Appendix 1. Template for Intervention Description and Replication (TIDieR) checklist^a for the former Slankedoktor.dk - A web-based weight loss intervention

TiDieR checklist item	Description
What Online weight loss coaching by dietician and exercise coach	The dietician, who initially met the participating patient face-to- face in the doctor's office, also provided online lifestyle coaching using the interactive web- based weight loss program. To gain access to the e-health tool, the patient had to fill out a comprehensive document online covering his/her medical history, health status, educational level and medicine intake, and accept the sharing of data between the dietician, the doctor and an exercise coach. When consent was given, the patient had access to scheduled web-based consultations and dialog with the dietician and exercise coach through embedded email-style messages sent within the website, an online community "Forum for Debate", and an embedded e-mail chat that connected the patient with other patients participating in the study and with private users, who had purchased access to the service to lose weight in a non-clinical setting.
	The system was set up to notify the user when new feedback was available and the users could also communicate with other users using functions like comments on entries of food and physical activity inputs and personal pictures.
	To kick off the initial weight loss period lasting approximately four months, a personal diet plan and exercise plan, based on the first week of day-to-day online registrations of weight measurements, meals and physical activity, was provided to the patient. The subsequent online consultations with the dietician took place weekly. The content of these consultations was at the professional discretion of the health professionals, but overall the focus was on the patient's registrations and questions, information in relation to the patient's weight status and recommendations on how to perform specific behaviours and set new goals. The exercise coach could be consulted online every fourth week in the first four months. If deemed necessary by the dietician, a patient could see the dietician face-to-face in the doctor's office in between the scheduled online consultations, within the first two to three months of the study period. Overall, face-to-face consultations in the doctor's office with the dietician were planned to take place every third and sixth month.
	Included BCT ^b from the CALO-RE taxonomy ^c (hereafter referred to as BCT): provide feedback on performance; provide instruction on how to perform the behaviour; provide information on consequences of the behaviour in <i>general</i> and <i>to the individual</i> ; goal setting: behaviour and outcome; action planning; barrier identification/problem solving; relapse prevention and coping planning; prompt practice; plan social support/social change)
	The inputs described underneath this column are available to the patient and are an important part of the intervention. The patients can keep record of specified behaviour(s) on a daily, weekly or monthly basis. If the patients make their registrations daily, it becomes possible for both the health professionals and the patient to follow progress or setbacks closely, as the numbers and registrations are visualized with graphs and curves. (BCT: goal setting: behaviour and outcome; prompt self-monitoring of behaviour; provide feedback on performance; prompt practice)
Daily food intake input	Reporting of daily food intake: type of foods, amounts and time consumed can be compared to the personal diet plan. This makes it possible to advise and support the patient in getting a more balanced diet, e.g. eating smaller meals throughout the day, getting more vegetables and fruit, less carbs, fat and sugar and choosing whole-grain options when possible. (BCT: provide feedback on performance;

My healthy cookbook	prompt self-monitoring of behaviour) The patients can access and share recipes and links to websites with healthy cooking instructions among each other, the feature is supervised by the dietician on request. (BCT: prompt practice; facilitate social comparison)
Physical activity input	Recording of type, time and intensity of any physical activity. The patients are taught how to set realistic goals and receive advice on different activities and how to implement them in daily life. They also learn how to convert activity into calories burnt, to get a better understanding of the balance between energy intake and energy output. (BCT: provide instruction on how to perform the behaviour; prompting generalization of a target behaviour; relapse prevention/coping planning)
Weight measurements input	Recording of current weight and goal weight, and reporting of waist measurements to display progress. The patients are instructed on how to do the measurements at the same time and in the same way every day. (BCT: prompt self- monitoring of behaviour and behavioural outcomes; provide feedback on performance)
Forum for debate	Online community for users with a weight problem. The forum made it possible to exchange knowledge, gain social support from peers and build new relationships. The health professionals could also give advice to the forum users and encourage them to contact each other for support (BCT: planning social support/social change)
Who provided	Professional dietician and exercise coach
How	Individually delivered via the e-health tool
Where	Initial face-to-face meetings between the participating patient, their personal doctor and the dietician in the doctor's office. Then mainly web-based delivery.
When and how much	The initial face-to-face consultation with the dietician lasted approx. 45-60 minutes. Thereafter, in a four to six-month period, asynchronous web-based consultations were carried out once weekly with the dietician and every fourth week with the exercise coach. Thereafter (maintenance period), it was possible for both the patient and the dietician to request web-based consultations, typically monthly. (BCT: use of follow up prompts)
Tailoring	Every participating patient received personalized web-based consultations from their designated dietician and exercise coach based on the patient's own inputs online.
Modifications	Only minor modifications were made during the study.

^aTIDieR: Template for Intervention Description and Replication ¹⁸ ^bBCT: Behaviour Change Techniques. ^cCALO-RE: Coventry, Aberdeen and London-Refined taxonomy¹⁹