CONSORT-EHEALTH Checklist V1.6.2 Report	Manuscript Number	48970
(based on CONSORT-EHEALTH V1.6), available at [http://tinyurl.com/consort-ehealth-v1-6].		
Date completed		
10/18/2023 21:32:52		
by		
Li-Chan Lin		
Impact of Mobile Apps in Conjunction With Percutaneous Endoscopic Gastrostomy on Patients' Complications, Quality of Life, and Health-Related Self-Care Behaviors: Randomized Clinical Trial		
TITLE		
1a-i) Identify the mode of delivery in the title		
Yes, it can copy and paste from title page.		
1a-ii) Non-web-based components or important co-interventions in title		
1a-iii) Primary condition or target group in the title		
No, it is not applicable..		
ABSTRACT		
1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT		
Yes, it can be copy and paste from abstract. p.1		
1b-ii) Level of human involvement in the METHODS section of the ABSTRACT		
1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT		
1b-iv) RESULTS section in abstract must contain use data		
1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials		
INTRODUCTION		
2a-i) Problem and the type of system/solution		
Yes, please see the manuscript p. 3-4..		
2a-ii) Scientific background, rationale: What is known about the (type of) system		
Yes, it can copy and paste from relevant sections.		
Does your paper address CONSORT subitem 2b?		
Yes, it can copy and paste from the manuscript.		
METHODS		
3a) CONSORT: Description of trial design (such as parallel, factorial) including allocation ratio		
Yes, it can copy and paste.		
3b) CONSORT: Important changes to methods after trial commencement (such as eligibility criteria), with reasons		
Yes, it can copy and paste		
3b-i) Bug fixes, Downtimes, Content Changes		
4a) CONSORT: Eligibility criteria for participants		
Yes, it can be seen in p.6.		
4a-i) Computer / Internet literacy		

4a-ii) Open vs. closed, web-based vs. face-to-face assessments:		
No, it is not necessary to explain.		
4a-iii) Information giving during recruitment		
4b) CONSORT: Settings and locations where the data were collected		
Yes, it can be seen in p.6.		
4b-i) Report if outcomes were (self-)assessed through online questionnaires		
Yes, it can be seen in p.6-7		
4b-ii) Report how institutional affiliations are displayed		
5) CONSORT: Describe 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		
5-ii) Describe the history/development process		
5-iii) Revisions and updating		
5-iv) Quality assurance methods		
5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used		
5-vi) Digital preservation		
5-vii) Access		
Yes, please see the manuscript p. 7.		
5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework		
Yes, it can be seen in p. 7.		
5-ix) Describe use parameters		
5-x) Clarify the level of human involvement		
5-xi) Report any prompts/reminders used		
Yes, it is not applicable.		
5-xii) Describe any co-interventions (incl. training/support)		
No, it is not applicable.		
6a) CONSORT: Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed		
Yes, it can be seen in p.8-9.		
6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed		
6a-ii) Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored		
6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained		
6b) CONSORT: Any changes to trial outcomes after the trial commenced, with reasons		

Yes, it can be seen in p.6.		
7a) CONSORT: How sample size was determined		
7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size		
7b) CONSORT: When applicable, explanation of any interim analyses and stopping guidelines		
Yes, it can be seen in p.8-9.		
8a) CONSORT: Method used to generate the random allocation sequence		
Yes, it can be seen in p.5.		
8b) CONSORT: Type of randomisation; details of any restriction (such as blocking and block size)		
Yes, it can be seen in p.5.		
9) CONSORT: 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		
Yes, it can be seen in p.5.		
10) CONSORT: Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions		
Yes, it can be seen in p.5.		
11a) CONSORT: Blinding - If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how		
11a-i) Specify who was blinded, and who wasn't		
No, it is not applicable.		
11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"		
11b) CONSORT: If relevant, description of the similarity of interventions		
No, it is not applicable.		
12a) CONSORT: Statistical methods used to compare groups for primary and secondary outcomes		
Yes, it can be seen in p.9-10.		
12a-i) Imputation techniques to deal with attrition / missing values		
No, it is not applicable.		
12b) CONSORT: Methods for additional analyses, such as subgroup analyses and adjusted analyses		
Yes, it can be seen in p.9-10.		
RESULTS		
13a) CONSORT: For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome		
Yes, it can be seen in p.6.		
13b) CONSORT: For each group, losses and exclusions after randomisation, together with reasons		
Yejs, it can be seen in p.6.		
13b-i) Attrition diagram		
14a) CONSORT: Dates defining the periods of recruitment and follow-up		
Yes, it can be seen in p.6.		
14a-i) Indicate if critical "secular events" fell into the study period		
14b) CONSORT: Why the trial ended or was stopped (early)		
Yes, it can be seen in p.6.		
15) CONSORT: A table showing baseline demographic and clinical characteristics for each group		
Yes, it can be seen in p.11.		
15-i) Report demographics associated with digital divide issues		
No, it is not applicable.		

16a) CONSORT: 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		
Yes, it can be seen in p.12-13.		
16-ii) Primary analysis should be intent-to-treat		
17a) CONSORT: For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)		
Yes, it can be seen in p.12-13.		
17a-i) Presentation of process outcomes such as metrics of use and intensity of use		
17b) CONSORT: For binary outcomes, presentation of both absolute and relative effect sizes is recommended		
Yes, it can be seen in p.12-13.		
18) CONSORT: Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory		
Yes, it can be seen in p.11.		
18-i) Subgroup analysis of comparing only users		
19) CONSORT: All important harms or unintended effects in each group		
No, It is not applicable.		
19-i) Include privacy breaches, technical problems		
19-ii) Include qualitative feedback from participants or observations from staff/researchers		
DISCUSSION		
20) CONSORT: Trial limitations, addressing sources of potential bias, imprecision, multiplicity of analyses		
20-i) Typical limitations in ehealth trials		
Yes, it can be seen in p.16.		
21) CONSORT: Generalisability (external validity, applicability) of the trial findings		
21-i) Generalizability to other populations		
21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting		
22) CONSORT: Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence		
22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)		
Yes, it can be seen in p.17.		
22-ii) Highlight unanswered new questions, suggest future research		
Other information		
23) CONSORT: Registration number and name of trial registry		
Yes, it can be seen in p.2.		
24) CONSORT: Where the full trial protocol can be accessed, if available		
Yes, it can be seen in p.7.		
25) CONSORT: Sources of funding and other support (such as supply of drugs), role of funders		
Yes, it can copy and paste.		
X26-i) Comment on ethics committee approval		

x26-ii) Outline informed consent procedures		
X26-iii) Safety and security procedures		
X27-i) State the relation of the study team towards the system being evaluated		