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/

* Required	
Your name *	
First Last Miriam Ashford	
William Admord	
Primary Affiliation (short),	, City, Country *
University of Toronto, Toront	to, Canada
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TITLE AND AB	STRACT
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1a) Does your paper add I.e does the title contain the "other") • yes Other: 1a-i) Identify the mode of Identify the mode of deliver in the title. Avoid ambiguous Intervention includes non-w "electronic" only if offline p worlds). Use "online" only in product names with broade	e phrase "Randomized Controlled Trial"? (if not, explain the reason under
1a) Does your paper add I.e does the title contain the "other") • yes Other: 1a-i) Identify the mode of Identify the mode of deliver in the title. Avoid ambiguous Intervention includes non-w "electronic" only if offline p worlds). Use "online" only in product names with broade	f delivery in the title y. Preferably use "web-based" and/or "mobile" and/or "electronic game" s terms like "online", "virtual", "interactive". Use "Internet-based" only if reb-based Internet components (e.g. email), use "computer-based" or roducts are used. Use "virtual" only in the context of "virtual reality" (3-D in the context of "online support groups". Complement or substitute for terms for the class of products (such as "mobile" or "smart phone"

your study

Yes, the title states: "Fe treatment with telephor anxiety: A randomized	e support for post			
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1b) ABSTRACT: Structured sur methods, results, and conclusi NPT extension: Description of experimental treatme and blinding status.	ons
1b-i) Key features/functionalities/components of the METHODS section of the ABSTRACT Mention key features/functionalities/components of the abstract. If possible, also mention theories and principle the needs of systematic reviewers and indexers by inclureport in the abstract what the main paper is reporting. It body of text, consider adding it)	e intervention and comparator in the es used for designing the site. Keep in mind ding important synonyms. (Note: Only
subitem not at all important O O O essention Does your paper address subitem 1b-i? * Copy and paste relevant sections from the manuscript a "like this" to indicate direct quotes from your manuscript	bstract (include quotes in quotation marks t), or elaborate on this item by providing
additional information not in the ms, or briefly explain whyour study Abstract: ""What Am I Worried About" (WaWa) is self-greatment based on cognitive behavioural and mindfulr for women experiencing postpartum anxiety. WaWa wa in Australia and consists of nine modules with optional telephone support. WaWa was adapted to a web-base the use in England (iWaWa)."	guided ness principles as developed weekly
1b-ii) Level of human involvement in the METHODS Clarify the level of human involvement in the abstract, e. "therapist/nurse/care provider/physician-assisted" (mer involved, if any). (Note: Only report in the abstract what t information is missing from the main body of text, consi	g., use phrases like "fully automated" vs. ntion number and expertise of providers the main paper is reporting. If this

subitem not at all important \bigcirc \bigcirc \bigcirc \bigcirc 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

Abstract: ""What Am I Worried About" (WaWa) is self-guided treatment based on cognitive behavioural and mindfulness principles for women experiencing postpartum anxiety. WaWa was developed in Australia and consists of nine modules with optional weekly telephone support. WaWa was adapted to a web-based version for the use in England (iWaWa)."

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

Abstract: "Postpartum (<12 months) women with mild to severe anxiety were recruited anonymously via social media during an 8-week period. Participants were randomized to the iWaWa treatment (8 weeks) or wait-list control conditions. Treatment and study feasibility and acceptability were assessed post-treatment and anxiety symptoms were assessed at before treatment, immediately after treatment and 1-month later using online questionnaires. Semi-structured telephone interviews were carried

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?	
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Abstract: "Results: Eighty-nine eligible women were recruited through social media and randomized into the treatment (n=46) or wait-list control condition (n=43). Women were predominantly White/Caucasian, well-educated, married, on maternity leave, first-time mothers and reported moderate levels of anxiety. Drop-out rates were high, especially in the treatment group (treatment: 82.60%, n=38; waitlist-control: 51.16%, n=22). Twenty-six women started iWaWa with only two women completing all nine modules."	
1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials Conclusions/Discussions in abstract for negative trials: Discuss the prim negative (primary outcome not changed), and the intervention was not us negative results are attributable to lack of uptake and discuss reasons. (I abstract what the main paper is reporting. If this information is missing f consider adding it)	sed, discuss whether Note: Only report in the
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Does your paper address subitem 1b-v? Copy and paste relevant sections from the manuscript abstract (include of "like this" to indicate direct quotes from your manuscript), or elaborate or additional information not in the ms, or briefly explain why the item is not your study Abstract: "Participants felt that iWaWa could be improved by baying	this item by providing
Abstract: "Participants felt that iWaWa could be improved by having it in a smartphone app format and by making the content more concise and inclusive of different parenting styles.	

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)

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

Problem: "Prevalence rates ranging between 9.9-20% indicate that anxiety disorders in the first year after birth (postpartum) are common (Dennis, Falah-Hassani, & Shiri, 2017; Howard et al., 2014; Leach, Poyser, & Fairweather-Schmidt, 2015). Despite available effective treatments (Dennis & Hodnett, 2007; Dennis, 2005; Misri, Abizadeh, Sanders, & Swift, 2015; Misri & Kendrick, 2007; Sockol, Epperson, & Barber, 2011), postpartum mental health problems often go undetected or untreated (Bauer,

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.

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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

Rational: "A potential advantage of web-based treatments is that postpartum women can do as little or as much as they want. This might make it easier to fit the treatment around the variable demands of caring for a young infant. In a thematic analysis of motivators and barriers to an internet-based postpartum treatment it was found that the flexibility and anonymity it offered fitted women's postpartum circumstances (O'Mahen et al., 2015). The particular situation of postpartum women suggests that web-based

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

Specific objectives: "Based on stage 1b, this study therefore aimed to evaluate the feasibility and acceptability of the web-based version of WaWa (iWaWa) for women with postpartum anxiety problems in the England. The primary study objectives were to (iv) determine study feasibility by examining recruitment and attrition, (ii) examine the feasibility iWaWa in terms of engagement and usability and (iii) examine user's acceptability of iWaWa in terms of usefulness, helpfulness and satisfaction. The secondary objective

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

Trial design: "An embedded mixed methods design was employed (Creswell & Clark, 2011), utilizing both quantitative and qualitative methods. For the quantitative part, a 2 (condition) by 3 (time) randomized control trial was carried out. Using a blocked randomization design, participants the 89 recruited participants were randomly allocated to an iWaWa treatment condition (n=46) or a wait-list control condition (n=43). "

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

Does your paper address CONSORT subitem 3b? *

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

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"Women interested in the study could access the study website which contained a link to the screening and baseline online assessment. Participants were first presented with the participant information sheet and had to complete an informed consent procedure. Only women who agreed to the informed consent, met the inclusion criteria, did not meet the exclusion criteria, and completed the baseline assessment were included and randomized."

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

"Promotional material containing general information about the study participation and website was distributed online through Facebook, Twitter and appropriate UK third-party parenthood websites, as well as offline through posters and flyers in two clinical settings in England (hospital and health visiting clinic). Once a week the study was posted in UK motherhood/parenting-related Facebook groups."

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

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

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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

"Participants provided an email address to have access to iWaWa and follow-up online assessments and create a personal identifier for the iWaWa modules and online assessments."

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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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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	uotes from your manuscript), or elaborate on this item by providing additional
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	d acceptable, safe, stigma free, feasible, and eliminary efficacy in a small open pilot in Australia
(Rowe et al., 201	
	on the What Am I Worried About (WaWa) self- ostpartum generalized anxiety disorder
	ostpartum generalized anxiety disorder sped (Rowe et al., 2014). A licensing agreement
	versity allowed researchers at City University of up a web-based version of WaWa for the use in
London to develo	p a web-based version of wavva for the use in
5-iii) Revisions ar	nd undating
•	ating. Clearly mention the date and/or version number of the
application/interve	ntion (and comparator, if applicable) evaluated, or describe whether the
	went major changes during the evaluation process, or whether the development s "frozen" during the trial. Describe dynamic components such as news feeds or
	which may have an impact on the replicability of the intervention (for unexpected
events see item 3b).
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Unsure what this items refers to.
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.
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subitem not at all important O O O o essential
to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study Two screenshots of the treatment are added as a multimedia
appendix to the manuscript.
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, <u>webcitation.org</u> , and/or publishing the source code or screenshots/videos alongside the
article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.
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Does vour paper address subitem 5-vi?

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5-vii) Access Access: Describe how participants obtained editors/reviewers/readers reviewers/readers to expl	whether they a substitution whether they are the substitution as the substitution and the substitution are the substitution as the substitution are the substitution as the substitution are the subst	had to l ne platfo provide	be a mer orm and a "back	mber of spe Internet" [1 door" login	ecific gr I]. To er accour	oup. If kno sure acce t or demo	own, describe ss for mode for
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"The WaWa treatment is based on cognitive behavioral and mindfulness principles and consists of three sections: 1) Is this for me? 2) Practice 3) Understanding. In the first section, concepts such as generalized anxiety disorder, common worries during the perinatal period, and the cognitive behavioral therapy and mindfulness models are explained and program is outlined. The section on 'Practice' consists of seven worksheet modules which target life stage-specific anxieties/worries using guided activities.

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.

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

"Participants received access to the program for eight weeks and could access any module more than once. Participants were advised to start with the first module, but were free to access the remaining modules in any order and as many times as they wished. iWaWa users were also offered optional weekly email and/or text-message reminders and weekly 30-minute telephone support with each practice module."

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).

Does your paper address subitem 5-x?

"iWaWa users were also offered optional weekly email and/or text-message reminders and weekly 30-minute telephone support with each practice module. The iWaWa coach was health psychology PhD student with an MSc in clinical psychology (M.A.). An adapted version of the WaWa Health Professional's Guide was developed, which included checklists to record fidelity of program implementation, and participant understanding and progress."

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

"Treatment group participants received one reminder email to start treatment and all participants received one reminder email for the post- and follow-up assessments."

"iWaWa users were also offered optional weekly email and/or text-message reminders"

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? *

6a) Completel	v defined	pre-specified	primary and
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when they wer		*	<i></i>
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The section "Outcome M			
about the primary and se	condary outcome	measures.	
6a-i) Online questionna CHERRIES items to desc			
	•		if they were validated for online
			were designed/deployed [9].
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6a-ii) Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored

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Does your paper address subitem 6a-ii? Copy and paste relevant sections from manuscript text "Engagement was measured through website metrics recorded by the Qualtrics Software or calculated by the researcher (module views (module was opened) and completion (all pages of the module were viewed), engagement with interactive components) and the number and duration iWaWa support calls. " 6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained Describe whether, how, and when qualitative feedback from participants was obtained Describe whether, how, and when qualitative feedback from participants was obtained (e.g., hrough emails, feedback forms, interviews, focus groups). 1 2 3 4 5 Subitem not at all important O O O essential Does your paper address subitem 6a-iii? Copy and paste relevant sections from manuscript text "For the qualitative part, semi-structured interviews were conducted for an in-depth exploration of acceptability and feasibility of the		
Copy and paste relevant sections from manuscript text "Engagement was measured through website metrics recorded by the Qualtrics Software or calculated by the researcher (module views (module was opened) and completion (all pages of the module were viewed), engagement with interactive components) and the number and duration iWaWa support calls." Ga-iii) Describe whether, how, and when qualitative feedback from participants was obtained Describe whether, how, and when qualitative feedback from participants was obtained Describe whether, how, and when qualitative feedback from participants was obtained (e.g., hrough emails, feedback forms, interviews, focus groups). 1 2 3 4 5 Subitem not at all important O O essential Does your paper address subitem 6a-iii? Copy and paste relevant sections from manuscript text "For the qualitative part, semi-structured interviews were conducted for an in-depth exploration of acceptability and feasibility of the	1 2 3 4 5	
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"For the qualitative part, semi-structured interviews were conducted for an in-depth exploration of acceptability and feasibility of the	subitem not at all important O O O O essential	
"For the qualitative part, semi-structured interviews were conducted for an in-depth exploration of acceptability and feasibility of the		
"For the qualitative part, semi-structured interviews were conducted for an in-depth exploration of acceptability and feasibility of the	Does your paper address subitem 6a-iii?	
for an in-depth exploration of acceptability and feasibility of the	Copy and paste relevant sections from manuscript text	7
	for an in-depth exploration of acceptability and feasibility of the	
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6b) Any changes to trial outcomes after the trial commenced, with reasons

Does your paper address CONSORT subitem 6b? *

Not applicable	
7a) How sar	mple size was determined
NPT: When applicabl was addressed	le, details of whether and how the clustering by care provides or centers
calculating the samp Describe whether and	ner and how expected attrition was taken into account when ble size how expected attrition was taken into account when calculating the sample
size.	1 2 3 4 5
subitem not at all impo	ortant () () () 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

"Studies evaluating feasibility of web-based treatments for postpartum depression have recruited between 53 to 103 participants in total (Danaher et al., 2013; Haga, Drozd, Brendryen, & Slinning, 2013). A power calculation indicated that 27 participants in each group would be required to achieve 95% power at a one-sided 5% significance level. Studies evaluating postpartum depression web-based treatments had attrition rates between 11.3%-62.3%, with an average attrition of 34.2%

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

Does your paper address CONSORT subitem 7b? *

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

"Using a blocked randomization design (generated online), participants the 89 recruited participants were randomly allocated to an iWaWa treatment condition (n=46) or a wait-list control condition (n=43)."

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

"Using a blocked randomization design (generated online), participants the 89 recruited participants were randomly allocated to an iWaWa treatment condition (n=46) or a wait-list control condition (n=43)."

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

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	was revealed via email."	е пент в пот аррпсав	e/relevant for your study
who enrolled	nerated the rand d participants, a to intervention	and who ass	•
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interventions providers, th NPT: Whether or not 11a-i) Specify who w Specify who was blinder participants [1, 3] (this	s (for example, ose assessing	participants outcomes) ations were blinded to n't t, in web-based trials it dged), but it may be p	and how o group assignment is not possible to blind the ossible to blind outcome

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"Participants and the researcher responsible for the study management and analysis (M.A.) were not blinded. "	
11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention o interest" and which one was the "comparator"	f
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".	í
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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	3"
"Participants and the researcher responsible for the study management and analysis (M.A.) were not blinded. "	
11h) If relevant description of the similarity of	
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? *

	Not applicable as a wait-list control design was used.
L	

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

"Descriptive statistics including means, standard deviations, percentages, proportions were used to describe the characteristics of the overall sample and the two conditions, as well as the iWaWa program feasibility and acceptability and study feasibility. Independent t-tests and χ^2 -tests were used to explore whether participant characteristics, differed between the conditions or between participants who did and did not complete the follow-up assessments.

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]).

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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

"For the mental health measures group differences and differences over time were analyzed using independent and dependent-sample t-tests. Due to the large amount of missing data for the follow-up assessments an intention-to-treat analysis was inappropriate (Hollis & Campbell, 1999) and only the data of those completing the assessments was compared."

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

Does v	vour	paper	address	CONSORT	subitem	12b? *
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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 applicable			

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

X26-i) Comment on ethics committee approval

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subitem not at all important \bigcirc \bigcirc \bigcirc \bigcirc 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

"The study received ethical approval from the NRES London-Dulwich Research Ethics Committee (ref: 15/LO/1827)."

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.

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 "Participants were first presented with the participant information sheet and had to complete an informed consent procedure. Only women who agreed to the informed consent, met the inclusion criteria, did not meet the exclusion criteria, and completed the baseline assessment were included and randomized. " 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 \bigcirc \bigcirc \bigcirc \bigcirc 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

"Women who were not eligible were provided with links to websites of organizations dealing with postpartum or general mental health and told to contact their general practitioner or health visitor if concerned about their mental health. "

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? *

All of this is presented in the CONSORT diagram (see Figure 2)

Text: "During the recruitment, 147 women accessed the initial assessment and consented to take part. Fifty-eight (39.5%) were excluded (ineligibility: n=8; personal identifier not created: n=19; initial assessment not completed: n=31). The remaining 89 (60.5%) were randomized into the treatment (n=46) or wait-list control group (n=43).

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

"See CONSORT diagram for detailed information (Figure 2)

Text: "Dropout attrition. Twenty-one of 43 wait-list control participants (48.84%) completed the 8-week follow-up assessment. Eight of 46 (17.39%) treatment group participants responded to the post-treatment (8-week follow-up) assessment (one participant completed the GAD-7 & DASS-21). There was a significant difference in attrition rates between the conditions

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.

Does your paper address subitem 13b-i?

CONSORT diagram	(Figure 2)		
CONSORT diagram	(Figure 2)		

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

Does your pape	er address	CONSORT	subitem	14a? *
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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

Method section: "Participants v (March-May 2017)."	were recruited over eight weeks	

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	0	0	0	0	0	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

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

Does your paper address CONSORT subitem 14b? *

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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	0	\bigcirc	0	\bigcirc	\bigcirc	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

See CONSORT diagram (Figure 2)

See text: "Almost half of treatment group participants (20 of 46; 43.48%) never viewed any iWaWa modules. The remaining 24 participants (52.17%) viewed on average 1.65 modules (SD=2.51) (including repeat views). Two participants viewed all modules (4.34%). Figure 3 illustrates the number of module views and completion by the treatment group. Of the 76 modules viewed by

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	0	0	0	0	\bigcirc	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

Method Section: "Due to the large amount of missing data for the follow-up assessments an intention-to-treat analysis was inappropriate (Hollis & Campbell, 1999) and only the data of those completing the assessments was compared."

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

Only applicable for mental health outcomes. "Eight-week follow-up. No significant group differences were found for the GAD-7 score (t(27)=-.88, P=.39, g=0.37, 95% CI [-5.53, 2.21]), the DASS-21 depression score (t(27)=-1.41, P=.17, g=0.58, 95% CI [-5.41, 1.00]), the DASS-21 anxiety level (t(27)=-.42, P=.68, g=0.17, 95% CI [-4.23, 2.79]) and the DASS-21 stress level (t(27)=-1.13, P=.27, g=0.47, 95% CI [-4.88, 1.41]). From baseline to the 8-week follow-up, a significant reduction of all

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	0	0	0	0	0	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

"Almost half of treatment group participants (20 of 46; 43.48%) never viewed any iWaWa modules. The remaining 24 participants (52.17%) viewed on average 1.65 modules (SD=2.51) (including repeat views). Two participants viewed all modules (4.34%). Figure 3 illustrates the number of module views and completion by the treatment group. Of the 76 modules viewed by the treatment group participants, 61 (80.26%) were completed. As shown in Figure 3 Module 1 was most likely to be viewed with a marked

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

Does your paper address CONSORT subitem 17b? *

to indicate direct quotes	sections from the manuscript (include quotes in quotation marks "like this" from your manuscript), or elaborate on this item by providing additional s, or briefly explain why the item is not applicable/relevant for your study
Not applicable	
18) Results o	f any other analyses performed,
,	group analyses and adjusted analyses,
distinguishing	g pre-specified from exploratory
Door your paper addre	ess CONSORT subitem 18? *
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and wait-list group who assessment and no dif of the treatment and wa 8-week follow-up assess "There were also no di	ferences between treatment group d the iWaWa treatment and those who did
18-i) Subgroup analys	is of comparing only users
A subgroup analysis of o	comparing only users is not uncommon in ehealth trials, but if done, it must a self-selected sample and no longer an unbiased sample from a
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to indicate direct quotes	sections from the manuscript (include quotes in quotation marks "like this" from your manuscript), or elaborate on this item by providing additional s, or briefly explain why the item is not applicable/relevant for your study
Mental health outcome GAD-7 and DASS-21 a	es: "Multimedia Appendix 4 illustrates the anxiety scores for the three participants who gram and completed both follow-up

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does yo	our paper	address	CONSORT	subitem	19?	*
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this"
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information not in the ms, or briefly explain why the item is not applicable/relevant for your study

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40 %			
19-i) Include privacy breaches, technical prob	lems		

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 \bigcirc \bigcirc \bigcirc \bigcirc 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

Privacy breaches: Not applicable
Technical problems: "Regarding technical issues, iWaWa had a twoday down time due to broken link."

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.

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subitem not at all important	0	0	0	0	0	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
Feedback from participants: See entire section: "Qualitative Treatment Feasibility and Acceptability Outcomes"
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
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Does your paper address subitem 22-i? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this 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 present study aimed to assess the trial's feasibility, iWaWa's feasibility and acceptability and explore its potential efficacy among women with postpartum anxiety. The typical participant in this study was White/Caucasian, well-educated, married, on maternity leave, a first-time mother and reported moderate levels of anxiety. Regarding the study's feasibility, the minimum sample size required was exceeded within the relatively short recruitment period (8 weeks) Facebook proved most successful for

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

Highlight unanswered new questions, suggest future research.

1 2 3 4 5

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	recruit participants through posters and	auy
	ettings, it remains to be investigated whether	
	ndorsement from health care professionals	
might have increased	recruitment rates. "	
"This highlights that th	nere are a multitude of areas of the study and	
treatment design that	could have resulted in the study's high	
attrition. These areas	could be improved in future studies involving	
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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

	opulations: In CT setting, and	particular,	r, discuss generalizability to a general Internet patient population, including applicability of the
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OTHER INFORMATION

23) Registration number and name of trial registry

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24) Wher available	e the full trial p	orotocol can b	e accessed, if
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X27) Conflicts of Interest (not a CONSORT item)

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