| none | |
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| About the CONC | |
| About the CONSC | ORT EHEALTH checklist |
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| yes, major changes | |
| yes, minor changes | |
| O no | |
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| What were the most in | nportant changes you made as a result of using this checklist? |
| more detailed abstract | portain on anged you made as a result of asing time ensured. |
| | d vs virtual" "face-to-face vs in person" |
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| n your manuscript * | |
| 4hrs | |
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| As a result of using th | is checklist, do you think your manuscript has improved? * |
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| O no | |
| Other: | |
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| Nould you like to beco | ome 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

| O yes |
|---|
| ● no |
| Other: |
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| Any other comments or questions on CONSORT EHEALTH |
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