

# 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

\*Vereist

**Your name \***

First Last

**Primary Affiliation (short), City, Country \***

University of Toronto, Toronto, Canada

**Your e-mail address \***[abc@gmail.com](mailto:abc@gmail.com)**Title of your manuscript \***

Provide the (draft) title of your manuscript.

**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
- Anders:

**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)
- Anders:

**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
- Anders:

## 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

Anders:

#### 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

Yes: e-learning.

#### 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, because there are no non-web based components in this study.

### 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

Yes: gatekeepers.

## 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

Yes: 190 gatekeepers (ages 21 to 62 years), randomized, the experimental group or the waitlist control group, intervention was not masked, participants from both groups were assessed online three times (pretest, posttest and three month follow-up), the outcome measures of this study were actual knowledge, and participant's ratings on perceived knowledge and perceived self-confidence using questionnaires developed specifically for this study.

### 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

No, because there were no human involvement in this study as everything was done online: 'assessed online'.

### 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

Yes: assessed online three times (pretest, posttest and three month follow-up)

### 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

Yes: the overall effect sizes were 0.76, 1.20, and 1.02 respectively, across assessments.

### 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

Yes: the findings of this study indicate that web-based suicide prevention e-learning modules can be an effective educational method to enhance knowledge and self-confidence of gatekeepers with regard to adolescent suicide prevention.

## 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

It is important to point out that the MHO program was a stand-alone program and not part of a multi-prolonged approach.

#### 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 appropriate), 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

To our knowledge this is the first time that the effectiveness of a web-based adolescent suicide prevention gatekeeper training is being investigated in an RCT.

## 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

in the present paper the results of an RCT addressing the effectiveness of the MHO program are presented. Effectiveness of the program was determined by measuring change in (1) actual knowledge, (2) perceived knowledge, and (3) perceived self-confidence of the gatekeepers after the training compared to a waitlist control group. It was expected that the gatekeepers' actual knowledge, perceived knowledge, and perceived self-confidence with regard to adolescent suicide prevention would improve after attending the MHO program compared to those in the waitlist

## 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

Yes; This study was a randomized trial in a pretest, posttest, and three month follow-up design with two arms: an experimental group and a waitlist control group. The intervention was not masked. The experimental group received the intervention during the study, and the waitlist control group received the intervention after completion of the study. Participants did not receive any type of compensation for participation in this study.

### 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

No, because there were no changes to methods.

### 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

No, because there were no bug fixes etc.

## 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

Yes: The participants of this study were Dutch speaking gatekeepers who worked with adolescents. The inclusion criteria were: (1) gatekeepers who are 18 years and older, (2) work frequently with adolescents from 12 to 20 years, (3) whose profession involves responsibilities with regard to the (mental) healthcare of adolescents, and (4) who have access to internet.

### 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

Yes: Both the modules and the additional information were made accessible through the website [www.MentalHealthOnline.nl](http://www.MentalHealthOnline.nl) for participants of this study. As a result three online self-report questionnaires were developed to measure the outcomes of this study.

#### 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

University of Amsterdam released a press release about the study that was distributed through several newsletters, and lead to two interviews with national newspapers. Lastly, a twitter- and a Facebook account were created for this study. Promotion materials regarding the study, and up-to-date information about the study were shared with followers on both accounts.

#### 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

Yes: All participants were required to register themselves by sending an e-mail and include their name, position, affiliation, and email address.

## 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

Yes: This was an online study and as a result every aspect of the study took place online, including communication and data collection which was done by the main 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

Yes: As a result three online self-report questionnaires were developed to measure the outcomes of this study.

### 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

Yes: he program was titled Mental Health Online, with a separate website [www.MentalHealthOnline.nl](http://www.MentalHealthOnline.nl).

## 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

Yes: the base of the modules was a PowerPoint presentation containing features such as voice-over, case descriptions, and quizzes. Both the modules and the additional information were made accessible through the website [www.MentalHealthOnline.nl](http://www.MentalHealthOnline.nl) for participants of this study. Each of the modules of the program addressed an important aspect of the process of recognition, guidance, and referral of suicidal adolescents (12-20 years old).

### 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

Yes: we refer to the detailed study protocol for this RCT. Moreover, this was the first time e-learning modules on adolescent suicide prevention modules were being tested. We also refer to the evaluation study we conducted on the program: Results of the evaluation questionnaire (including insights regarding the construction of the e-learning modules) are not presented in this paper, but are discussed in a separate paper.

### 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

No, the prevention program was being tested for the first time in this study.

### 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

We refer to the detailed study protocol for this RCT. The program was developed by the authors of the paper.

### 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

No, because the program is in Dutch. However, the website and the modules remain online. We also have a copy of the original modules.

### 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](http://www.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.

1 2 3 4 5

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

Yes: <http://www.MentalHealthOnline.nl>. To access the modules a username and password is required. In addition, we have saved a copy of the original modules.

**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).

1 2 3 4 5

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

Yes: One week after completing the baseline assessment, participants assigned to the experimental group received a personal username and password, alongside a guide to the website. The login information provided each participant access to the website for a period of 14 days.

After finishing the second assessment, those in the experimental group regained access to the website until one week prior to receiving the third assessment

**5-viii) Mode of delivery, features/functionality/components of the intervention and comparator, and the theoretical framework**

Describe mode of delivery, features/functionality/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], "whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

1 2 3 4 5

subitem not at all important      essential

**Does your paper address subitem 5-viii? \***

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

Yes: One week after completing the baseline assessment, participants assigned to the experimental group received a personal username and password, alongside a guide to the website.

**5-ix) Describe use parameters**

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what

instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 5-ix?

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

the website and one week prior to receiving the third assessment. After completing the third assessment, participants in the waitlist control group gained access to the website by receiving an e-mail containing a personal username and password. At the same moment, those in the experimental group also received an e-mail in which they were notified that they had regained access to the website in case they wanted to refresh their knowledge or use the additional information. Participation was monitored by the main researcher and participants received reminders or were contacted if necessary.

### 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

Yes: this was an online study and as a result every aspect of the study took place online, including communication and data collection which was done by the main 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).

1 2 3 4 5

subitem not at all important      essential



**Does your paper address subitem 5-xi? \***

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

Yes: participation was monitored by the main researcher and participants received reminders or were contacted if 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).

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

No, there were no co-interventions in this study.

## 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

(second assessment, T<sub>1</sub>) and follow-up (third assessment, T<sub>2</sub>). In addition, at the beginning of the follow-up assessment participants in the experimental group received two questions about implementation of their gained knowledge. Furthermore, during the baseline assessment information about demographics was gathered. Lastly, participants in the experimental group were asked to fill out an evaluation questionnaire during the posttest which aimed to assess to what extent they were satisfied with

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

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

1 2 3 4 5

subitem not at all important      essential

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

Copy and paste relevant sections from manuscript text

Yes: the MHO program was developed especially for this study and there were no suitable instruments available that could be used for this study. As a result three online self-report questionnaires were developed to measure the outcomes of this study. The questionnaires were not modified from prior studies but were newly developed in collaboration with an expert in the field on suicide prevention in the Netherlands..

**6a-ii) Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored**

Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

1 2 3 4 5

subitem not at all important      essential

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

Copy and paste relevant sections from manuscript text

Yes: since it was expected that the amount of modules each participant followed could influence the scores on the three outcome measurements of this study, a user-track system was enabled on the website. With this system it was possible to collect data regarding how many modules each participant had followed during each assessment point.

Participation was monitored by the main researcher and participants received reminders or were contacted if necessary.

**6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained**

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

1 2 3 4 5

subitem not at all important      essential

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

Copy and paste relevant sections from manuscript text

Yes: participation was monitored by the main researcher and participants received reminders or were contacted if necessary.

## 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, because there were no changes to the trial outcomes.

## 7a) How sample size was determined

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

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

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

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 7a-i?

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

No, this can be found in the protocol study of this study.

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

### Does your paper address CONSORT subitem 7b? \*

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

No, not applicable.

## 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

No, this can be found in the protocol study of this study.

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

### Does your paper address CONSORT subitem 8b? \*

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

No, this can be found in the protocol study of this study.

## 9) Mechanism used to implement the random

allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

**Does your paper address CONSORT subitem 9? \***

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

No, this can be found in the protocol study of this study.

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

**Does your paper address CONSORT subitem 10? \***

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

No, this can be found in the protocol study of 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      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

No, this can be found in the protocol study of this study.

**11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"**

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

1 2 3 4 5

subitem not at all important      essential

**Does your paper address subitem 11a-ii?**

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

No, this can be found in the protocol study of this study.

## 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

Not relevant.

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

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

### Does your paper address CONSORT subitem 12a? \*

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

Yes: all analyses were carried out on the intention-to-treat sample. Hierarchical linear modeling (HLM) was conducted in MLwiN version 2.28 to determine whether differences between the two groups existed in actual knowledge, perceived knowledge, and self-confidence after the experimental group received the intervention. Other analyses conducted for this study were done using IBM SPSS Statistics version 21.

### 12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 12a-i? \*

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

Yes: MLwiN integrates data from participants missing one or more measurements, or one or more questionnaires into the analysis.

## 12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

### Does your paper address CONSORT subitem 12b? \*

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

No additional analyses performed.

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

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

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem X26-i?

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

Yes: the study protocol for Mental Health Online has been approved by the Medical Ethics Committee of the VU University Medical Centre Amsterdam (registration number 2009/328).

### x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem X26-ii?

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



Yes, subjects were professionals. All participants were required to register themselves by sending an e-mail and include their name, position, affiliation, and email address.

### X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem X26-iii?

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

Subjects were professionals.

## RESULTS

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

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

### Does your paper address CONSORT subitem 13a? \*

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

Yes: a total of 211 gatekeepers registered for the study of which 190 completed the baseline assessment and were enrolled in the study. The enrolled participants were randomized to either the experimental group (n= 94) or the waitlist control group (n= 96). Four participants in the experimental group did not follow the e-learning modules and subsequently did not receive the second assessment. The remaining 90 participants received the second assessment and 84 completed the second assessment (response

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

**Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) \***

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

Yes: the sixteen participants who dropped out of the study were contacted by the main researcher. The following reasons were given by the participants for not completing the study: lack of time (n= 7), family circumstances (n= 2), unable to open the questionnaire at work and lack of time to fill out the questionnaire at home (n= 2), pregnancy leave (n= 1), absence due to vacation (n= 1), and objection regarding the nature of testing (n= 1). The remaining two participants did not respond.

### 13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

1 2 3 4 5

subitem not at all important      essential

**Does your paper address subitem 13b-i?**

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

Yes: figure 1.

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

**Does your paper address CONSORT subitem 14a? \***

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

Yes: the recruitment for this study was carried out in the second half of 2012. Follow-up: three-month.

#### 14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

1 2 3 4 5

subitem not at all important      essential

#### Does your paper address subitem 14a-i?

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

Not relevant as no critical 'secular events' occurred.

## 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

No, the trial did not ended or stopped.

## 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

one adolescent who performed a non-fatal suicide attempt, and 39.5% of the gatekeepers stated to have known at least one adolescent who died due to suicide. All participants were from the Netherlands except one gatekeeper who lived in Belgium. No differences were found between the experimental group and the waitlist control group on the demographics.

Table 1: mean scores and standard deviations of both groups on actual knowledge, perceived knowledge and perceived self-

### 15-i) Report demographics associated with digital divide issues

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

1 2 3 4 5

subitem not at all important      essential

#### Does your paper address subitem 15-i? \*

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

No, because there were no digital divide issues.

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

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

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

1 2 3 4 5

subitem not at all important      essential

#### Does your paper address subitem 16-i? \*

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

to those in the waitlist control group, and, second, that the effects were durable as remained significant at three month follow-up. Further analyses showed that the intervention effect was strongest at posttest compared to follow-up for actual knowledge (ES = .94), perceived knowledge (ES = 1.30) and perceived self-confidence (ES = 1.12), and that the effects remained large for perceived knowledge (ES = 1.09) and perceived self-confidence (ES = .90) after three months. For actual knowledge a medium effect size (ES = .57) was found at follow-up indicating a decrease

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

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

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 16-ii?

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

Yes: all participants that were enrolled into the study were included into the analysis. MLwiN integrates data from participants missing one or more measurements, or one or more questionnaires into the analysis

## 17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

### Does your paper address CONSORT subitem 17a? \*

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

Yes: table 2 (training impact).

### 17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

1 2 3 4 5

subitem not at all important      essential**Does your paper address subitem 17a-i?**

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

Yes: of the 84 participants in the experimental group that finished the second assessment, 71 (85%) completed all eight e-learning modules of the MHO program.

## 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

to those in the waitlist control group, and, second, that the effects were durable as remained significant at three month follow-up. Further analyses showed that the intervention effect was strongest at posttest compared to follow-up for actual knowledge (ES = .94), perceived knowledge (ES = 1.30) and perceived self-confidence (ES = 1.12), and that the effects remained large for perceived knowledge (ES = 1.09) and perceived self-confidence (ES = .90) after three months. For actual knowledge a medium effect size (ES = .57) was found at follow-up indicating a decrease

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

**Does your paper address CONSORT subitem 18? \***

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

No, there no other analyses are performed.

**18-i) Subgroup analysis of comparing only users**

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

1 2 3 4 5

subitem not at all important      essential

**Does your paper address subitem 18-i?**

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

No, no subgroup analyses were performed.

**19) All important harms or unintended effects in each group**

(for specific guidance see CONSORT for harms)

**Does your paper address CONSORT subitem 19? \***

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

No, this was a educational program for gatekeepers.

**19-i) Include privacy breaches, technical problems**

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

1 2 3 4 5

subitem not at all important      essential

**Does your paper address subitem 19-i?**

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

No, there were no technical problems.

### 19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 19-ii?

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

No, this is discussed in the evaluation paper (we refer to this paper in the manuscript).

## DISCUSSION

### 22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

#### 22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

1 2 3 4 5

subitem not at all important      essential

#### Does your paper address subitem 22-i? \*



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

Yes: this RCT investigated the effectiveness of a web-based adolescent suicide prevention gatekeeper training called MHO, consisting of eight e-learning modules and additional information. The results of this study show that the actual knowledge, perceived knowledge, and perceived self-confidence of gatekeepers who enrolled in the MHO program improved significantly compared to the gatekeepers who did not have access to the program, and that the effects found immediately

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

Highlight unanswered new questions, suggest future research.

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 22-ii?

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

participants of our study to evaluate the MHO program to get more understanding of what gatekeepers need in order to improve the program.

Furthermore future research should also investigate to what extent web-based learning can replace or supplement the currently existing traditional educational strategies in suicide prevention.

Future research should determine whether distance learning

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

### 20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 20-i? \*

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

Yes: although this study had several strengths including being an RCT with enough statistical power, the study also had several limitations. A possible, yet inevitable, limitation of this study is that no standardized instruments were available to test the outcome measurements of this study. Nevertheless, the perceived knowledge and perceived self-confidence questionnaires had high reliability across the three measurements and PCA revealed the presence of one component for both

## 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

Yes: the findings of this study have potential implications for education on prevention of other mental health issues. Although this study focused on adolescent suicide prevention, its results show that web-based training is a promising tool in gatekeeper's education and that the findings are probably generalizable to any other topic. Gatekeepers can easily get educated in various and highly important topics such as adult suicide, depression, and eating disorders, and child/adolescent behavioral, emotional and

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

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

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem 21-ii?

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

Yes: for example, in the Netherlands especially gatekeepers working in places where a large group of adolescents can be reached, such as schools, can benefit from the advantages of the web-based training since governments have assigned them prevention and intervention responsibilities when it comes to the (mental) healthcare of their students [27]. This way adolescents at-risk can be detected early on and can be referred for help.

## 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

Yes: Netherlands Trial Register NTR3625,  
<http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=3625>

### 24) Where the full trial protocol can be accessed, if available

**Does your paper address CONSORT subitem 24? \***

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

Yes: we refer to the full trial protocol.

### 25) Sources of funding and other support (such as supply of drugs), role of funders

**Does your paper address CONSORT subitem 25? \***

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

Yes: acknowledgment section (This study was supported by ZonMw, the Netherlands Organisation for Health Research and Development (Grant Number 80-82400-98-025). We thank all the institutes and organizations that contributed to the participant recruitment for this study, and in particular all the gatekeepers that participated in this research.).

## X27) Conflicts of Interest (not a CONSORT item)

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

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

1 2 3 4 5

subitem not at all important      essential

### Does your paper address subitem X27-i?

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

Yes: conflicts of interest section: none declared.

## About the CONSORT EHEALTH checklist

### As a result of using this checklist, did you make changes in your manuscript? \*

- yes, major changes  
 yes, minor changes  
 no

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

### How much time did you spend on going through the checklist INCLUDING making changes

**in your manuscript \*****As a result of using this checklist, do you think your manuscript has improved? \*** yes no Anders: **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 Anders: **Any other comments or questions on CONSORT EHEALTH**

## STOP - Save this form as PDF before you click submit

To generate a record that you filled in this form, we recommend to generate a PDF of this page (on a Mac, simply select "print" and then select "print as PDF") before you submit it.

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

Don't worry if some text in the textboxes is cut off, as we still have the complete information in our database. Thank you!

## Final step: Click submit !

Click submit so we have your answers in our database!

*Verzend nooit wachtwoorden via Google Formulier.*

