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

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

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

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

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

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

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

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

Mandatory reporting items are marked with a red *.

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

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

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

* Required

Your name *

First Last

Geraldine Martorella

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

University of Montreal, Mo

Your e-mail address *

abc@gmail.com

geraldine.martorella@umc

Title of your manuscript * Provide the (draft) title of your manuscript.
A web-based nursing intervention for the self-management of pain after cardiac surgery: A pilot randomized controlled trial
Article Preparation Status/Stage * At which stage in your article preparation are you currently (at the time you fill in this form)
onot submitted yet - in early draft status
onot submitted yet - in late draft status, just before submission
submitted to a journal but not reviewed yet
submitted to a journal and after receiving initial reviewer comments
submitted to a journal and accepted, but not published yet
O published
Other:
Journal * If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")
onot submitted yet / unclear where I will submit this
Journal of Medical Internet Research (JMIR)
Other:
Manuscript tracking number * If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR) on ms number (yet) / not (yet) submitted to / published in JMIR Other:

TITLE AND ABSTRACT

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

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Other:						
in the title. Avoid ambiguous Intervention includes non-we "electronic" only if offline pro worlds). Use "online" only in	/. Prester tender the control of the	referance line in the control of the	ably ike " d Int re us text or th	use onlir erne sed. of "o	"we ne", et co Use onlin	eb-based" and/or "mobile" and/or "electronic game" "virtual", "interactive". Use "Internet-based" only if emponents (e.g. email), use "computer-based" or e "virtual" only in the context of "virtual reality" (3-D ne support groups". Complement or substitute of products (such as "mobile" or "smart phone" runs on different platforms.
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to indicate direct quotes from	ctior n yc	ns fro our m	om r nanu	manı ıscri _l	ot),	ipt title (include quotes in quotation marks "like this" or elaborate on this item by providing additional the item is not applicable/relevant for your study
"A web-based nursing inter	ven	tion	for"			le
•	-			-		ant co-interventions in title ant co-interventions in title, if any (e.g., "with
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Does your paper address subitem 1a-ii?

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

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

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

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

Does your paper address subitem 1a-iii? *

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

"of pain after cardiac surgery"	

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

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

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

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

consider adding it)

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Does your paper address subitem 1b-i?*

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

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

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

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

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Does your paper address subitem 1b-ii?

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

postoperative brief reinforcements in person"

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

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

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for

assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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Does your paper address subitem 1b-iii?

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

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

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

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

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Does your paper address subitem 1b-iv?

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

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

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

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

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Does your paper address subitem 1b-v?

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

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

INTRODUCTION

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

2a-i) Problem and the type of system/solution

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

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Does your paper address subitem 2a-i? *

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

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

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

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

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Does your paper address subitem 2a-ii? *

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

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

2b) In INTRODUCTION: Specific objectives or hypotheses

Does your paper address CONSORT subitem 2b? *

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

3a) Description of trial design (such as parallel, factorial) including allocation ratio

Does your paper address CONSORT subitem 3a? *

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

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

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

Does your paper address CONSORT subitem 3b? *

No changes to methods were made after trial commencement. It is important to
note that it is a pilot study and that these studies are also focused on feasibility observations.
3b-i) Bug fixes, Downtimes, Content Changes Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description
of changes to methods therefore also includes important changes made on the intervention or
comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system
failures/downtimes, etc. [2].
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Does your paper address subitem 3b-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional
information not in the ms, or briefly explain why the item is not applicable/relevant for your study
No bug fixes or changes were made.
4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

"Patients were selected according to the following criteria: a) 18 years and olde b) Patients were not eligible for the study if they a) already had a cardiac surgery"	r,
	,

4a-i) Computer / Internet literacy

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

Does your paper address subitem 4a-i?

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

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

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

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

Does your paper address subitem 4a-ii? *

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

4a-iii) Information giving during recruitment

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

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Does your paper address subitem 4a-iii?

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

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

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *

"all participants completed days or the day before surg	gery.	Po	stop	erat	ive r	measures				
intensive care unit and at th	ne si	urgio	cal c	are ι	unit.'	"				
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4b-i) Report if outcomes w		•	•			_	•		ommon in	a wab
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Does your paper address subitem 4b-i? *

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

"an experienced research assistant was blinded and responsible of the entire face-to-face data collection"	
	,

4b-ii) Report how institutional affiliations are displayed

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

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Does your paper address subitem 4b-ii?

non applicable.
Participants were recruited at the hospital.

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

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

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



Does your paper address subitem 5-i?

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

patients from the EG also used the SOULAGE-TAVIE web application created with the help of a prototype developed by the University of Montreal's Chair for research"	
COCATON	

5-ii) Describe the history/development process

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

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Does your paper address subitem 5-ii?

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

5-iii) Revisions and updating

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

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Does your paper address subitem 5-iii?

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

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

5-iv) Quality assurance methods

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

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Does your paper address subitem 5-iv?

5-v) Ensure replicability by							
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should in principle be able to				_			
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A screenshot of the applica							
The details of the developn	nent	of t	he w	eb a			
article (submitted by the sa	me	first	auth	or).			
5-vi) Digital preservation							
Digital preservation: Provide							ut as the intervention is likely to change or
							e intervention is archived (Internet
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are accessible without login		,0,0,	3110 (Jarin		o aromivo	z, conclude orealing define pages which
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Does your paper address subitem 5-vi?

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Does your paper address subitem 5-viii? *

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

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

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

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

"based on tailored communication and persuasive communication theories"

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

5-ix) Describe use parameters

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

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Does your paper address subitem 5-ix?

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

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

5-x) Clarify the level of human involvement

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

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Does your paper address subitem 5-x?

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

5-xi) Report any prompts/reminders used

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

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Does your paper address subitem 5-xi? *

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

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

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

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

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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
"all participants received the usual preoperative education a pamphlet to read"	
"two tailored reinforcements of five to ten minutes "	
6a) Completely defined pre-specified primary and seconda measures, including how and when they were assessed	ary outcome

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional

information not in the ms, or briefly explain why the item is not applicable/relevant for your study

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

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

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

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

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Does your paper address CONSORT subitem 6a? *

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

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

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

Does your paper address CONSORT subitem 6b? *

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

No changes.		

7a) How sample size was determined

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

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

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

	1	2	3	4	5	
subitem not at all important	•	0	0	0	0	essential

Does your paper address subitem 7a-i?

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

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *

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

8a) Method used to generate the random allocation sequence

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

Does your paper address CONSORT subitem 8a? *

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

"Permuted-block randomization with allocation ratio of 4"	
	10

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

Does your paper address CONSORT subitem 8b? *

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

"The PI was responsible of the recruitment and informed consent procedures" "participants were randomized into two groups by the PI"
"the list and envelopes were prepared by a PI's colleague who was not involved in this study"
11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how
NPT: Whether or not administering co-interventions were blinded to group assignment
11a-i) Specify who was blinded, and who wasn't Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).
1 2 3 4 5
subitem not at all important O O O essential
Does your paper address subitem 11a-i? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
"an experienced and blinded research assistant was responsible of the entire data collection"
11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of
interest" and which one was the "comparator" Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".
1 2 3 4 5

subitem not at all important

O O O essential

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Does v	our ı	oaper	address	subitem	11a-ıı?

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

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

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

Does your paper address CONSORT subitem 11b? *

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

non applicable		
		1

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

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

Does your paper address CONSORT subitem 12a? *

"the evolution of pain intensity, pain interference and analgesic consumption was examined with two-way ANOVA with repeated-measures on one factor"
12a-i) Imputation techniques to deal with attrition / missing values Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).
1 2 3 4 5
subitem not at all important O O O O essential
Does your paper address subitem 12a-i? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
No imputation technique was used in the context of a pilot study (small sample). "eight patients were excluded from analysis since no pain measures were available"
12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses
สนานจะเอน สเทสเทอออ

Does your paper address CONSORT subitem 12b? *

"a second set of analyses was carried out to compare the percentage of patients in each group who reported severe pain interference" "Since the study involved a restricted sample a power calculation was run regarding the evolution"
X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item) X26-i) Comment on ethics committee approval 1 2 3 4 5
subitem not at all important O O O essential
Does your paper address subitem X26-i? Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
"approval of the protocol was obtained from the University of Montreal Research Committee and from the Ethics Board of the Centre Hospitalier de l'Université de Montréal."
x26-ii) Outline informed consent procedures Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.
1 2 3 4 5
subitem not at all important O O O essential

Does your paper address subitem X26-ii?

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

RESULTS

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

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

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this"

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

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

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

Does your paper address CONSORT subitem 14b? *

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

non applicable		
		,

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

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

Does your paper address CONSORT subitem 15? *

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

see table 1		

15-i) Report demographics associated with digital divide issues

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

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DOGS	voui	Dabei	auuress	Subitem	10-11	

see table 1			

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

16-i) Report multiple "denominators" and provide definitions

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

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Does your paper address subitem 16-i? *

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

see CONSORT diagram and tables
"all participants from the EG received the whole intervention according to the planned timing and format"

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

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

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'an intent-to-treat analysis						
indicate direct quotes fro	ction m yo	ns fro our n	om tl nanu	he n Iscri	nanı pt),	n 17a? * uscript (include quotes in quotation marks "like this or elaborate on this item by providing additional the item is not applicable/relevant for your study
non applicable in the conte	ext o	f this	pilo	t stu	ıdy	
n addition to primary/secor netrics of use and intensity	ndary of u	y (cli ıse (nical dose	l) ou e, ex	tcor pos	th as metrics of use and intensity of use mes, the presentation of process outcomes such a ure) and their operational definitions is critical. Thi often a binary variable), but also to more continuo
exposure metrics such as "	aver	age	sess	sion	leng	oth". These must be accompanied by a technical ed (e.g., timeout after idle time) [1] (report under
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all participants from the EG received the whole intervention according to the lanned timing and format"	
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17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

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

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18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Does your paper address CONSORT subitem 18? *

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18-i) Subgroup analysis of A subgroup analysis of combe stressed that this is a serandomized trial (see 16-iii)	nparii elf-se	ng o	nly เ	users	s is	not unco							must
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participants, but also incide	echn nts s	ical such	prob as p	olem perce	s. Theive	olems his does not only include physical "harm" to d or real privacy breaches [1], technical problems intended effects" also includes unintended positiv
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this item is detailed in another article submitted by the same first author.
DISCUSSION
22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence
NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group
22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).
1 2 3 4 5
subitem not at all important O O O essential
Does your paper address subitem 22-i? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study "This study examined the preliminary effects" "no group difference was found for pain intensity"

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

Highlight unanswered new questions, suggest future research.

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interestingly, the tendency			·		· wa	s found to be quite low"
and, if relevant, multions in Typical limitations in Expired limitations in Expired limitations in ehealth	tipl ehe n tria	ealth	ty c	of a	nal	n ehealth trials are rarely blinded. Ehealth trials
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and, if relevant, multiplications in Typical limitations in ehealth often look at a multiplicity of	ehen tria outo ility	ealth lls: F com- issue	tria Partices, i es, b	of a	nts in asin es th	n ehealth trials are rarely blinded. Ehealth trials ag risk for a Type I error. Discuss biases due to no prough informed consent procedures, unexpected

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

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

21-i) Generalizability to other populations

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

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

Does your paper address subitem 21-i?

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

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

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

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

Does your paper address subitem 21-ii?

not applicable since the intervention was developed with a clinical focus in terms
of feasibility and applicability.
//
OTHER INFORMATION
23) Registration number and name of trial registry
Does your paper address CONSORT subitem 23? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this"
to indicate direct quotes from your manuscript), or elaborate on this item by providing additional
information not in the ms, or briefly explain why the item is not applicable/relevant for your study
"clinicaltrials.gov: NCT01084018"
24) Where the full trial protocol can be accessed, if available
•

Does your paper address CONSORT subitem 24? *

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

X27) Conflicts of Interest (not a CONSORT item)

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

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

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Does your paper address subitem X27-i?

none		
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Nhout the CONS	ORT EHEALTH checklist	
About the ooko	JKI EHEAEIII CHECKIIST	
As a result of using th	s checklist, did you make changes in y	our manuscript? *
yes, major changes		
yes, minor changes		
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What were the most in	portant changes you made as a result	of using this checklist?
more detailed abstract		
terms used: "web-base	d vs virtual" "face-to-face vs in person"	
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4hrs		
As a result of using th	s checklist, do you think your manuscr	ript has improved? *
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Other:		
vould you like to beco	me involved in the CONSORT EHEALT	H group?

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

yesnoOther:
Any other comments or questions on CONSORT EHEALTH
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