# 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

#### Your name \*

First Last

Jennifer Duffecy

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#### Title of your manuscript \*

Provide the (draft) title of your manuscript.

A Group-Based Online Intervention to Prevent Postpartum Depression (Sunnyside): Feasibility Randomized Controlled Trial

#### 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.

Sunnyside

#### **Evaluated Version (if any)**

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

Your answer

#### 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.

Your answer

### 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:

#### 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)"

Postpartum Depression Prevention

Primary	<b>Outcomes</b>	measured	in	trial	*
ı ılılal	Outcomes	measureu	111	unai	

comma-separated list of primary outcomes reported in the trial

Depression, site usage

#### Secondary/other outcomes

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

Your answer

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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: 2x per week

# 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:

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
on statistically significant difference between control and intervention
opotentially harmful: control was significantly better than intervention in one or more outcomes
inconclusive: more research is needed
Other: Feasibility trial so statistics were not calculated
Article Preparation Status/Stage *  At which stage in your article preparation are you currently (at the time you fill in this form)
·
At which stage in your article preparation are you currently (at the time you fill in this form)
At which stage in your article preparation are you currently (at the time you fill in this form)  Onot submitted yet - in early draft status
At which stage in your article preparation are you currently (at the time you fill in this form)  Onot submitted yet - in early draft status  onot submitted yet - in late draft status, just before submission
At which stage in your article preparation are you currently (at the time you fill in this form)  Onot submitted yet - in early draft status  onot submitted yet - in late draft status, just before submission  submitted to a journal but not reviewed yet
At which stage in your article preparation are you currently (at the time you fill in this form)  onot submitted yet - in early draft status  not submitted yet - in late draft status, just before submission  submitted to a journal but not reviewed yet  submitted to a journal and after receiving initial reviewer comments

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")
onot submitted yet / unclear where I will submit this
Journal of Medical Internet Research (JMIR)
JMIR mHealth and UHealth
JMIR Serious Games
<ul><li>JMIR Mental Health</li></ul>
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
<ul><li>Pilot/feasibility</li></ul>
<ul> <li>Pilot/feasibility</li> <li>Fully powered</li> <li>Manuscript tracking number *</li> <li>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</li> </ul>

# 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")

#### 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.

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subitem not at all important	0	0	0	•	$\circ$	essentia

#### 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

A Group-Based Online Intervention to Prevent Postpartum Depression (Sunnyside): Feasibility Randomized Controlled Trial

### 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

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

Your answer

#### 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

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

A Group-Based Online Intervention to Prevent Postpartum Depression (Sunnyside): Feasibility Randomized Controlled Trial

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

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

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

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

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

"User-centered design groups were used to develop the internet intervention." "CBT-based internet intervention with peer support to an individual internet intervention designed to prevent PPD"

# 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 O O O essential

### Does your paper address subitem 1b-ii?

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

"CBT-based internet intervention with peer support to an individual internet intervention designed to prevent PPD"

### 1b-iii) Open vs. closed, web-based (self-assessment) vs. face-toface 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)

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 online. All assessments were either self report and online or interview based, conducted over the phone.

#### 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)

	ı	Z	3	4	5	
subitem not at all important	0	0	0	0	$\circ$	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

"A total of 25 women were randomized. Of these, 24 women completed the RCT. Patient Health Questionnaire-9 scores

at 6 weeks postpartum remained below the clinical threshold for referral for treatment in both groups, with depression measures

showing a decrease in symptoms from baseline to postpartum. At 6 weeks postpartum, only 4% (1/24) met the criteria for PPD. There was no difference between groups in adherence to the intervention, with an average of 14.55 log-ins over the course of

treatment."

#### 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)

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subitem not at all important	0	$\circ$	0	$\circ$	$\circ$	essential

#### Does your paper address subitem 1b-v?

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

"Results suggest women were responsive to both peer support and individual internet interventions to prevent PPD and that peer support may be a useful feature to keep participants adherent."



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

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

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

5 subitem not at all important essential

#### Does your paper address subitem 2a-i? \*

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

"Findings suggest that combining the treatment components of individual interventions with the support provided by ISGs may create an intervention with the scalability and cost-effectiveness of an individual intervention and the outcomes similar to those found in coach-supported interventions."

## 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.

	'	_	3	4	3	
subitem not at all important	0	0	$\circ$	0	$\circ$	essential

#### Does your paper address subitem 2a-ii? \*

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

"Internet interventions for the treatment of depression are widely accepted as efficacious. Though prevention interventions are fewer, they have demonstrated support. These interventions commonly consist of didactic material and interactive tools to practice skills, such as cognitive restructuring or behavioral activation. Stand-alone individual interventions (those without any human support) typically show smaller effect sizes than coach-supported interventions, likely because of decreased adherence. Although coach-supported interventions may have improved outcomes, drawbacks include increased cost and decreased scalability. Internet support groups (ISGs), where peers provide support rather than trained coaches, are frequently utilized by pregnant women and new mothers, with 75% of mothers endorsing use of internet-delivered support. However, despite good adherence and high levels of interest, ISGs have limited data supporting their efficacy for treating or preventing depression."

2b) In INTRODUCTION: Specific objectives or hypotheses



# Does your paper address CONSORT subitem 2b? \*

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

"The aims of this study are to describe the development of a CBT internet intervention with peer support to prevent PPD and examine preliminary depression and site usage outcomes."



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

RCT, 2:1 allocation ratio

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



#### Does your paper address CONSORT subitem 3b? \*

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

There weren't any

#### 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	0	$\bigcirc$	$\circ$	$\circ$	$\circ$	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

There weren't any

# 4a) Eligibility criteria for participants



#### Does your paper address CONSORT subitem 4a? \*

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

"Eligible participants were 18 years of age or older, between 20and 28-weeks gestation at the time of baseline assessment, had a score between 5 and 14 on the PHQ-8 screener (mild-moderate depressive symptoms), were able to read and speak English, and had access to the internet on any device. Exclusion criteria included diagnosis of a major depressive episode, psychotic disorder, bipolar disorder, substance use disorder or other diagnoses using the MINI, current use of psychotropic medications, intention to resume antidepressant medication after delivery (if women discontinued use during pregnancy), currently in psychotherapy, and endorsed suicidality (with separate procedures in place for responding to these women)."

#### 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	0	0	0	0	0	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

Was not assessed. Participants were recruited via online methods so literacy was assumed.

#### 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.

5 subitem not at all important essential

#### Does your paper address subitem 4a-ii? \*

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

All women recruited completed an online screener. Most came through Research Match but some were recruited via university mass email. All study components were completed online or via telephone.

#### 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.

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

Your answer

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 was collected online or via telephone

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

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

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subitem not at all important	0	0	0	$\bigcirc$	$\circ$	essentia

#### Does your paper address subitem 4b-i? \*

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

"Participants completed a total of 5 study assessments, which included self-reported online questionnaires and interview-based assessments that were conducted over the phone by trained graduate students in clinical psychology. Outcomes were assessed at baseline, week 4 of the treatment program, week 8

(end of treatment), 4 weeks postpartum, and 6 weeks postpartum. Interview assessments were conducted at baseline, week 8, and 6 weeks postpartum. Self-report measures were collected at all 5 time points."

#### 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	$\bigcirc$	0	0	0	0	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).

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subitem not at all important	0	$\bigcirc$	$\bigcirc$	0	$\circ$	essentia

#### 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

#### 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	$\bigcirc$	0	0	0	0	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	$\bigcirc$	0	0	$\bigcirc$	$\circ$	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

#### 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	$\bigcirc$	$\bigcirc$	0	0	0	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.

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

#### 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.

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).

subitem not at all important essential

#### Does your paper address subitem 5-vii? \*

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

Participants could access via any web browser.

# 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 computermediated 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].

5 subitem not at all important essential

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

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

The Sunnyside website was an 8-week online prevention intervention developed by research partners at the Northwestern University [31]. The Sunnyside website is based on cognitive behavioral principles [32] that consisted of 16 core didactic lessons (plus 3 postpartum booster sessions) and 5 associated tools. See Multimedia Appendix 1 for an overview of intervention content. CBT was selected as the intervention approach given the evidence base supporting its effectiveness in managing perinatal depression as well as the authors' experience in creating online CBT interventions [31,33]. Each lesson, which required 10-15 min to complete, was uniquely designed to provide information about pregnancy and postpartum issues, as well as the components of CBT. At the conclusion of each lesson, women were prompted with a Call to Action slide that encouraged them to directly apply the CBT strategies that were learned in the lessons. The lessons comprised text and video material. In addition to the 8 weeks that comprised the core portion of the intervention, participants also completed postpartum booster sessions, which were lessons made available at 2 weeks, 4 weeks, and 6 weeks postpartum. New lessons and accompanying tools were released twice a week, and participants received an email notification upon the release of this material. The initial lesson introduced the cognitive behavioral principles utilized throughout the intervention and explained how one's thoughts and behaviors affect their moods and physical being. The program contained 5 interactive cognitive behavioral tools: thought restructuring (Think), mood tracking (Feel), activity scheduling and monitoring (Do), relaxation (Relax), and goal setting (Achieve). Associated tools served to complement the lessons by having the women directly apply the CBT strategies that were discussed in the lessons. See Multimedia Appendix 1 for more information on the content of the lessons and tools. Taken together, the lessons and tools provided useful information and additional resources on how to manage mood and cope with depression and anxiety.

Experimental Intervention: Snare

Content and general layout was identical for the Control and Share, with the exception that the Share site featured a newsfeed and accountability features. Although the Control participants focused on the lessons and interactive tools on the website, the Share participants also collaborated through the Activity Feed. The Activity Feed was a constantly updating feed that displayed each of the women's activity on the site. Here, participants were able to post, like, and comment or provide feedback to other women's posts. Discussion questions were posted with the release of each lesson to encourage interaction. Share participants also maintained an Individual Garden Plot

as well as a Community Garden that were linked to user profiles. Women provided information about themselves in the profiles to increase group bond. In both of the garden plots, incentives, such as garden gnomes or flower collections, were earned by completing various tasks on the site, such as reading a new lesson or posting on the feed, but they were only added to the Community Garden once each of the group members had completed the identified task. The flower garden provided a visual representation of each participant's site use to increase accountability to each other on task completion. Women were also able to reach out to each other with a generic nudge message that sent an email indicating that a specific group member requested return to the site. A deliberate decision was made to not allow private messaging between participants to encourage interaction on the site.

Women were also provided a Contact Moderator tool to report any issues that arose with either the site or with group members. Staff members watched over the site to verify that medically inaccurate information was not being posted and to ensure this was a safe space for participants to disclose their feelings.

#### 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.

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

New lessons were released twice per week. Participants were encouraged to come back for those lessons.

#### 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).

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

Peer support from others going through the intervention

#### 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 O O O 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

Emails twice per week when new material was released

#### 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 standalone 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 O O O 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 co-interventions

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



#### Does your paper address CONSORT subitem 6a? \*

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

"Participants completed a total of 5 study assessments, which included self-reported online questionnaires and interview-based assessments that were conducted over the phone by trained graduate students in clinical psychology. Outcomes were assessed at baseline, week 4 of the treatment program, week 8 (end of treatment), 4 weeks postpartum, and 6 weeks postpartum. Interview assessments were conducted at baseline, week 8, and 6 weeks postpartum. Self-report measures were collected at all 5 time points." Measures included PHQ-9, IDAS, HRSD, SCID, USE. Site use variables included logins, lessons viewed, tools used."

# 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	0	$\circ$	0	0	$\circ$	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 O O O essential

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

Copy and paste relevant sections from manuscript text

Your answer

# 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).

subitem not at all important O O O essential

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

Copy and paste relevant sections from manuscript text

Focus groups and during final interview assessment

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 made during the trial

# 7a) How sample size was determined



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

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

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

	1	2	3	4	5	
subitem not at all important	0	0	0	$\bigcirc$	$\bigcirc$	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 quidelines



#### 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 interim analyses or stopping guidelines

8a) Method used to generate the random allocation sequence



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

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

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

Your answer

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

"Participants were randomized in groups of 7 to 9 to either the Share (group) condition or the Control (individual) condition."

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

Randomized through RedCap

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

#### Randomized through Redcap

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).

subitem not at all important essential

#### Does your paper address subitem 11a-i? \*

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

"Assessors were blinded to site arm and intervention usage."

# 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	$\bigcirc$	0	0	0	0	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

They knew they could be randomized to either an individual intervention or a group intervention. They were not told which was the "intervention of interest"

### 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

"Content and general layout was identical for the Control and Share, with the exception that the Share site featured a newsfeed and accountability features."

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

"As this was a pilot study, descriptive statistics were used to examine the data. Results should be interpreted with caution because of the small sample size."

#### 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]).

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

#### Not addressed

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

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

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

#### Not addressed

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



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

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

"All procedures were approved by the institutional review boards at the UI, Northwestern University, and University of Illinois-Chicago."

#### 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	0	$\bigcirc$	0	0	0	essential

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

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

Consent completed online

#### 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	Z	3	4	5	
subitem not at all important	$\bigcirc$	0	0	0	0	essential

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

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

"Women were also provided a Contact Moderator tool to report any issues that arose with either the site or with group members. Staff members watched over the site to verify that medically inaccurate information was not being posted and to ensure this was a safe space for participants to disclose their feelings."



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

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

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

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

"In total, the Share condition comprised 18 women, and the Control condition comprised 7 women. Randomization of 2:1 was utilized to gain more experience with the group intervention component, which was more novel than the individual intervention. Contact was lost with 1 participant in the Share condition immediately after randomization, so 17 women actually participated in the Share condition."

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

Consort diagram provided

#### 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 O O o 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

Consort diagram provided

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



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

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

"All women who met eligibility criteria from May 2015 to August 2015 were invited to participate in the study."

# 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"

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

N/A

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

"A total of 24 pregnant women (1 additional woman ceased participation immediately after randomization) in their second trimester participated in exchange for compensation. The sample was predominantly white (17/24, 72%), with 8% (2/24) African American, 8% (2/24) Asian or Asian American, 8% (2/24) multiracial, and 4% (1/24) Latina. The average age was 30.5 years (SD 4.05). The majority of the sample was married or cohabitating (20/24, 83%) and were employed either part-time or full-time (16/24, 67%)."

# 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.

	ı	Z	3	4	5	
subitem not at all important	$\bigcirc$	0	$\bigcirc$	0	$\circ$	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

"A total of 24 pregnant women (1 additional woman ceased participation immediately after randomization) in their second trimester participated in exchange for compensation. The sample was predominantly white (17/24, 72%), with 8% (2/24) African American, 8% (2/24) Asian or Asian American, 8% (2/24) multiracial, and 4% (1/24) Latina. The average age was 30.5 years (SD 4.05). The majority of the sample was married or cohabitating (20/24, 83%) and were employed either part-time or full-time (16/24, 67%)."

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

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

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

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\circ$	essentia

# 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

Descriptives provided, no analyses

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

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

	1	2	3	4	5	
subitem not at all important	0	$\bigcirc$	0	0	$\circ$	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

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

Descriptives provided, no analyses

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

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

	1	2	3	4	5	
subitem not at all important	0	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	essential

# Does your paper address subitem 17a-i?

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

"Overall, 1 participant in the Share group withdrew from participation before beginning the intervention. Mean number of log-ins across the 8-week intervention plus booster sessions was 12.6 (SD 6.9) for Control (N= 7) and 16.5 (SD 9.3) for Share (N= 17). The average number of lessons accessed (Control: mean 12.1, SD 5.6; Share: mean 13.7, SD 4.3) and tools utilized (Control: mean 31.0, SD 28.6; Share: mean 24.3, SD 17.6) was similar between groups. Data are provided in Table 1.

Use of peer support features was fairly low (mean 5.9, SD 5.6); however, 59% (10/17) of the participants used at least one feature. Commenting on discussion questions or posts was most popular (59%); initiating status updates also was common (53%). The like and nudge features were utilized by fewer participants (35% and 12%, respectively)."

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

"PHQ-9 scores at 6 weeks postpartum remained below 10, the clinical threshold for referral for treatment in both groups [39], with measures showing a decrease in symptoms from baseline to postpartum with the exception of the PHQ-9. PHQ-9 scores in the Control group increased slightly from baseline to 6 weeks postpartum, but still remained below a clinically significant threshold. Of them, 1 woman in the Control group met the criteria for a major depressive episode at 6 weeks postpartum diagnosed via the SCID. See Table 2 for more information."

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

# Does your paper address CONSORT subitem 18? \*

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

Descriptives only

# 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	0	0	0	0	$\circ$	essential

# Does your paper address subitem 18-i?

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

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 harm occurred

# 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].

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

# 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.

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	0	0	0	0	0	essential

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

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

#### "It indicates that

pregnant women are willing to use an individual intervention or a group-based program and that doing so may impact the development of depressive symptoms. At the completion of the trial, only 1 woman (5%) in this at-risk sample met criteria for PPD compared with a 17% prevalence rate seen in at-risk women in the absence of an intervention [43]. Depressive symptoms decreased across most measures from baseline to postpartum in both the Share group and the Control individual condition. Given the adverse effects of depression on both mothers and babies, the reduction in symptoms is positive."

# 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	0	0	0	$\bigcirc$	0	essential

# Does your paper address subitem 22-ii?

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

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	0	0	$\circ$	0	$\circ$	essential

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

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

"The limitations of this trial include small sample size, limited diversity in the sample, and the short duration of follow-up. Ideally, follow-up would be closer to 6 months or 1 year to determine if PPD developed later in the postpartum period. Results should be interpreted with caution because of the small sample size, and a larger trial with a more diverse group is needed to verify the outcomes. In addition, most of our participants were recruited via electronic methods, such as email or Research Match, the online volunteer registry. This suggests participants were comfortable using technology. The results may not generalize to those without familiarity with the internet."

# 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	$\bigcirc$	$\bigcirc$	0	0	$\circ$	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

"Results should be interpreted with caution because of the small sample size, and a larger trial with a more diverse group is needed to verify the outcomes. In addition, most of our participants were recruited via electronic methods, such as email or Research Match, the online volunteer registry. This suggests participants were comfortable using technology. The results may not generalize to those without familiarity with the internet."

# 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	$\bigcirc$	0	0	0	0	essential

# Does your paper address subitem 21-ii?

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

Your answer



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

Clinicaltrials.gov NCT02121015; https://clinicaltrials.gov/ct2/show/NCT02121015 (archived by WebCite at http://www.webcitation.org/765a7qBKy)

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

N/A

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



# Does your paper address CONSORT subitem 25? \*

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

"This study

was supported by grants from the NIMH: 1R34MH102478 (Duffecy) and 1R34MH102469 (O'Hara). Additional support was provided by the National Center For Advancing Translational Sciences of the National Institutes of Health (NIH) under Award Number U54TR001356."

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	$\bigcirc$	$\bigcirc$	0	$\circ$	$\circ$	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

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