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

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

The goal of the CONSORT EHEALTH checklist and guideline is to be
a) a guide for reporting for authors of RCTs,
b) to form a basis for appraisal of an ehealth trial (in terms of validity)

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

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.
Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

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

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

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).
Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

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

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

pherrerocastillo@gmail.com Cambiar de cuenta
No compartido
Borrador guardado

* Indica que la pregunta es obligatoria

Your name *
First Last

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

Assessing the Clinical Efficacy of a Virtual Reality Tool for the Treatment of Obesity: Randomized Controlled Trial

Name of your App/Software/Intervention *
If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

ConVRself

Evaluated Version (if any)
e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Tu respuesta

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

Spanish

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

Tu respuesta

URL of an image/screenshot (optional)

Tu respuesta

Accessibility *
Can an enduser access the intervention presently?

- ( ) access is free and open
- (•) access only for special usergroups, not open
- ( ) access is open to everyone, but requires payment/subscription/in-app purchases
- ( ) app/intervention no longer accessible
- ( ) Otro:

Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Obesity

Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

Readiness to change habits

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

Lifestyle habits, Eating habits, Psychological Wellbeing, Adherence and satisfaction of VR experiments

Recommended "Dose" *
What do the instructions for users say on how often the app should be used?

- ( ) Approximately Daily
- (•) Approximately Weekly
- ( ) Approximately Monthly
- ( ) Approximately Yearly
- ( ) "as needed"
- ( ) Otro:

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

- (•) unknown / not evaluated
- ( ) 0-10%
- ( ) 11-20%
- ( ) 21-30%
- ( ) 31-40%
- ( ) 41-50%
- ( ) 51-60%
- ( ) 61-70%
- ( ) 71%-80%
- ( ) 81-90%
- ( ) 91-100%
- ( ) Otro:

Overall, was the app/intervention effective? *

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

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
- ( ) Otro:

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

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

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

- ( ) Pilot/feasibility
- (•) Fully powered

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

- (•) no ms number (yet) / not (yet) submitted to / published in JMIR
- ( ) Otro:

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
- ( ) Otro:

1a-i) Identify the mode of delivery in the title
Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

Assessing the Clinical Efficacy of a Virtual Reality Tool for the Treatment of Obesity: Randomized Controlled Trial

1a-ii) Non-web-based components or important co-interventions in title
Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

No relevant co-interventions to be present in the title.

1a-iii) Primary condition or target group in the title
Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes") Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

Assessing the Clinical Efficacy of a Virtual Reality Tool for the Treatment of Obesity: Randomized Controlled Trial

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions
NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT
Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"To tackle these concerns, this study introduces the VR self-counseling paradigm, which incorporates embodiment and body-swapping techniques, along with motivational strategies, to help people living with obesity effectively address some of the root causes of their condition."

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT
Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"In the case of both EG1 and EG2, the VR interventions were assisted by a clinical researcher."

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT
Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"A randomized controlled trial was conducted with 68 participants from the bariatric surgery waiting list from the obesity unit of the Vall d'Hebron University Hospital in Barcelona, Spain."

1b-iv) RESULTS section in abstract must contain use data
Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"Regarding the primary outcomes, EG1 (24/68, 35%) and EG2 (22/68, 32%) showed significant improvements in confidence to lose weight compared to the CG (22/68, 32%) at all assessment points (β=-.16; P=.02)"

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials
Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"No significant group versus time effect for the rest of the variables was reported."

INTRODUCTION

2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution
Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	( )	essential

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

"While these interventions focus on correcting specific behaviors and provide patients with a safe context to practice eating, emotional, and relational management, they do not adequately address some of the root causes of obesity, such as a lack of motivation to change, low self-efficacy, and the impact of weight stigma interiorization, which are factors that often hinder treatment adherence and long-term maintenance of lifestyle habits"

"To tackle these concerns, this study introduces the VR self-counseling paradigm, which incorporates embodiment and body-swapping techniques, along with motivational strategies, to help people living with obesity effectively address some of the root causes of their condition."

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.

	1	2	3	4	5	
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

"Specifically, the integration of virtual reality (VR) into psychological interventions for these conditions holds great promise in addressing some of the factors associated with the development or maintenance of the disorders. Through the provision of multisensory experiences, extrinsic feedback, and opportunities for embodiment, VR interventions, which are rooted primarily in cognitive behavioral therapy principles, have demonstrated effectiveness as complementary tools in managing obesity and have been associated with promoting behavior changes and weight reduction, reducing binge eating episodes, and addressing body image concerns."

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

"The objective of these virtual self-conversations has been to address the following challenges that people living with obesity face: (1) to raise awareness of their actual condition, (2) to better understand and address the impact of weight bias interiorization, and (3) to increase their self-efficacy by setting realistic goals in line with their values."

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

"We conducted an RCT with 3 parallel groups (experimental group 1 [EG1], experimental group 2 [EG2], and a control group [CG]) with a 1:1:1 allocation ratio."

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

As stated in the usability study conducted by Anastasiadou et al [27], the BMI criterion was revised to include only a minimum threshold of ≥30 kg/m2 for eligibility to participate in the study, contrary to the BMI criteria originally set in the study protocol (BMI between ≥30 kg/m2 and ≤55 kg/m2) [26].

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

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Not reported. There were no unexpected events or bugs to be fixed during the experiments.

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

"To be eligible for inclusion, participants had to meet the following criteria: aged between 18 and 65 years; BMI ≥30 kg/m2; receiving ambulatory treatment at the VHUH; not undergoing any other concurrent treatment specifically related to their obesity condition from other centers; possessing minimal digital skills, which means being able to use a digital device (smartphone, tablet, or computer) to make telephone calls and have video conversations via the internet, send or receive emails, and search for information about products and (health) services; demonstrable oral and written understanding of the Spanish language; and willingness to provide informed consent to participate."

4a-i) Computer / Internet literacy

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

"possessing minimal digital skills, which means being able to use a digital device (smartphone, tablet, or computer) to make telephone calls and have video conversations via the internet, send or receive emails, and search for information about products and (health) services".

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

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

"A randomized controlled trial was conducted with 68 participants from the bariatric surgery waiting list from the obesity unit of the Vall d'Hebron University Hospital in Barcelona, Spain."

"Eligible participants were contacted via telephone by a research team member who provided information about the study. If they agreed to participate in the study, an appointment was scheduled at the hospital."

"The data collected at T0, T1, T2, and T3 were obtained through web-based self-report instruments completed by participants using REDCap. In addition, the research team members measured participants' weight and height to calculate their BMI."

4a-iii) Information giving during recruitment

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

"If they agreed to participate in the study, an appointment was scheduled at the hospital. During this appointment, a clinical interview was conducted by the team member to confirm the participants' eligibility. Sociodemographic and clinical variables were also collected, and weight and height measurements were taken."

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

"If they agreed to participate in the study, an appointment was scheduled at the hospital. During this appointment, a clinical interview was conducted by the team member to confirm the participants' eligibility. Sociodemographic and clinical variables were also collected, and weight and height measurements were taken."

"Two weeks later, EG1 and EG2 participants engaged in 4 VR scenarios at the hospital facilities, assisted by a team clinical researcher. Scenarios were distributed in weekly sessions, each lasting 30 minutes, over a period of 4 weeks."

"Two weeks later, EG1 and EG2 participants engaged in 4 VR scenarios at the hospital facilities, assisted by a team clinical researcher."

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

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

"After each exposure, satisfaction and adherence to the VR experiments were assessed for both groups using a semistructured interview designed by the research team. In addition, several self-report questionnaires were administered to the participants, including the readiness ruler (RR), the Suitability Evaluation Questionnaire (SEQ), and the Body Ownership Questionnaire (BOQ; for more detailed information, refer to the Measures subsection)."

"The data collected at T0, T1, T2, and T3 were obtained through web-based self-report instruments completed by participants using REDCap."

4b-ii) Report how institutional affiliations are displayed

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Tu respuesta

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).

1 2 3 4 5

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

"The VR software ConVRself, developed by Virtual Bodyworks SL, displays 3D scenarios and virtual human representations."

5-ii) Describe the history/development process

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

"In line with our previous usability study [27], high SEQ scores on ConVRself indicated high usability and acceptance of the platform by people living with obesity, which means that the platform was well adapted to this population."

5-iii) Revisions and updating

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Tu respuesta

5-iv) Quality assurance methods

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Tu respuesta

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

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Tu respuesta

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

No open access URL available.

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

"Two weeks later, EG1 and EG2 participants engaged in 4 VR scenarios at the hospital facilities, assisted by a team clinical researcher. Scenarios were distributed in weekly sessions, each lasting 30 minutes, over a period of 4 weeks."

"The VR system used in the study consisted of both hardware and software components. The VR hardware used was the Meta Quest 2, which is a stand-alone headset developed by Reality Labs (Meta Platforms, Inc). The main part of the hardware consists of a head-mounted display worn by the participants."

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].

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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

"The VR system used in the study consisted of both hardware and software components. The VR hardware used was the Meta Quest 2, which is a stand-alone headset developed by Reality Labs (Meta Platforms, Inc). The main part of the hardware consists of a head-mounted display worn by the participants. This head-mounted display has a vision- and inertia-based inside-out tracking system that allows precise tracking of the user's head movements. In addition, the Meta Quest 2 comes equipped with hand controllers that enable interaction within the virtual environment. Finally, the Meta Quest 2 also incorporates a built-in processor that generates stereoscopic images and spatialized audio. The headset runs the ConVRself application, which was developed using the Unity 3D development environment (Unity Technologies)."

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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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

"Scenarios were distributed in weekly sessions, each lasting 30 minutes, over a period of 4 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

"Two weeks later, EG1 and EG2 participants engaged in 4 VR scenarios at the hospital facilities, assisted by a team clinical researcher."

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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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

"Participant data were managed and automatically distributed using Research Electronic Data Capture (REDCap; Vanderbilt University) [28,29], hosted at the Vall d'Hebron Research Institute in Barcelona, Spain"

"Furthermore, REDCap implemented an automatic alert system to remind participants to complete the questionnaires if they had not done so at the scheduled time."

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

"After completing the baseline assessment, EG1 participants underwent a 1-day MI training at the hospital facilities. The training lasted 4 hours and focused on developing basic MI skills. In addition, participants had an individual coaching session via telephone 1 week after the training. The initial in-person training session was led by an expert in MI (author PL), while the follow-up sessions were carried out by the other members of the research team."

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

The primary outcomes (motivation to lose weight and exercise more) were assessed using 2 measurement tools: the RR [8] and the Stages (S-Weight) and Processes (P-Weight) of Change Questionnaires for Weight Management [30].

Eating habits:
"The Three-Factor Eating Questionnaire–Revised 18 items (TFEQ-R18) [31] is a self-report questionnaire designed to measure three aspects of eating behavior: (1) cognitive restraint (CR; 6 items), (2) uncontrolled eating (UE; 9 items), and (3) emotional eating (EE; 3 items)."
"The Eating Habits Questionnaire [33] is a self-report questionnaire with 37 items, each rated using a 5-point Likert scale ranging from never to always."

Psychological variables:

"Psychological functioning was estimated with the Hospital Anxiety and Depression Scale (HADS) [34]. The HADS is a self-report 14-item questionnaire (7 items for anxiety and 7 items for depression)."
"Body satisfaction was measured using the 10-item validated Spanish version of the Body Shape Questionnaire (BSQ-10)"
"The Modified Weight Bias Internalization Scale (WBIS-M) [37] was used to assess weight bias interiorization."
"The Cognitive Reserve Questionnaire [38] was used to measure participants' cognitive reserve."
To measure satisfaction, acceptance, and security regarding the use of the ConVRself platform, we used the SEQ [39].

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 ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

Tu respuesta

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.

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subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

There were no different use intensity.

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).

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subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

Along with the questionnaires, a brief interview was conducted after each exposure to assess participants' satisfaction with the VR experience and acceptability of ConVRself.

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 to trial outcomes after the trial commenced.

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
If the study protocol footer section enforces sane bounds when calculating the sample size:

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Example expectations for sample size calculations are available at the protocol 2022. The protocol is published at https://jamanetwork.com/journals/jama/article-abstract/2782...

7b) What specifically, explanation of any interim analyses and stopping guidelines

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

A preliminary analysis was performed in the context of a conference, but not for the final publication.

8a) Method used to generate the random allocation sequence
MT: When appropriate, how and specifically under what circumstances is such group

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Once the necessary data were collected, participants were randomly distributed 1:1 at the 3 groups (SH1, SH2, and SH3) using a computer random number generator. The randomization, then, they were asked to complete the online baseline questionnaire (T0) and then randomized to the intervention or control groups. The randomization was facilitated by REDCap.

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

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Once the necessary data were collected, participants were randomly distributed 1:1 at the 3 groups (SH1, SH2, and SH3) using a computer random number generator. The randomization, then, they were asked to complete the online baseline questionnaire (T0) and then randomized to the intervention or control groups. The randomization was facilitated by REDCap.

9) Mechanism used to implement the random allocation sequence (such as sealed envelopes, or other mechanism), describing any steps taken to conceal the sequence until interventions were assigned

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Once the necessary data were collected, participants were randomly distributed 1:1 at the 3 groups (SH1, SH2, and SH3) using a computer random number generator. The randomization, then, they were asked to complete the online baseline questionnaire (T0) and then randomized to the intervention or control groups. The randomization was facilitated by REDCap.

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

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Eligibility participants were screened via telephone by a research team member who administered the screening questionnaire. Participants who met the inclusion criteria were enrolled and randomized. Anthropometric measurements (weight, height, and body circumference) and biochemical measurements were also collected, and weight and height measurements were taken by a trained nurse using standard procedures. Participants were randomized in a 1:1 ratio (groups SH1, SH2, and SH3) using REDCap and stratified by sex (male and female) and age (18-30 years and 31-60 years).

Once the necessary data were collected, participants were randomly distributed 1:1 at the 3 groups (SH1, SH2, and SH3) using a computer random number generator. The randomization, then, they were asked to complete the online baseline questionnaire (T0) and then randomized to the intervention or control groups. The randomization was facilitated by REDCap.

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how
MT: Whether or not administering co-interventions was blinded to group assignment

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

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sublimit not at all important ○ ○ ○ ○ ○ ○ ○ essential

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

To a degree.

11b) If blinded, description of the similarity of interventions
(Pills that are visually or otherwise identical must be offered to similarity of placebo or other interventions to a sufficient degree of similarity)

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

To avoid of the Hawthorne, participants had a self-conversation using the embodiment and self-compassion practices, and they were not aware of the study hypothesis. The participants were blinded from data collection until the end of the 2 months. During research 2, the participants were blinded to the study hypothesis and were unaware of the other intervention sessions they had chosen and were adapting a healthier lifestyle (yoga and meditation).

All participants received a traditional counseling approach in a small setting, in a manner, participants were not exposed to their own text with others. Thus, participants engaged in a personal-level discussion, conducted by a trained counselor, that covered a comprehensive approach to healthy lifestyle.

12a) Statistical methods used to compare groups for primary and secondary outcomes
MT: When applicable, details of whether and how the clustering by care provider or cluster was accounted for

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

12b) Secondary analyses
Is the intervention technique in dispute with attrition / missing values

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Intention-to-treat analysis using MICE (Version 25.0, IBM Corp) and GSlogitz (version 1.0.0) implemented in Stata (Version 17, StataCorp) were used to analyze the primary outcome.

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

13a) Participant flow (a diagram is strongly recommended)
Flow diagram of participants through each stage (a diagram is strongly recommended in CONSORT, and adapted versions are recommended for other designs)

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Intention-to-treat analysis using MICE (Version 25.0, IBM Corp) and GSlogitz (version 1.0.0) implemented in Stata (Version 17, StataCorp) were used to analyze the primary outcome.

13b) Baseline demographic and clinical characteristics for each group

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

13c) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

To a degree.

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

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

The rotation of the assessments is depicted in Bedrickx's Appendix 1. The T1 assessment took place during week 3, T2 assessment during week 7, and T3 assessment during week 12 during the participant's 2-month intervention period (see Figure 1).

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

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

To a degree.

15) A table showing baseline demographic and clinical characteristics for each group
MT: When appropriate, a description of care providers (case volume, qualifications, expertise, etc.) and centers (volume) in each group

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Yes. Bedrickx's table. The table contains the demographic and clinical characteristics of each the groups at baseline.

16) Report demographics associated with digital divide issues
A valuable trick is particularly important to report demographics associated with digital divide issues. For example, age, education, and socioeconomic status in a randomized mHealth trial

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Yes. Bedrickx's table. The table contains the demographic and clinical characteristics of each the groups at baseline.

17a) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

17a) Report (indicate) "denominators" and provide definitions
Denominators are the number of participants in each group, and often vary between losses in stage of trials (randomized patient and treatment?) (e.g. 1 patient randomized, but 0 received treatment), or missing data for outcomes. Ideally, the number of participants in the intervention/comparison at specific pre-defined time points of interest (in absolute and relative numbers per group). Unique means defined as "the number of

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

To a degree.

17b) 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 primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Primary outcomes. Time, regarding confidence in lose weight, two SH2 revealed a significant change (Wald = 5.16, 95% CI = 0.03, 0.34, Pseudo-correlation Coefficient [PCC] = 0.03) and SH3 revealed significant differences compared to the Control (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). Regarding the time factor, SH2 revealed a significant change (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). Regarding the time factor, SH3 revealed a significant change (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). The significant interaction effect in hypothesized time for SH2 compared to Control (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). Regarding the time factor, SH3 revealed a significant change (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). The significant interaction effect in hypothesized time for SH3 compared to Control (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81) and Cronbach's alpha for the pre-like variables's was 0.79 (95% CI = 0.76, 0.82). Cronbach's alpha for the post-like variables's was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81).

Secondary outcomes
The multi-levelled significant results for scores TFEQ-R21 and WHO-5 pleasantness, while no significant results for scores TFEQ-R21 and WHO-5 pleasantness were found for hypothesized SH2 or SH3 (Wald = 5.16). The significant results for the TFEQ-R21 and WHO-5 pleasantness were found for SH2 (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03) and SH3 (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). The interaction effect, in hypothesized time, for SH2 compared to Control (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03). The interaction effect, in hypothesized time, for SH3 compared to Control (Wald = 5.16, 95% CI = 0.03, 0.34, PCC = 0.03).

Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81). Post-like variables's Cronbach's alpha was 0.78 (95% CI = 0.75, 0.81).

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Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

17c) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Intention-to-treat analysis using MICE (Version 25.0, IBM Corp) and GSlogitz (version 1.0.0) implemented in Stata (Version 17, StataCorp) were used to analyze the primary outcome.

Sensitivity analysis in the study, entries informed consent was obtained from all participants. To maintain confidentiality, participants were assigned a numerical code. All participants were provided the participating in the study.

19) Harms
19) Harms and adverse events
Harms and adverse events (intended and unintended effects in response to the trial, or in other studies stemming from the trial) and other information on adverse events (e.g. serious adverse events, withdrawals, and other adverse events or events of interest to participants such as satisfaction, burden, etc.)

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

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sublimit not at all important ○ ○ ○ ○ ○ ○ ○ essential

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

20) Clinical significance, including a discussion of the generalizability of the intervention (including any harms, costs, or other limitations or restrictions to generalizability)

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

21) Interpretation consistent with results, balancing benefits and harms, and accounting for other relevant evidence

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

22) Interpretation of results, including for any primary and secondary outcomes
MT: Interpretation are assessed within the context of a process, and not the hypothesis in isolation

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

23) Interpretation of previous outcomes such as metrics of pre and intensity of exposure

In addition to pre-post/baseline/clinical outcomes, the assessment of process outcomes (such as intervention fidelity, adherence, and quality) is important to assess experimental delivery in a trial. This does not only refer to metrics of delivery (TIDieR) but also to the assessment of the quality of the delivery (e.g. Intervention Fidelity Index, Adherence Index). Claim must be accompanied by a statement describing how it differs from "delivery" (definition e.g. Dhillon et al. 2020 https://doi.org/10.1177/1049732319861992). Process evaluation is a

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

24) Other analyses, including sensitivity analyses, subgroup analyses, and other post-hoc analyses

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

25) Discussion of harms and benefits
Discussion of harms and benefits

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

1 2 3 4 5 6 7
sublimit not at all important ○ ○ ○ ○ ○ ○ ○ essential

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

26) Discussion of limitations
Discussion of limitations

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

27) Generalizability (external validity, applicability) of the trial findings
Discussion of the generalizability of the trial findings

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

28) Overall evidence
Discussion of the overall evidence

Does your primary sublimit outcome fall within the sane bounds?
Copy and paste relevant sections from the manuscript Sample size section in question-marks "like this". In indicate direct quotes from your manuscript, in elaborate on this item by providing additional information not in the text, or briefly explain why the item is not applicable/relevant for your study.

Tendency for our primary and secondary outcomes were tested with Cmeal hierarchical linear model (CMLM).

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Does your paper address subquestion 17a-2?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". Indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms. or briefly explain why the item is not applicable/relevant for your study.

To respondents

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". 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 presented on this RCT

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". 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 additional analyses were performed

19-1) 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 it is a self-selected sample and no longer an unbiased sample from a randomized trial (see 19-b).

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Does your paper address subquestion 18-1? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". 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

When comparing participants who completed the long-term follow-up assessments and those who did not, significant results were found regarding the following variables: (1) age (mean difference = 2.9 years, 95% CI: 0.1, 5.7; p=0.04), (2) Internet-related self-efficacy (mean difference = 0.33, 95% CI: 0.0, 0.6; p=0.0), and (3) Integrity (p.0.9, 95% CI: 0.1, 0.9; p=0.0). Specifically, participants with a higher mean age (M.4, SD 10.2) were more likely to complete the follow-up assessment than those who were younger (M.0, SD 9.9). Also, those who completed the follow-up assessment assessment scores had significantly higher means in the TPCS-R (M.38 subscale and Eating Habits Questionnaire total score, and a higher percentage of them were in the Contemplation stage (9 Weeks) compared to those who did not complete all assessments."

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". 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 harms or unintended effects were reported for any group.

19-3) Include privacy breaches, technical problems
This is important for eHealth interventions. This does not only include physical "harm" to participants, but also incidents such as personal or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

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Does your paper address subitem 19-3? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". Indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms. or briefly explain why the item is not applicable/relevant for your study

To respondents

19-b) Include qualitative feedback from participants or observations from staff/research team
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.

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Does your paper address subitem 19-b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". Indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms. or briefly explain why the item is not applicable/relevant for your study

To respondents

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and accounting for biases or imprecision
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) Relate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)
Relate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

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Does your paper address subitem 22-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". 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 is focused on assessing the clinical efficacy of the CoinStart platform in improving weight status among overweight/obese adults. The study was designed to test hypotheses, indicating the CoinStart arm: enhanced weight and body composition, along with SM training, significantly enhanced participants' confidence to lose weight and improve their eating habits, as well as their self-efficacy for overcoming barriers to reducing dysfunctional eating behaviors and anxiety compared to the control group. Overall, these findings are consistent with previous studies on the beneficial effects of positive, motivational, and motivational self-talk for performance [48]."

Primary outcomes: "Regarding the group-versus time effect on motivation to change, the CoinStart participants showed a significant increase in motivation to change and their confidence to lose weight and a higher readiness to engage in behavior change compared to the control group. These positive effects were maintained for a duration of between 1 and 6 weeks after the exposure."

Secondary outcomes: "Apart from the aforementioned improvement in eating control at 6[1], CoinStart participants showed a significant improvement in SE at 6 and 9 weeks (p=0.02 and 0.01). These findings align with the results of a TECH conducted by Manscal et al. [6].[48]. In these studies, it was demonstrated that a relaxation treatment augmented by SE training, as compared to a control, yielded significant weight loss and improvement in interventions at 3 weeks and 3-month follow-ups among women living with obesity. It is worth mentioning that anxiety scores in ED1 decreased more after the intervention compared to ED2 and ED3. Although this study was not designed to test the hypothesis that this result can be attributed to the absence of ongoing psychological support after the intervention period with CoinStart. This finding emphasizes how patients can be highly anxious when they are left without psychological support after treatment. This finding underscores the constant need for psychological support in all year-round weight management programs [9]. In this context, similar to the successful application of VR in psychotherapy, mobile-based interventions such as CoinStart, SM, and SE have the potential to provide an additional benefit by enabling patients to cope with anxiety and develop strategies aligned with their values."

"Regarding the secondary outcomes, the ED1 high SE2 scores on CoinStart indicated high usability and acceptance of the platform by people living with obesity, which means that the platform was well adapted to this population. In addition, as regards the body ownership of the avatar, the CoinStart participants showed a significant increase in body ownership, which indicates that participants experienced a strong sense of body ownership over the virtual avatars. However, inconsistent outcomes were found with ED2 for the following items: "I felt like I could move the body of the avatar if I wanted to" and "I felt like the avatar was my body." This finding may be the reason for this anomaly: a technological problem. Whenever participants looked down while embodied in their kick-able avatars, they could only see their knees. This limited their ability to see the avatar's feet and legs. Although the CoinStart platform was designed to conceal most of their legs to be out of view ED2 participants, perhaps, tended to infer that seeing their knees implied seeing their entire legs. Despite the avatar's anatomy being the same for all participants, it could be inferred that ED2 participants were more focused on engaging in self-conversations, while ED1 participants placed greater emphasis on the physical appearance of their avatars."

22-d) Highlight unanswered new questions, suggest future research
Highlight unanswered new questions, suggest future research.

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Does your paper address subitem 22-d? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". 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

"Finally, the high expectation of improvement from ED may have influenced the positive outcomes; therefore, it would be necessary to corroborate the results in a population with morbid obesity but without ED expectations."

"Future research should be conducted with CoinStart as a treatment-as-usual for people with morbid obesity who are seeking treatment for weight loss. This would enhance the potential of enriching virtual self-conversation during moments of exchange in patients with artificial intelligence techniques presents an exciting future research line."

23) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

23-b) 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.

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Does your paper address subitem 23-b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". 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 has several limitations. First, the high presence of physical comorbidities in the participants may have been influenced by the impact of blended medical care and the exacerbation of conditions due to the COVID-19 pandemic [51]. This could potentially affect the results of this study. Second, the CoinStart platform was designed to be used in a blended (hybrid) manner, which made it challenging to achieve the expected difference dose as stated in the study protocol [26]. This high dropout rate and the resulting smaller sample size may have contributed to the lack of statistical power to detect significant results and the lack of potential differences among the groups. Third, the study design did not allow for a clear separation of the effects of CoinStart and the motivational training on the primary and secondary outcomes. Therefore, it was impossible to draw conclusions regarding whether the effects of the motivational training, or the virtual self-conversations, or more likely a combination of both. Fourth, the short follow-up period may limit the generalizability of the results. Although participants in the CoinStart arm showed a tendency to maintain weight, whether the changes obtained with the CoinStart platform are sustained remains unknown. this was not feasible in this study due to time constraints imposed by the Independent Review Board (IRB) and the unexpected delays in participant recruitment due to the COVID-19 working 9x7. Furthermore, despite intensive basic training in ML and competence in it demands constant and prolonged practice, potentially influencing the results. Finally, the sample was composed of participants with morbid obesity who were seeking treatment; therefore, it would be necessary to corroborate the results in a population with morbid obesity but without ED expectations."

27) Generalizability (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

27-i) Generalizability to other populations
Generalizability to other populations: In particular, discuss generalizability to a general internet population, outside of a RCT offering a motivated general population, including applicability of the study results for other organizations.

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Does your paper address subitem 27-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". Indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms. or briefly explain why the item is not applicable/relevant for your study

To respondents

27-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 ancillary components, more/less time to develop relationship with therapist or user, adoption, or outcomes if the intervention is applied outside of a RCT setting.

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Does your paper address subitem 27-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". Indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms. or briefly explain why the item is not applicable/relevant for your study

To respondents

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". 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 (Identifier: NCT03934607)

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". 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

JM Bilal (Open. http://dx.doi.org/10.1186/fenopen.2022-06063)

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". 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 was funded by the European Union's Horizon 2020 Research and Innovation Programme (H1930). The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript. JMB is partially financially supported by the Semi Stipter Fingaprinse in the form of a grant awarded to UK."

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. Note that the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

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Does your paper address subitem X27-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this". 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

"MS and BB are founders of Virtual Bodyworks SL, a spin-off company of the Universidad de Barcelona. ESG was employed by Virtual Bodyworks SL. All other authors declare no other conflicts of interest."

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?

To respondents

How much time did you spend on going through the checklist INCLUDING making 1 changes in your manuscript

It has taken around 5.5 hours

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

- yes
- no
- Otro:

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
- Otro:

Any other comments or questions on CONSORT EHEALTH

To respondents

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

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Final step: Click submit !
Click submit so we have your answers in our database!

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