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

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

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

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

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

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

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

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

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS,

or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

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

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

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

* Required

Your response exceeds the limit. Try shortening some of your answers.

Your name *

First Last

17	CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form
Mairead Cardamone-Breen	
Primary Affiliation (short), Ci	ty, Country *
University of Toronto, Toronto, C	Canada
Monash University, Melbourn	
	1
Your e-mail address *	
abc@gmail.com	
mairead.cardamone-breen@i	
	1
Title of your manuscript *	
Provide the (draft) title of your n	nanuscript.
	I of a Brief, Web-Based Parenting cent Depression and Anxiety Disorders

Article Preparation Status/Stage *

١

- onot 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

Other:	

Journal ⁴

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

- onot submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)

O 0	ther:	

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) / no	ot (yet) sı	ıbmitted to /	′ published ir	า JMIR
----	-----------	------------	-------------	---------------	----------------	--------

\bigcirc	Other:	

TITLE AND ABSTRACT

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

7	CONSORT-EHEALTH (V 1.6.1)	- Submission/Publication Form
	er address CONSORT item 1a? *	
I.e does the title cor	itain the phrase "Randomized Controlled	d Trial"? (if not, explain the reason under "other")
yes		
Other:		
1a-i) Identify the r	node of delivery in the title	
title. Avoid ambiguo includes non-web-ba offline products are in the context of "on	ous terms like "online", "virtual", "interact ased Internet components (e.g. email), u used. Use "virtual" only in the context of Iline support groups". Complement or su is (such as "mobile" or "smart phone" in	nd/or "mobile" and/or "electronic game" in the ive". Use "Internet-based" only if Intervention use "computer-based" or "electronic" only if f "virtual reality" (3-D worlds). Use "online" only ubstitute product names with broader terms for stead of "iphone"), especially if the application
	1 2 3 4 5	
subitem not at all in	nportant () () () essential	
intervention to Fre	event Adolescent Depression and Anxiet	y Disorders
*	sed components or important co-intervased components or important co-interv	terventions in title ventions in title, if any (e.g., "with telephone
	1 2 3 4 5	
subitem not at all im	nportant () () () essential	
Copy and paste rele indicate direct quote not in the ms, or brie		·

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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	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 – prevention of adolescent depression and anxiety disorders. "A Randomized Controlled Trial of a Brief, Web-Based Parenting Intervention to Prevent Adolescent Depression and Anxiety Disorders"

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)

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. "Methods.

The brief intervention is fully automated and consists of two components: 1) completion of an online self-assessment of current parenting practices against the recommendations in the evidence-based guidelines How to Prevent Depression and Clinical Anxiety in your Teenager: Strategies for Parents; and 2) an individually-tailored feedback report, highlighting parenting strengths and areas for improvement."

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	\bigcirc	0	\bigcirc	0	0	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

Yes. There was no human involvement in the intervention. "The brief intervention is fully automated and consists of two components"

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)



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. "Parent-adolescent dyads (349 parents, together with 327 adolescents aged 12 to 15 who also participated) were recruited primarily via secondary schools across Australia and randomized to either the intervention or waitlist control condition. Parents and adolescents completed online self-reported assessments of parenting and adolescent symptoms of depression and anxiety at baseline, 1-month (parent-report of parenting only) and 3-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)



Does your paper address subitem 1b-iv?

As the intervention was a single-session intervention, all participants in the ntervention group received the intervention. Use data is less relevant in this case, and as such has not been included in the abstract. It is, however,	
ncluded in the manuscript.	

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)



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

Not applicable, this paper does not report a negative trial.	

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)

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

Does your paper address subitem 2a-i? *

Yes. See introduction:

"Mental disorders are amongst the leading contributors to global burden of disease [1]...."

"To address some of the gaps discussed above, our team has developed a brief, individually-tailored, web-based parenting intervention..." "The intervention is fully automated and designed to adhere to principles of the Persuasive Systems Design model.." "To our knowledge, this is the first brief, web-based intervention targeting..."

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.

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

Yes. See introduction:

"Existing parenting interventions face many challenges..."

"To address some of the gaps discussed above, our team has developed a brief, individually-tailored, web-based parenting intervention..."

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

Yes. See	"study aims	and hypoth	ieses"		

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. "The trial was a single-blind parallel group superiority..."
"...dyads were randomly allocated to the intervention or control group via a computer-generated unblocked, unstratified randomization procedure on a 1:1 ratio."

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

Does your paper address CONSORT subitem 3b? *

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

Not applicable, there were no changes to methods after trial commencement.

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].

Does your paper address subitem 3b-i?

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

Not applicable. There were no bug fixes, downtimes, or content changes.

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

Yes. "Participants were parents or primary caregivers of at least one adolescent aged 12 to 15 years, who resided in Australia, had regular internet access and an email account. Computer/internet literacy was implicit in the eligibility criteria and registration process. Only one parent and one adolescent from each family was allowed to participate. No other exclusion criteria were specified."

4a-i) Computer / Internet literacy

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

Does your paper address subitem 4a-i?

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

Yes. "Computer/internet literacy was implicit in the eligibility criteria and registration process."

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.

subitem not at all important \(\cap \) \(\cap \) \(\cap \) 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

Yes. "Recruitment was primarily via secondary schools across Australia, as well as online networks and social media."

"Parents self-selected by responding to advertisements and registering themselves and their adolescent via the publicly accessible trial website. Parents created an account with their email address and self-selected password, and were required to verify their account via an account activation link sent to their email.

"All assessments were completed online via a dedicated trial website,

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 O O O essential

Does your paper address subitem 4a-iii?

participation."

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 informed consent procedures (Parent and Child Explanatory Statements, online registration & consent form) will be published as appendices. This is also mentioned in text: "Parents provided online consent and contact details for the adolescent. Adolescents were then contacted by phone to explain the study requirements and obtain verbal assent. Adolescents were informed that their decision to participate or not would not affect their parent's

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. "All assessments were completed online via a dedicated trial website, ..."

"Participants were parents or primary caregivers of at least one adolescent aged 12 to 15 years, who resided in Australia..."

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.

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. "All assessments were completed online via a dedicated trial website, ..."

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)

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

This is unlikely to bias results. The participant explanatory statements (which display the Monash University affiliation) will be provided as appendices.

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

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

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

Does your paper address subitem 5-i?

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

Yes.
"Conflicts of interest
Authors MCB, MBHY, AFJ and KL co-developed the intervention. None of the authors derive any financial benefit from the intervention."

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 O O O essential

Does you	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. See "Intervention" subsection of Methods.

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 O O O 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

Not applicable, there were no revisions or updates during or after the trial. There were no dynamic components of the intervention.

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						essentia

Does your paper address subitem 5-iv?

Not applicable.		
		//

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 O O O 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

Yes. Screenshots of the intervention (example feedback report) will be published as an appendix.

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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

Does your paper address subitem 5-vi?

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

No. It is not possible at this stage to provide the URL of the intervention, as it was conducted on a dedicated trial website which is no longer active. We have instead provided an example of the intervention.

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).

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. "Parents self-selected by responding to advertisements and registering themselves and their adolescent via the publicly accessible trial website. Parents created an account with their email address and self-selected password, and were required to verify their account via an account activation link sent to their email."

"Adolescents were guided through completion of their baseline assessment over the phone, with assistance provided by a member of the research team as necessary."

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

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

	1	2	3	4	5	
subitem not at all important	\bigcirc	0	\bigcirc	\bigcirc	0	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. See "Intervention" subsection of Methods.	
	//

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.

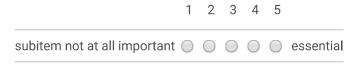


Does your paper address subitem 5-ix?

Yes. Instructions provided to participants regarding intended use of the intervention are available in the screenshots of the intervention.	
Also see "Intervention" subsection of Methods.	

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?

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. There was no human involvement in the intervention.

"The intervention is fully automated and designed to tailor the content of the Guidelines for each parent."

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).



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. There were no reminders/prompts used as part of the intervention. There were reminders for completion of follow-up assessments (conducted for RCT purposes only), as described in the manuscript: "For all assessments, parents who had not completed their assessment received reminder emails 7 and 14 days following the initial invitation, and a phone call or text message 21 days after initial invitation."

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

the matter the, or briefly explain with the feeth to hot applicable, relevant for y	о а .
Not applicable, there were no co-interventions.	
	//

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

Yes. See "Measures" subsection of Methods.	
	//

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].



Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

7	CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form
	We have followed the CHERRIES checklist as far as is applicable to our study.
	a-ii) Describe whether and how "use" (including intensity of use/dosage) was lefined/measured/monitored
(rescribe 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 eported in any ehealth trial.
	1 2 3 4 5
S	ubitem not at all important 🔾 🔘 🔘 cessential
	Not applicable as the intervention was a once-off brief feedback report.
Е	pa-iii) Describe whether, how, and when qualitative feedback from participants was obtained bescribe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, beedback forms, interviews, focus groups).
	1 2 3 4 5
5	ubitem not at all important 🔾 🔘 🔘 cessential
	Poes your paper address subitem 6a-iii? Copy and paste relevant sections from manuscript text No, we did not collect qualitative feedback.

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

Does your paper address CONSORT subitem 6b? *

Not applicable, there were no changes to trial outcomes after the trial commenced.	
	//

7a) How sample size was determined

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

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

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 O O O 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

Yes. "A power analysis indicated a required sample size of 294 parent-adolescent dyads to detect a small effect size with power of .80 and alpha of .05. To allow for approximately 15% attrition, we aimed to recruit 340 dyads. Our final sample comprised 349 dyads at randomization."

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

Not applicable, no interim or stopping guidelines were used.	

8a) Method used to generate the random allocation sequence

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

Does v	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

Yes. "Randomization and blinding. Upon completion of the parent baseline assessment, dyads were randomly allocated to the intervention or control group via a computer-generated unblocked, unstratified randomization procedure on a 1:1 ratio. Parents were not blinded to their allocation."

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

Yes. See "Randomization and blinding" subsection of methods.

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

Yes. See "Randomization and blinding" subsection of methods.

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

Yes. See "Randomization and blinding" subsection of methods.

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).

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

Yes. "Parents were not blinded to their allocation. As assessments were conducted entirely online, assessor was not relevant. Researchers who phoned adolescent participants were blinded to allocation."

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

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

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

Does your paper address subitem 11a-ii?

Yes. "Parents were not blinded to their allocation."

"Parents in the waitlist control group were informed via a website message that they would receive the intervention in 3-months' time." As per the Parent Explanatory Statement, which will be published as an appendix, parents were aware of the intervention and waitlist control groups, and were informed of their allocation after randomization.

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

<u>, , , , , , , , , , , , , , , , , , , </u>	
Not applicable, the control group was a waitlist control condition.	

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. See "Statistical analysis" subsection of Methods.	
	//

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	0	0	0	0	0	essential

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. See "Statistical analysis" subsection of Methods.	

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

Yes. "Sensitivity analysis: impact of baseline group imbalance. As there were significantly more fathers in the control group than the intervention group, we ran the primary and secondary outcome analyses with mothers only. Results obtained were consistent with all results reported above."

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

X26-i) Comment on ethics committee approval



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 trial was approved by the Monash University Human Research
Ethics Committee (approval number CF14/3886 – 2014002023)"

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 \(\cap \) \(\cap \) \(\cap \) 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. See "registration and consent" subsection of Methods, and participant explanatory statements and registration/consent form (appendices).

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)

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

Yes. This information is detailed in the participant Explanatory Statements, which will be published as appendices.

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? *

Yes. This information is available in the partic 1).	cipant now diagram (Figure

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. This information is available in the participant flow diagram (Figure 1).	
	//

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?

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. This information is available in the participant flow diagram. All parents allocated to the intervention group received the intervention, as it was a single-session intervention.

14a) Dates defining the periods of recruitment and followup

Does your paper address CONSORT subitem 14a? *

Yes. "Assessments took place at baseline (pre-intervention), 1-month post-intervention and 3-month follow-up, with data collection from April 2015 to November 2016."	

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"

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 applicable, there were no "secular events" during the study period.

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

Not applicable, the trial did not end early. Recruitment ended when the desired sample size was achieved.

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? *

Yes. Participant demographic and clinical characteristic Tables 2 and 3.	es are shown in
	/

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.



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

Yes. We have presented all demographic data available that could be associated with digital divide issues, including: age, gender, education, study and employment status, state of residence (Table 2).

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.



Does your paper address subitem 16-i? *

Yes, this information is available in the participant flow diagram (Figure 1).

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).

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, our primary analyses was intent to treat. See "statistical analysis" subsection of Methods.
"Outcome analyses were conducted on an intention-to-treat (ITT) basis..."

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, effect sizes (Cohen's d) and 95% confidence intervals are presented for all primary and secondary outcomes.

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	
item not at all important						essentia

sub

Does your	paper	address	subitem	17a-i	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. See "Intervention use" subsection of Results.	

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

Not applicable, outcomes w	ere not binary.	
		//

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

Yes. "Sensitivity analysis: impact of baseline group imbalance. As there were significantly more fathers in the control group than the intervention group, we ran the primary and secondary outcome analyses with mothers only. Results obtained were consistent with all results reported above."

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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	essential

Does you	ır 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

Not applicable, we did not conduct subgroup analyses.	

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

Not a	pplicable, t	here were n	o harms or	unintended	l effects.	
						//

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].

	ı	2	3	4	5	
subitem not at all important	\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

Not applicable, there were no privacy breaches or 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.

•	COI	NSC	RT-EH	ΙEΑ	LTH (V 1.6.	1) - Submission/Publication Form
1	2	3	4	5		
subitem not at all important	0	0	0)	essential	
Does your paper address sub						
	mar mar	านร	cript),	or	elaborate	clude quotes in quotation marks "like this" to on this item by providing additional information ble/relevant for your study
No, we did not collect qualitat	ive fe	eed	back.		•••	
						//
DISCUSSION						
22) Interpretation	C	on	sis	te	ent w	th results, balancing
benefits and harn	ns,	a	nd	С	onsic	ering other relevant
evidence						
NPT: In addition, take into accunequal expertise of care pro						comparator, lack of or partial blinding, and
unequal expertise of care pro	viuei	15 (JI CEI	ne	is iii eaci	rgroup
22-i) Restate study questions primary outcomes and proce						swers suggested by the data, starting with
				•	*	gested by the data, starting with primary
outcomes and process outcome					· ·	
1	2	3	4	5		
subitem not at all important (0	0	0 (essential	
Does your paper address sub						
	mar	านร	cript),	or	elaborate	clude quotes in quotation marks "like this" to on this item by providing additional information ble/relevant for your study
Yes. See Discussion subsection						,

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	\bigcirc		\bigcirc	\bigcirc		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

Yes. See discussion subsections:
"Effect of the intervention on parenting"; "Effect of the intervention on adolescent symptoms"; "Implications for universal prevention"; "Strengths, limitations and future directions"

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.

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. See Discussion "Strengths, limitations and future directions"

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

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 s	Study
Yes. See Discussion "Strengths, limitations and future directions"	

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

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



Does your paper address subitem 21-ii?

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 design of the study was pragmatic and similar to intended use, with minimal elements different to potential routine application. See Discussion: "The current study has several strengths..."

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. "Australian and New Zealand Clinical Trials Registry (registration
number ACTRN12615000247572)."

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. "Trial registration: ANZCTR.org.au, registration number ACTRN12615000247572 (https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx? ACTRN=12615000247572, archived at http://www.webcitation.org/6v1ha19XG)."

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



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.

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. See "Conflicts of interest"	

About the CONSORT EHEALTH checklist

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

yes, major changes				
yes, minor changes				
o no				
What were the most in	nportant changes ye	ou made as a resu	It of using this check	list?
How much time did yo	u spend on going th	rough the checkli	st INCLUDING makin	g changes in you
manuscript *				
8 hrs				
			//	
As a result of using thi	s checklist, do you	think your manus	cript has improved? *	
yes				
o no				
Other:				
Would you like to beco			• .	
This would involve for ex "Explanation and Elabora	ample becoming invo ition" document	oived in participating	j in a worksnop and wr	iting an
o yes				
no				
Other:				
Any other comments of	r questions on CON	ISORT 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!

Submit

Never submit passwords through Google Forms.

Powered by

This content is neither created nor endorsed by Google.

Report Abuse - Terms of Service - Additional Terms