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

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

The goal of the CONSORT EHEALTH checklist and guideline is to be
a) a guide for reporting for authors of RCTs,
b) to form a basis for appraisal of an ehealth trial (in terms of validity)

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

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.
Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

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

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

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).
Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126

URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

* Required

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Title of your manuscript *

Provide the (draft) title of your manuscript.

Feasibility Randomized Controlled Trial of ImpulsePal: Smartphone App–Based Weight Management Intervention to Reduce Impulsive Eating in Overweight Adults

Name of your App/Software/Intervention *

If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

ImpulsePal

Your response is too large. Try shortening some answers.

Evaluated Version (if any)

e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

V1 and V2

Language(s) *

What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App

e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

https://www.impulsepal.co.uk

URL of an image/screenshot (optional)

Your answer

Accessibility *

Can an enduser access the intervention presently?

- ○ access is free and open
- ○ access only for special usergroups, not open
- ○ access is open to everyone, but requires payment/subscription/in-app purchases
- ○ app/intervention no longer accessible
- ◉ Other: research purposes only

Your response is too large. Try shortening some answers.

Primary Medical Indication/Disease/Condition *

e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Obesity

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

weight

Secondary/other outcomes

Are there any other outcomes the intervention is expected to affect?

eating behaviour, impulsivity, sensitivity to the food environment,

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ○ Approximately Daily
- ○ Approximately Weekly
- ○ Approximately Monthly
- ○ Approximately Yearly
- ◉ "as needed"
- ○ Other:

Your response is too large. Try shortening some answers.

Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- (●) unknown / not evaluated
- ( ) 0-10%
- ( ) 11-20%
- ( ) 21-30%
- ( ) 31-40%
- ( ) 41-50%
- ( ) 51-60%
- ( ) 61-70%
- ( ) 71%-80%
- ( ) 81-90%
- ( ) 91-100%
- ( ) Other:

Your response is too large. Try shortening some answers.

Overall, was the app/intervention effective? *

- (●) yes: all primary outcomes were significantly better in intervention group vs control
- ( ) partly: SOME primary outcomes were significantly better in intervention group vs control
- ( ) no statistically significant difference between control and intervention
- ( ) potentially harmful: control was significantly better than intervention in one or more outcomes
- ( ) inconclusive: more research is needed
- ( ) Other:

Article Preparation Status/Stage *

At which stage in your article preparation are you currently (at the time you fill in this form)

- ( ) not submitted yet - in early draft status
- ( ) not submitted yet - in late draft status, just before submission
- ( ) submitted to a journal but not reviewed yet
- ( ) submitted to a journal and after receiving initial reviewer comments
- (●) submitted to a journal and accepted, but not published yet
- ( ) published
- ( ) Other:

Your response is too large. Try shortening some answers.

Journal *

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

- ○ not submitted yet / unclear where I will submit this
- ○ Journal of Medical Internet Research (JMIR)
- ○ JMIR mHealth and UHealth
- ○ JMIR Serious Games
- ○ JMIR Mental Health
- ○ JMIR Public Health
- ◉ JMIR Formative Research
- ○ Other JMIR sister journal
- ○ Other:

Is this a full powered effectiveness trial or a pilot/feasibility trial? *

- ◉ Pilot/feasibility
- ○ Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

- ○ no ms number (yet) / not (yet) submitted to / published in JMIR
- ◉ Other: 11586

Your response is too large. Try shortening some answers.

TITLE AND ABSTRACT

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

1a) Does your paper address CONSORT item 1a? *

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

- (●) yes
- ( ) Other:

1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use “web-based” and/or “mobile” and/or “electronic game” in the title. Avoid ambiguous terms like “online”, “virtual”, “interactive”. Use “Internet-based” only if Intervention includes non-web-based Internet components (e.g. email), use “computer-based” or “electronic” only if offline products are used. Use “virtual” only in the context of “virtual reality” (3-D worlds). Use “online” only in the context of “online support groups”. Complement or substitute product names with broader terms for the class of products (such as “mobile” or “smart phone” instead of “iphone”), especially if the application runs on different platforms.

	1	2	3	4	5	
subitem not at all important	( )	( )	( )	( )	(●)	essential

Does your paper address subitem 1a-i? *

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

"Smartphone App–Based"

Your response is too large. Try shortening some answers.

1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., “with telephone support”).

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Does your paper address subitem 1a-ii?

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

no non-web-based components.

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Does your paper address subitem 1a-iii? *

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

"Overweight Adults"

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

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

Your response is too large. Try shortening some answers.

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Does your paper address subitem 1b-i? *

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

"ImpulsePal intervention or a waiting list control group" Key components of the intervention include food inhibition training, visuospatial loading, implementation intentions, urge-surfing, location-based goal reminders, and an emergency button.

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Your response is too large. Try shortening some answers.

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

This intervention is fully-automated

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

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use “blinded” or “unblinded” to indicated the level of blinding instead of “open”, as “open” in web-based trials usually refers to “open access” (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Does your paper address subitem 1b-iii?

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

Participants were recruited through a weight management referral hub, newsletters, and posters in local general practice surgeries, gym facilities, and noticeboards. The study included face-to-face assessment at baseline, 1-montha and 3-month follow-up.

Your response is too large. Try shortening some answers.

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Does your paper address subitem 1b-iv?

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

"We screened 179 participants for eligibility, and 58 were randomized to the intervention group and 30 to the control group. Data were available for 74 (84%, 74/88) participants at 1 month and 67 (76%, 67/88) participants at 3 months. The intervention group (n=43) lost 1.03 kg (95% CI 0.33 to 1.74) more than controls (n=26) at 1 month and 1.01 kg (95% CI −0.45 to 2.47) more than controls (n=43 and n=24, respectively) at 3 months"

In the intervention group, 56 participants had usable app usage statistics. Median app usage for the first month was 39.2 minutes,

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Your response is too large. Try shortening some answers.

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

this reports a feasibility study. Moreover, primary outcome was positive.

INTRODUCTION

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Your response is too large. Try shortening some answers.

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

"However, people often struggle to lose or maintain weight, despite their strong intentions to do so [5,6]. This is thought to be due to, at least in part, people's tendency to make food choices impulsively with little conscious awareness [7,8]." + "This study has presented data from a feasibility randomized controlled trial (RCT) of a smartphone app–based weight management intervention, ImpulsePal, that was developed to support dietary behavior change by helping people learn how to modify impulsively regulated eating of unhealthy foods, using evidence-based strategies that explicitly target impulsive processes identified in a recent systematic review [13]. This study encompassed the second stage of the Medical Research Council framework for complex interventions [23] and was designed to (1) inform the planning of a fully powered trial to determine the clinical effectiveness of the intervention in overweight adults and (2) inform

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Your response is too large. Try shortening some answers.

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

"This has resulted in the development and evaluation of a range of impulse management techniques with some showing promise in terms of changing eating-related outcomes such as snack intake, craving strength, and body
weight [13]. Impulsive processes are triggered by situational cues (eg, [10,11,14]) and individuals may therefore benefit from in-the-moment (or just-in-time) support to modify or otherwise manage such processes for successful behavior change. In 2016, the UK user base for smartphones reached 18% of the population (91% among those aged 18 to 44 years) [15]. Smartphone use continues to permeate daily life with people carrying their phones with them most of the time and looking at them frequently throughout the day [16-18]. Therefore, smartphone apps provide a useful platform for such intervention. Meta-analyses suggest modest effectiveness of mobile health (mHealth) apps targeting weight loss [19,20]. However, reviews of weight loss mHealth apps show that such apps incorporate few theory- and evidence-based features, primarily relying on reflective behavior change techniques such as goal setting and self-monitoring

2b) In INTRODUCTION: Specific objectives or hypotheses

Your response is too large. Try shortening some answers.

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

"The objectives for this feasibility trial were to
1. Assess feasibility of the trial procedures, including rates of recruitment, data collection methods, and retention.
2. Obtain estimates of the SDs of continuous outcome measures to inform sample size calculations for a full-scale trial.
3. Assess the usability of, and satisfaction with, the ImpulsePal intervention and trial methods and procedures."

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

"This was a parallel randomized controlled feasibility study with nested quantitative and qualitative process evaluation. Participants were randomized in a 2:1 ratio to the intervention or a waiting list control arm to maximize data on engagement with the intervention."

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

Your response is too large. Try shortening some answers.

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

"Our original protocol required a minimum BMI of 30 kg/m2 (and 27.5 for specific ethnicities) but we reduced this to 25 kg/m2 to facilitate recruitment and capture a broader range of experiences with the

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

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other “unexpected events” that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Does your paper address subitem 3b-i?

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

"This study incorporated a nested Action Research (AR) study [27,28], with 2 cycles of intervention delivery and user feedback. Refinements were made to
intervention content at the end of each cycle, informed by qualitative

4a) Eligibility criteria for participants

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 4a? *

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

"People were eligible to take part if they (1) were aged at least 16 years, (2) had a body mass index (BMI) of 25 kg/m2 or more, (3) owned an Android-based smartphone, and (4) lived within a 45-min travelling distance of Exeter, United Kingdom (Devon's capital city). Exclusion criteria included (1) pregnancy within the last 6 months or planned pregnancy during the study period, (2) not speaking or understanding written English, (3) participation in concurrent weight-related interventional research (though participants could be accessing weight loss services outside of the research), and (4) currently receiving treatment

4a-i) Computer / Internet literacy

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

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

Does your paper address subitem 4a-i?

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

Your answer

Your response is too large. Try shortening some answers.

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

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

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

Your response is too large. Try shortening some answers.

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

"Once a week, a staff member of the HPD referral hub ran a database search to generate a list of people who met the study inclusion criteria and checked for any recorded exclusion criteria (ie, pregnancy and referral to concurrent interventional research). Where appropriate, a study invitation on the HPD letterhead was sent out with the Participant Information Sheet, a reply slip,
and a freepost envelope addressed to the researcher (SvB)." +

"additional recruitment routes were added. These included (1) displaying study posters in 3 local GP surgeries, 3 local gym facilities, and 2 local Web-based community noticeboards; (2) offering study flyers to individuals referred to local Tier 3 (hospital-based) weight management services in Devon; (3) inserting a study advert in the university's newsletter; and (4) placing 2 separate adverts in the Exeter 10,000 project's (ExTend) yearly newsletter." +

"At the baseline visit, after obtaining written consent, the researcher (1) asked for the questionnaire and checked for completeness and understanding, (2) took other baseline measurements, and (3) randomized the participant to either the intervention or control group. Participants randomized to the intervention group (see below) were provided with instructions for downloading and installing the ImpulsePal app and an anonymized username and password. Follow-up assessments were carried out in the same way at 1 month and 3 months post baseline, although semistructured interviews were

Your response is too large. Try shortening some answers.

4a-iii) Information giving during recruitment

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

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

Does your paper address subitem 4a-iii?

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

"Potential participants who were eligible and provided oral consent to take part were invited to attend a baseline assessment visit. A baseline invitation pack was sent with information about the visit, and a baseline questionnaire was sent for completion in advance. At the baseline visit, after obtaining written consent,
the researcher (1) asked for the questionnaire and checked for completeness and understanding, (2) took other baseline measurements, and (3) randomized the participant to either the

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

"Data collection primarily took place at the University of Exeter Medical School. However, home visits were offered to those who were not able to attend
study visits at the university."

Your response is too large. Try shortening some answers.

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

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

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

Your response is too large. Try shortening some answers.

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

"For this feasibility study, the main outcomes of interest were (1) uptake rate, (2) study completion rate (the proportion providing data at 3 months), and (3) the SD of weight loss at 3 months of follow-up. Other feasibility outcomes of interest were measures completion rates (the proportion of participants who
completed each measure at each time point) and acceptability of the intervention and study procedures (percent satisfied with the ImpulsePal app and study procedures). Questionnaires and study records were used to record
demographic data at baseline in terms of age, gender, level of education, ethnicity, and area deprivation using the Index of Multiple Deprivation derived from postcode and national census data, which is the official measure of relative deprivation for localities in England [47]. In addition, participants reported their smoking status, any medications or diagnoses that might affect
weight (such as thyroid problems), or diet (such as food allergies) and concurrent participation in other lifestyle-related weight management program at baseline, and any changes in these at 1-month and 3-month follow-up." +
"Body weight in kilograms (primary outcome) was measured using calibrated scales (Seca 899 Weighing Scale). Height was measured using the Seca 213 portable stadiometer at baseline only to calculate BMI."+
"At the baseline visit, after obtaining written consent, the researcher (1) asked for the questionnaire and checked for completeness and understanding, (2) took other baseline measurements, and (3) randomized the participant to either the intervention or control group. Participants randomized to the intervention group (see below) were provided with instructions for downloading and installing the ImpulsePal app and an anonymized username and password. Follow-up assessments were carried out in the same way at 1 month and 3

Your response is too large. Try shortening some answers.

4b-ii) Report how institutional affiliations are displayed

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

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

Does your paper address subitem 4b-ii?

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

Your answer

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

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

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

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

Does your paper address subitem 5-i?

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

Your answer

Your response is too large. Try shortening some answers.

5-ii) Describe the history/development process

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

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

Does your paper address subitem 5-ii?

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

Your answer

5-iii) Revisions and updating

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

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

Does your paper address subitem 5-iii?

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

Your answer

Your response is too large. Try shortening some answers.

5-iv) Quality assurance methods

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

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

Does your paper address subitem 5-iv?

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

Your answer

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

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

Does your paper address subitem 5-v?

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

Your answer

Your response is too large. Try shortening some answers.

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	○	○	○	○	○	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

Your answer

5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained “access to the platform and Internet” [1]. To ensure access for editors/reviewers/readers, consider to provide a “backdoor” login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

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

Your response is too large. Try shortening some answers.

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

"Participants randomized to the intervention group (see below) were provided with instructions for downloading and installing the ImpulsePal app and an
anonymized username and password."

ImpulsePal was only available to participants by using a password to access the download page on the ImpulsePal website and following

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	○	○	○	○	○	essential

Your response is too large. Try shortening some answers.

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

Your response is too large. Try shortening some answers.

"The ImpulsePal intervention was developed using Intervention Mapping methods [31] to (1) support the reduction of unplanned and unhealthy snacking, drinking, and overeating for weight management in people who are overweight, (2) include components for which there was promising evidence that they could modify or otherwise assist in managing impulsive processes related to unhealthy eating, and (3) have the potential for delivery on a large scale. Drawing on dual-process approaches (eg, Reflective Impulsive Model [10]), the intervention contains techniques that help manage the impulsive processes by either preventing their initiation or modifying the direction or strength of the triggered impulse (impulse-focused techniques) or using cognitive resources in identifying and suppressing the impulsively activated behavioral schemas (reflective techniques) [13]. As well as building on our systematic review of techniques to modify impulsive processes [13], the development process involved extensive consultation with service users and behavior change experts.

The intervention is described in the Multimedia Appendix 1, and fuller details of the intervention and its development are described elsewhere [24,29]. Briefly, ImpulsePal is a self-delivered smartphone app that aims to help people modify
or manage impulsive processes to facilitate dietary changes (such as reductions in snack consumption). Table 1 presents the key components of ImpulsePal comprising techniques informed by the review [13], their respective mechanisms of action, recommended timing of use, and the operationalization of the technique into a workable app component.

Additional components, which were identified from service user and expert consultations and additional engagement literature, were also incorporated. These included an emergency button to provide easy access to specific impulse management techniques to be used in-the-moment, as well as providing quick
access to other techniques (see Table 1). Once the user presses the emergency button, they are presented with text congratulating them on putting their impulse on hold and prompting further action (pressing the next button) by saying “Now let’s see if you can take control of the situation....” This emergency button text is displayed against a background of dynamic visual noise to induce visuospatial loading, which aims to reduce craving strength by preventing the elaboration of craving imagery. Further strategies were included to

5-ix) Describe use parameters

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

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

Does your paper address subitem 5-ix?

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

Your answer

5-x) Clarify the level of human involvement

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

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

Does your paper address subitem 5-x?

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

Your answer

Your response is too large. Try shortening some answers.

5-xi) Report any prompts/reminders used

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

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

Does your paper address subitem 5-xi? *

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

Reminders were sent when the user had not engaged with the Brain Training component on 2 consecutive days (detailed in Multimedia

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

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

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

Does your paper address subitem 5-xii? *

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

No additional intervention used.

Your response is too large. Try shortening some answers.

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Your response is too large. Try shortening some answers.

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

Your response is too large. Try shortening some answers.

"(1) uptake rate, (2) study completion rate (the proportion providing data at 3 months), and (3) the SD of weight loss at 3 months of follow-up. Other feasibility outcomes of interest were measures completion rates (the proportion of participants who completed each measure at each time point) and acceptability of the intervention and study procedures (percent satisfied with
the ImpulsePal app and study procedures).
Questionnaires and study records were used to record demographic data at baseline in terms of age, gender, level of education, ethnicity, and area deprivation using the Index of Multiple Deprivation derived from postcode and national census data, which is the official measure of relative deprivation for
localities in England [47]. In addition, participants reported their smoking status, any medications or diagnoses that might affect weight (such as thyroid problems), or diet (such as food allergies) and concurrent participation in other lifestyle-related weight management program at baseline, and any changes in
these at 1-month and 3-month follow-up.

A full measurement schedule can be found in the Multimedia Appendix 1 (see Table S1). All measures intended for use in the full-scale trial were also taken (at baseline and follow-up, unless otherwise stated) as follows.

Body Measurements
Body weight in kilograms (primary outcome) was measured using calibrated scales (Seca 899 Weighing Scale). Height was measured using the Seca 213 portable stadiometer at baseline only to calculate BMI.

Secondary Outcomes
We measured unhealthy snack food/drink consumption using a 7-day recall 11-item food frequency questionnaire (FFQ) adapted from a questionnaire used by Churchill and Jessop [48]. This FFQ asked participants to rate how often they had eaten food from specific categories over the course of the last week.
The items in the FFQ included crisps, chocolate, ice cream, chips, sweets, cakes, biscuits, pastries/sweet pies, soft drinks, low sugar/diet soft drinks, and alcoholic drinks. A 7-point response scale

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

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

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

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

Your answer

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

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

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

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

Your answer

Your response is too large. Try shortening some answers.

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

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

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

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

Your answer

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

Does your paper address CONSORT subitem 6b? *

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

No changes were made to outcomes after 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

Your response is too large. Try shortening some answers.

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

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

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

Does your paper address subitem 7a-i?

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

Your answer

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

Does your paper address CONSORT subitem 7b? *

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

No quantitative interim analyses conducted. Thematic analysis of the semi-structured interviews was conducted following cohort 1 to inform refinements to the intervention and again following cohort 2.

8a) Method used to generate the random allocation sequence

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

Your response is too large. Try shortening some answers.

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

"Participants were allocated in a 2 (intervention) to 1 (control) ratio using a centralized Web-based randomization service [30]."

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

"The allocation sequence was stratified in an attempt to achieve balance across the groups in terms of gender, age group (16 to 24, 25 to 35, 36 to 54, and 55+ years), and BMI categories (<35, 35 to 40, >40 kg/m2). Block randomization was used, with a block size of 6, to ensure minimal variation from the desired 2:1 ratio. Following entry of a unique participant number and the participant's gender, age, and BMI, the participant's allocation code was generated."

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

"Participants were allocated in a 2 (intervention) to 1 (control) ratio using a centralized Web-based randomization service [30]."

Your response is too large. Try shortening some answers.

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

"Following entry of a unique participant number and the participant's gender, age, and BMI, the participant's allocation code was generated. Neither the participant nor the researcher was aware of group allocation until this point. The
same researcher (SvB) enrolled participants and assigned participants to the study arms."

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

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

Your response is too large. Try shortening some answers.

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

"Blinding
Post randomization, blinding of the participant was not possible as participants were by necessity aware of whether they were receiving an app or not. In addition, the researcher was not blinded to group allocation at follow-up as interviews with the intervention group participants were conducted during the
assessment visit. Blinding to group allocation during analyses was not possible either because of the uneven group sizes (2:1 allocation to intervention or control group)."

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

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

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

Does your paper address subitem 11a-ii?

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

Your answer

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

control group received no intervention.

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

"To assess recruitment and retention, participant flow through the study was summarized using a CONSORT diagram. Recruitment and attrition rates were also summarized using descriptive statistics with 95% CIs. Completion rates are
reported using frequency (N) and group percentages (%). Sample characteristics were analyzed using descriptive statistics reporting mean and SDs for continuous data and N (%) for categorical data.

Although the study was not statistically powered for between-group comparisons, we conducted exploratory analyses based on the intention-to-treat (ITT) principle where participant data were analyzed in the groups they were allocated to following randomization. Moreover, we followed a complete
case principle to deal with missing outcome data (including only participants who provide data at both time points; in this study ITT and missing outcome data are considered separate issues, for a detailed discussion on the use of ITT analyses and guidance for reporting see Alshurafa et al [54]). We used analysis of covariance (ANCOVA) to compare differences in weight loss (reported as mean difference with 95% CIs) between intervention and control groups at 1 month and 3 months controlling for baseline BMI. Where baseline characteristics suggested potential differences between groups, analyses were
conducted including and excluding the potential covariates to explore the sensitivity of the findings to baseline differences. We also calculated the mean changes in secondary outcomes between baseline and follow up time points for each group. Where questionnaire data were incomplete, scores were imputed
using the participant's average for the respective scale if at least 80% of the items were completed.App usage data were analyzed using descriptive statistics reporting median and interquartile ranges, and

Your response is too large. Try shortening some answers.

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

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

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

Does your paper address subitem 12a-i? *

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

"Although the study was not statistically powered for between-group comparisons, we conducted exploratory analyses based on the intention-to-treat (ITT) principle where participant data were analyzed in the groups they were allocated to following randomization. Moreover, we followed a complete
case principle to deal with missing outcome data (including only participants who provide data at both time points; in this study ITT and missing outcome data are considered separate issues, for a detailed discussion on the use of ITT analyses and guidance for reporting see Alshurafa et al [54]). We used analysis of coariance (ANCOVA) to compare differences in weight loss (reported as mean difference with 95% CIs) between intervention and control groups at 1 month and 3 months controlling for baseline BMI." +
"Where questionnaire data were incomplete, scores were imputed using the participant's average for the respective scale if at least 80% of the items were completed."
"To explore the potential utility of ImpulsePal as a standalone

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

Your response is too large. Try shortening some answers.

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

"Where baseline characteristics suggested potential differences between groups, analyses were conducted including and excluding the potential covariates to explore the sensitivity of the findings to baseline differences." +

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

X26-i) Comment on ethics committee approval

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

Does your paper address subitem X26-i?

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

Your answer

x26-ii) Outline informed consent procedures

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

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

Your response is too large. Try shortening some answers.

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

Your answer

X26-iii) Safety and security procedures

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

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

Does your paper address subitem X26-iii?

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

Your answer

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

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 13a? *

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

This is addressed in Figure 1. Table 4 and Table 5.

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

This is addressed in 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.

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

Does your paper address subitem 13b-i?

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

Your answer

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

Your response is too large. Try shortening some answers.

Does your paper address CONSORT subitem 14a? *

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

"Participants were recruited between September 2015 and March 2016 for Cycle 1 and October 2016 and April 2017 for Cycle 2 in the county of Devon in the United Kingdom."

14a-i) Indicate if critical “secular events” fell into the study period

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

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

Does your paper address subitem 14a-i?

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

Your answer

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

trial completed

Your response is too large. Try shortening some answers.

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

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

Does your paper address CONSORT subitem 15? *

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

This is addressed in Table 2

15-i) Report demographics associated with digital divide issues

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

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

Does your paper address subitem 15-i? *

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

This is addressed in Table 2.

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

Your response is too large. Try shortening some answers.

16-i) Report multiple “denominators” and provide definitions

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

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

Does your paper address subitem 16-i? *

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

This is addressed in Table 4

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

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

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

Does your paper address subitem 16-ii?

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

Your answer

Your response is too large. Try shortening some answers.

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

"An ITT complete case analysis (see Tables 4 and 5) showed that the intervention group lost 0.88 kg at 1 month and continued to lose weight, with an average weight loss of 1.63 kg at 3 months. The control group initially gained 0.12 kg at 1 month but then lost 0.95 kg by 3 months. Adjusting for baseline BMI, this resulted in mean differences in weight loss between groups (favoring the intervention group) of 1.03 kg at 1 month (95% CI 0.33 to 1.74), P=.005, and d=0.2 and 1.01 kg at 3 months (95% CI −0.45 to 2.47), P=.17 and d=0.2. Our sample showed a pooled SD of weight loss of 1.48 kg at 1 month and of 3.11
kg at 3 months."

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

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

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

Your response is too large. Try shortening some answers.

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

Your answer

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.

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

Your response is too large. Try shortening some answers.

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

"Adjusting for differences in baseline BMI, the pattern of weight loss remained the same, with the intervention group losing 0.91 kg more weight than the control group at 1 month, 95% CI (0.30 to 1.52), and 0.84 kg more at 3 months, 95% CI (−0.35 to 2.02). In addition, sensitivity to baseline differences in snacking behavior, cointerventions, weight-affecting medications, and ethnicity distribution was examined, and none of these factors substantially altered the pattern of the findings." +

"To explore the potential utility of ImpulsePal as a standalone intervention, a subgroup analysis (using an ITT with complete case analysis, see above) was conducted exploring variations in weight change alongside cointerventions. Among the control participants, those who took part in other weight management programs (23% (6/26)) lost 2.12 kg more than those who did not (85% (22/26); 95% CI 0.55 to 3.70) and 3.42 kg more at 3 months (21% (5/24) vs 79% (19/24); 95% CI −0.96 to 7.81). In the intervention group, those who engaged in cointerventions (31% (15/48)) only lost 0.49 kg more than those who used ImpulsePal as a standalone intervention (69%

18-i) Subgroup analysis of comparing only users

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

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

Your response is too large. Try shortening some answers.

Does your paper address subitem 18-i?

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

Your answer

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

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

No harms or unintended effects raised.

19-i) Include privacy breaches, technical problems

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

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

Does your paper address subitem 19-i?

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

Your answer

Your response is too large. Try shortening some answers.

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

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

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

Does your paper address subitem 19-ii?

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

Your answer

DISCUSSION

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

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

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

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

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

Your response is too large. Try shortening some answers.

Does your paper address subitem 22-i? *

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

"This study examined the feasibility of conducting a full-scale trial of the ImpulsePal intervention. We successfully recruited a sample of overweight adults seeking weight management support in the South West of England, suggesting that people are willing to use smartphone apps to support their weight management. This study showed acceptable uptake and retention rates and high participant satisfaction with, and use of, an intervention targeting impulsive processes to support changes in eating behavior for weight management. Moreover, this feasibility study showed high participant satisfaction with, and completion of, the trial procedures. The exploratory analysis of differences in weight loss between groups suggests that approximately 1 kg of weight loss may be achievable at the 1- and 3-month follow-up with medium and small effect sizes, respectively. It is interesting to note that app usage (total times or number of days) was not significantly associated with weight loss. This is further explored in the process evaluation [24]. On the basis of our findings, a fully powered RCT would need to recruit a total of 457 participants, assuming a pooled SD of 3.1 kg and the lower bound CI of retention (67%) to have 80% power to detect a 1.0 kg difference between groups at 3 months of follow-up at the 5% significance level.

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

Highlight unanswered new questions, suggest future research.

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

Your response is too large. Try shortening some answers.

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

Your answer

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

20-i) Typical limitations in ehealth trials

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

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

Your response is too large. Try shortening some answers.

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

Your response is too large. Try shortening some answers.

"This study had a low uptake rate from the initial intended recruitment route through an existing weight management referral system (3% of those invited), which may be due to the timing of the invitation. Referrals were invited to take part in this feasibility study once they had been referred to existing local weight management groups but before commencement of their program. Therefore, this population had already been offered another service and may not have felt the need for additional support (study involvement was offered in addition to their weight management program, not as a replacement). Thus, this study failed to recruit a representative sample of the individuals referred to existing weight management interventions via primary care. However, the study successfully recruited a volunteer-based sample through additional community-based routes, which targeted overweight individuals who wanted to lose weight. However, these self-selected individuals may have been more motivated to change and do well compared with participants who are referred to weight management.

Second, because of limited resources, blinding of the researcher was not feasible. Although we used objective methods for body measurements to reduce the risk of bias, blinding of researchers collecting follow-up data would be preferable in a full-scale trial [62]. Moreover, offering the control group an alternative app with no active components would allow for blinding of the participants as well. This would minimize the potential for social desirability bias affecting self-report assessments differently between groups but would also remove any difference between the groups in motivation to stay in the trial, which was present in the current study where control participants were told they
would receive the ImpulsePal at the end of their study participation (incentive). Similarly, face-to-face interviews were only conducted with intervention group participants. This qualitative evaluation may have a therapeutic effect, which may have influenced these participants over and above the ImpulsePal intervention, resulting in better outcomes in this group. The greater likelihood of a motivation to change and do well in volunteer-based samples, the potential for social desirability bias in the nonblinded assessments, and the potential therapeutic effects from the qualitative interviews may have resulted in an overestimation of the potential effect size and more favorable reports of acceptability. Moreover, satisfaction with the app

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

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

21-i) Generalizability to other populations

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

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

Does your paper address subitem 21-i?

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

Your answer

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

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

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

Your response is too large. Try shortening some answers.

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

Your answer

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

"International Standard Randomized Controlled Trial Number (ISRCTN): 14886370; http://www.isrctn.com/ISRCTN14886370 (Archived by WebCite at http://www.webcitation.org/76WcEpZ51)"

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

"International Standard Randomized Controlled Trial Number (ISRCTN): 14886370; http://www.isrctn.com/ISRCTN14886370 (Archived by WebCite at http://www.webcitation.org/76WcEpZ51)"

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

Your response is too large. Try shortening some answers.

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

"This study was funded through a University of Exeter Medical School PhD Scholarship. SBvB's input was supported by a University of Exeter Medical School PhD scholarship. CA and CJG's input was supported by the UK National Institute for Health Research (NIHR) through the Collaboration for Leadership in Applied Health Research and Care in the South West Peninsula (PenCLAHRC) and a Career Development Fellowship (CDF-2012-05-259), respectively."

X27) Conflicts of Interest (not a CONSORT item)

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

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

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

Does your paper address subitem X27-i?

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

Your answer

About the CONSORT EHEALTH checklist

Your response is too large. Try shortening some answers.

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

- ○ yes, major changes
- ○ yes, minor changes
- ◉ no

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

No changes made, however, this is because the manuscript is already in proofing stage and can not be amended.

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

1hr

As a result of using this checklist, do you think your manuscript has improved? *

- ○ yes
- ◉ no
- ○ Other:

Your response is too large. Try shortening some answers.

Would you like to become involved in the CONSORT EHEALTH group?

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

- ◯ yes
- ◯ no
- ◯ Other:

Any other comments or questions on CONSORT EHEALTH

Your answer

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SUBMIT

Your response is too large. Try shortening some answers.