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

 ${\tt CONSORT-EHEALTH: Improving\ and\ Standardizing\ Evaluation\ Reports\ of\ Web-based\ and\ Standardizing\ Evaluation\ Reports\ of\ Standardizing\ of\ Standardizing\ Evaluation\ Reports\ of\ Standardizing\ Evaluation\ Reports\ of\ Standardizing\ of\ Standardizing\ of\ Standardizing\ of\ Standardizing\ of\ Standardizing\ of\ Standardizing\$

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

* Erforderlich

Your name *

First Last

Alina Bruhns

Primary Affiliation (short), City, Country * University of Toronto, Toronto, Canada

University Medical Center Hamburg-Eppendorf

Your e-mail address * abc@gmail.com

abru.psy@oldenburg.ameos.de

Title of your manuscript *

Provide the (draft) title of your manuscript.

The self-esteem booster: A randomized controlled trial investigating a mobile-based intervention in students with depressive symptoms

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.

MCT & More

Evaluated Version (if any)

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

Meine Antwort

Language(s) *

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

German, English, Arabic, Turkish, Persian, Serb

| 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. Meine Antwort |
|---|
| URL of an image/screenshot (optional) Meine Antwort |
| 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 |
| O Sonstiges: |

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)"

Depressive symptoms

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

depressive symptoms (PHQ-9)

Secondary/other outcomes

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

self-esteem (RSE), quality of life (WHOQOL-BREF)

| 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" |
| O Sonstiges: |
| |

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| 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% |
| O Sonstiges: |
| |

| 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 |
| outcomes potentially harmful: control was significantly better than intervention in one or more |
| inconclusive: more research is needed |
| O Sonstiges: |

| Article Preparation Status/Stage * 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 |
| submitted to a journal and after receiving initial reviewer comments |
| submitted to a journal and accepted, but not published yet |
| O published |
| O Sonstiges: |
| |

| 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") |
|--|
| onot 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 |
| O Sonstiges: |
| Is this a full powered effectiveness trial or a pilot/feasibility trial? * |
| O Pilot/feasibility |
| Fully powered |

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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)

- on ms number (yet) / not (yet) submitted to / published in JMIR
- Sonstiges: 26498

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
- O Sonstiges:

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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Auswahl löschen

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

"mobile-based intervention"

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| 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 | 0 | 0 | 0 | • | 0 | essential | |
| | | | | | Au | swahl löschen | |

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 or important co-interventions

1a-iii) Primary condition or target group in the title Mention primary condition or target group in the title, if any (e.g., "

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

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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

"students with depressive symptoms"

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)

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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

"techniques of cognitive behavioral therapy (CBT), mindfulness, acceptance and commitment therapy, and metacognitive training (MCT)"

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)

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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

"self-help smartphone app"

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

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

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Does your paper address subitem 1b-iii?

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

"recruited via open access websites"; purely web-based trial; "self-assessment questionnaire"

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

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

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Does your paper address subitem 1b-iv?

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 400 students ... randomized to either the intervention group (n = 200), ... or to a wait list control group (n = 200)"

"Most participants used the self-help smartphone app regularly (76 % at least once a week)."

"Per-protocol (PP), complete-case (CC) and intention-to-treat (ITT) analyses showed a significantly higher reduction in depressive symptoms (PP: F(1,222) = 3.98, P = .047, d = .26) and a significantly higher increase in self-esteem (PP: F(1,220) = 8.79, P = .003, d = .77) within the intervention group compared to the wait list control group."

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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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

"The effectiveness of the self-help smartphone app "MCT & More" was demonstrated among students with depressive symptoms compared to a wait list control group."

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)

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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

"Universities worldwide are confronted with increasing rates of mental health problems among students."

"Despite their negative impact on functioning, mental disorders among students often remain undertreated."

"Self-guided IBIs have the advantage, that they can be made available to a broad population requiring less resources (no psychotherapists required, can be used at any time without waiting time, lower costs for users)"

"IBIs are not intended to replace traditional psychotherapy, but to expand conventional care profitably."

| | 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.

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Does your paper address subitem 2a-ii? *

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

"German students belong to the generation of digital natives (confident in using computer technology) so it is assumed that students can easily handle internet-based interventions (IBIs)"

"Smartphones are the most used technical devices among students on the campuses"

"Self-guided IBIs have the advantage, that they can be made available to a broad population requiring less resources (no psychotherapists required, can be used at any time without waiting time, lower costs for users) making self-guided IBIs easier to implement at universities."

"Mobile-based interventions have already proven to be an effective strategy for improving health-promoting behavior in the general population (e.g., physical activity, weight control)"

"There is a need for high-quality apps, which are being investigated with regard to their benefits and risks"

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 aim of the study was to examine the acceptance and efficacy of the self-help smartphone app "MCT & More" among German students with depressive symptoms in comparison to a wait list control group."

!It was expected that the use of the self-help smartphone app leads to a stronger reduction in depressive symptoms and to a higher increase in self-esteem and quality of life in the intervention group compared to a wait list control group after the intervention period. We aimed to investigate whether the effect of the app can be predicted by the attitudes towards IMIs and the expected outcome."

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

A randomized controlled trial (Intervention group and waitlist control group). The allocation rule was 1:1.

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

"The self-help smartphone app did not undergo major changes during the evaluation process of this study."

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].

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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

"The self-help smartphone app did not undergo major changes during the evaluation process of this study."

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

"The following inclusion criteria had to be met: Student at a German university (checked by control questions about the structure of the study and the evaluation system), at least 18 years old, informed consent, having access to the internet and a smartphone, suffering from depressive symptoms (measured by PHQ-9, total score > 0), willingness to participate in two pseudonymous online assessments, willingness to use the self-help smartphone app for a period of four weeks on one's own responsibility, willingness to leave an anonymous e-mail address, no acute suicidal tendencies (measured with item 9 of PHQ-9, cut-off > 1) and no current or past bipolar or psychotic disorder. Other psychiatric diagnoses were not a criterion for exclusion. Parallel treatments (e.g., psychotherapy or pharmacotherapy) could be continued during participation."

4a-i) Computer / Internet literacy

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

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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

"having access to the internet and a smartphone"

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.

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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

"Participants were recruited via online platforms and forums by posting an invitation to the study with a link to the online baseline assessment."

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.

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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

"At the beginning of the baseline assessment, participants received detailed information about the study's goals and procedure and were informed about the underlying data protection. An electronic informed consent form was obtained from each participant."

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

"Participants were recruited via online platforms and forums by posting an invitation to the study with a link to the online baseline assessment."

| 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 | | | | | | | | |
|---|---|---|---|---|---|-----------|--|--|
| rials) or otherwise. | | | | | | | | |
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| subitem not at all important | 0 | 0 | 0 | 0 | 0 | essential | | |

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

"At both measurement points (t0, t1) data was collected online by the survey software Qualtrics®."

via self-assessment questionnaires (see 2.6)

4b-ii) Report how institutional affiliations are displayed

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

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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

Meine Antwort

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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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

"The authors have developed the app "MCT & More"."

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5-ii) Describe the history/development process

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

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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

"The contents and exercised are based on metacognitive (group) training (MCT) [47], cognitive-behavioral therapy (CBT) [48, 49] and third wave techniques (e.g., acceptance, mindfulness) [50, 51]. MCT was originally developed for people with psychosis [47]. Inspired by MCT, a (group) training specifically for depression was evolved (D-MCT) [52]. Meta-analyses showed that MCT is effective in reducing anxiety, depression and dysfunctional metacognitions (g = 1.81 to 2.06) [53, 54]."

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).

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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

"The app has been continuously developed (e.g., gamification elements, design, program packages "gambling" and "metacognitive training", additional exercises within the other program packages, various language versions) since the last evaluation [35]. The self-help smartphone app did not undergo major changes during the evaluation process of this study."

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

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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

Meine Antwort

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

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

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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

Meine Antwort

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| 5-vi` |) Dia | ital | preservation |
|-------|-------|------|----------------|
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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.

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subitem not at all important

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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

Meine Antwort

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| 5-vii) Access |
|---------------|
|---------------|

subitem not at all important

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).

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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

"During the four-week intervention period, the intervention group had free access to the self-help smartphone app "MCT & More" (see Table 1), which is primarily intended for individuals with depressive symptoms."

In order to get access: "The following inclusion criteria had to be met: Student at a German university (checked by control questions about the structure of the study and the evaluation system), at least 18 years old, informed consent, having access to the internet and a smartphone, suffering from depressive symptoms (measured by PHQ-9, total score > 0), willingness to participate in two pseudonymous online assessments, willingness to use the self-help smartphone app for a period of four weeks on one's own responsibility, willingness to leave an anonymous e-mail address, no acute suicidal tendencies (measured with item 9 of PHQ-9, cut-off > 1) and no current or past bipolar or psychotic disorder."

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].

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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 contents and exercised are based on metacognitive (group) training (MCT) [47], cognitive-behavioral therapy (CBT) [48, 49] and third wave techniques (e.g., acceptance, mindfulness) [50, 51]. MCT was originally developed for people with psychosis [47]. Inspired by MCT, a (group) training specifically for depression was evolved (D-MCT) [52]. Meta-analyses showed that MCT is effective in reducing anxiety, depression and dysfunctional metacognitions (g = 1.81 to 2.06) [53, 54]. The app can be used as an ad on of (D-)MCT but can also be used stand-alone. (D-)MCT focuses on the modification of cognitive biases and dysfunctional believes that are associated in the onset and maintenance of mental disorder such as psychosis and depression [47, 52]. The training seeks to enable individuals to recognize and correct automatic and unconscious thought patterns. It also targets dysfunctional assumptions about thought processes as well as dysfunctional coping strategies (e.g., social withdrawal, thought suppression, rumination)."

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.

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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

"Based on the principle that taking care of personal psychological well-being is a bit like brushing one's teeth, the exercises should be performed regularly so that they become routine. Therefore, the app sends daily reminders via push messages."

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).

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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

"self-help"; no human involvement

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5-xi) Report any prompts/reminders used

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

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Does your paper address subitem 5-xi? *

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

"the app sends daily reminders via push messages"

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

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

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Does your paper address subitem 5-xii? *

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 app can be used as an ad on of (D-)MCT but can also be used stand-alone." "Parallel treatments (e.g., psychotherapy or pharmacotherapy) could be continued during participation."

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

"The PHQ-9 (depression) served as primary outcome parameter, the RSE (self-esteem) and the global item of the WHOQOL-BREF (quality of life) as secondary outcome parameters (t0, t1). The APOI was used to measure attitudes towards internet- and mobile-based interventions (t0). Outcome expectations were assessed with the PATHEV (t0) and side effects with the INEP (t1)."

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].

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| Does your paper address subitem 6a-i? Copy and paste relevant sections from manuscript text | | | | | | | | |
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| see 2.6. Measures | | | | | | | | |
| | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 | 0 | essential | | |
| Does your paper address subitem 6a-ii? Copy and paste relevant sections from manuscript text | | | | | | | | |
| "participants were asked about usage frequency (How often have you used the app | | | | | | | | |

during the last 4 weeks?)"

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).

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Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

"Within the intervention group, 119 participants filled out the questionnaire on patient satisfaction (ZUF-8). Table 6 shows the users subjective appraisal for each item."

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

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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

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.

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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

"The calculation of the sample size for an ANCOVA with two groups was carried out using G*Power. The results indicated a sample size of 351 participants based on a small effect of f = 0.15, with alpha = .05 and a power of .80. Taking a dropout rate of 15 % into account, the final sample should include a total of 413 participants. The calculation is based on the results of a meta-analysis investigating the effectiveness of smartphone-app interventions for depression [32]."

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

Does your paper address CONSORT subitem 7b? *

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

not applicable

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

"The randomization took place automatically via the survey software Qualtrics® after the baseline assessment. The option "equal distribution" ensured that there was a balanced distribution between the two groups. The allocation rule was 1:1."

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

see Fig. 1

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

"The randomization took place automatically via the survey software Qualtrics® after the baseline assessment. The option "equal distribution" ensured that there was a balanced distribution between the two groups. The allocation rule was 1:1."

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

"The randomization took place automatically via the survey software Qualtrics®"

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).

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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

"As usual in web-based trials, blinding the participants was not possible."

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".

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Does your paper address subitem 11a-ii?

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

intervention group and waitlist control group (no intervention)

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)

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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

not relevant

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

"For computing group differences in baseline characteristics, independent samples t-tests and Chi-square tests were performed. Between-group differences over time (pre to post) were calculated using univariate analysis of covariances (ANCOVAs) with baseline scores as covariates. Pre-post differences were defined as within-group factor and group as between-group factor. To analyze within-group differences, paired samples t-tests were used. To determine the efficacy of the self-help smartphone app, intention-to-treat (ITT), per-protocol (PP) and complete-case (CC) analyses were performed. In ITT analyses, all participants for whom baseline data was available were included in the evaluation. Missing post-values were calculated using Expectation Maximization (EM). The PP analyses included only those participants who used the intervention as intended (at least once a week) and completed the post assessment. CC analyses included all participants who completed the post assessment (regardless of whether and how often the intervention was used)."

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

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

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Does your paper address subitem 12a-i? *

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

"Missing post-values were calculated using Expectation Maximization (EM)."

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

"an explorative moderation analysis was carried out for the PP sample in order to identify possible moderators that affected differential symptom improvement (outcome measure: PHQ-9) using SPSS macro PROCESS by Hayes [57]."

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

X26-i) Comment on ethics committee approval

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subitem not at all important O O O essential

Does your paper address subitem X26-i?

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

"The local psychological ethics committee of the Center for Psychosocial Medicine of the University Medical Center Hamburg-Eppendorf assessed the study project as ethically unobjectionable (approval number: LPEK-0122)."

"The study was conducted in accordance with the Declaration of Helsinki."

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.

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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

"At the beginning of the baseline assessment, participants received detailed information about the study's goals and procedure and were informed about the underlying data protection. An electronic informed consent form was obtained from each participant."

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)

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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

"If the inclusion criteria were not met, the participants were automatically excluded from the online assessment. Then participants were informed about the reason for exclusion and received information about other help offers such as telephone numbers for acute crisis."

"The collected data was anonymized and stored electronically on passwordprotected computers. By providing the codeword or the anonymized e-mail address, the data could be deleted at request of the participants."

RESULTS

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

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

Does your paper address CONSORT subitem 13a? *

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

see Fig. 1

"A total of 400 participants (intervention group: 200, wait list control group: 200) were included in the analyses."

13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

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

see Fig. 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.

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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

"246 participants had to be excluded because the inclusion criteria were not met. The final sample consisted of 400 individuals (see Fig. 1 "Flowchart")."

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

"The data collection took place in Germany from 16.03.2020 (first baseline assessment) to 06.07.2020 (last post assessment). During this period, Germany experienced the first wave of the COVID-19 pandemic."

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"

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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

"During this period, Germany experienced the first wave of the COVID-19 pandemic."

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

Calculated sample size was achieved

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

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

essential

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

see 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.

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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

"Table 2 shows the demographic and psychopathological data of the sample at baseline."

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.

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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

"Within the intervention group, 120 participants (60 %) reported how often they used the self-help smartphone app during the intervention period (completed the daily exercise). The self-help smartphone app was used by 28 participants (23 %) daily, by 21 participants (18 %) 4 to 6 times a week, by 30 participants (25 %) 2 to 3 times a week, by 12 participants (10 %) once a week, by 23 participants (19 %) 1 to 3 times in total and by 6 participants (5 %) not at all."

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).

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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

"To determine the efficacy of the self-help smartphone app, intention-to-treat (ITT), per-protocol (PP) and complete-case (CC) analyses were performed."

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

"Table 3. Outcome measures at each assessment time for PP sample (used program at least once a week; n = 225); means and standard deviations"

| 17a-i) Presentation of process outcomes such as metrics of use and intensity of | ٥f |
|---|----|
| 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).

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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

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

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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

no binary outcome for primary and secondary outcomes

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

see table 5; "The results for the interaction effect of the explorative moderation analysis are shown in Table 5. The analysis revealed that participants in the intervention group who had a higher expectation of treatment outcome (P = .02; PATHEV total score) and more hope (P = .049; PATHEV hope scale) showed a higher improved outcome on depressive symptoms (PHQ-9) compared to the wait list control group. In addition, participants of the intervention group who were more worried that the app will not help them (P = .03) and participants of the intervention group who stated a higher reduced or excessive need to eat (P = .02) showed a less improved outcome (PHQ-9) compared to the wait list control group."

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).

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subitem not at all important O O O 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

Meine Antwort

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

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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

"Overall, 27 of 119 participants (23 %) reported a negative side effect. Fear of stigmatization was the most common negative side effect (n = 12, 10 %). In addition, 8 (7 %) reported, that they had longer phases in which they felt bad, 7 (6 %) that they had problems with insurances, 6 (5.0) that they suffer more from events from the past, 2 (2 %) that they felt worse, 2 (2 %) that they were more concerned about financial issues, 1 (1 %) that trusting others is more difficult for them, 1 (1 %) that they were having a better relationship with their family and 1 (1 %) that they were having a better relationship with their friends. None of the participants stated that they had changed as a person to the negative, that they had suicidal thoughts or intentions for the first time or that they experienced more conflicts in their partnership."

"Of 119 participants (intervention group) who completed the questionnaire on side effects (INEP), 51 of the participants (43 %) reported at least one positive side effect. The most common reported positive side effect was that participants felt better when using the self-help smartphone app (n = 43, 36 %). Furthermore, 21 (18 %) stated that they suffered less from events from the past, 17 (14 %) that they experienced fewer conflicts in their partnership, 16 (14 %) that they were having a better relationship with their friends, 13 (11 %) that they were having a better relationship with their family and 10 (8 %) that trusting others was easier for them."

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].

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subitem not at all important

O O O 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

Meine Antwort

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

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

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subitem not at all important

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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

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DISCUSSION

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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).

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subitem not at all important O O O 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

"The study demonstrates the effectiveness of the self-help smartphone app "MCT & More" in students with depressive symptoms. As expected, the app led to a significant reduction in depressive symptoms and a significant increase in self-esteem within the intervention period of 4 weeks. In our study, a small effect size of d = .26 (PHQ-9; PP sample) in reducing depressive symptoms was found."

"In addition, a medium to large effect size of d = .77 (RSE; PP sample) was found for the increase in self-esteem."

"Contrary to our expectations, the use of the self-help smartphone app did not lead to a significant increase in quality of life (WHOQOL-BREF)."

"Most participants used the self-help smartphone app regularly (76 % at least once a week; self-assessment) and completed the study (66 %)."

| 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 | 0 | 0 | essential | | |

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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

"It should be considered that the assumption of a linear relationship between frequency of use and symptom reduction might be too simplistic and that further variables need to be evaluated to better understand the relationship." (between frequency of use and symptom reduction)

"Future studies should investigate further variables (with respect to personal characteristics and app features) that positively influence the effectiveness to identify ways of increasing efficacy. In order to make self-help smartphone apps as target-group-specific as possible, further subgroups should be identified for which a particularly high or low effectiveness is shown. In addition, follow-up studies are required to check for long-term effects. It should be investigated how attitudes towards IMIs and the expected treatment outcome can be improved in order to establish effective self-help smartphone apps as low threshold offers at universities and to promote treatment adherence. The self-help smartphone app could be used regularly at German universities as a low threshold offer to enhance students' health."

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

| 20-i) Typical limitations | s 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.

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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

"To participate in the study, no psychiatric diagnosis was required, and participation was possible even with mild depressive symptoms, which led to a heterogeneity of depression levels. This has the advantage that a wider range of individuals with a desire for treatment was reached (regardless of whether they fulfilled the criteria of a diagnosis). On the other hand, it has been shown that individuals with severe depressive symptoms benefit more from low-threshold psychological interventions than mildly depressed individuals [70]."

"Since the study was carried out online, the data collected was based on self-assessments of the participants. Therefore, it could not be eliminated that socially desirable or dishonest statements were made that could have distorted the results. In addition, despite the integrated control questions on studying, it could not be completely prevented that individuals who were not enrolled at a German university also took part in the study."

"Furthermore, the study showed baseline differences regarding some comorbid self-reported diagnoses and the evaluation of previous therapy experiences."



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

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subitem not at all important

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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

"There was no structural equality between the sample and the general population (students in Germany) regarding gender and subject groups [13, 71]."

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.

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subitem not at all important

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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

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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

German Clinical trials Register (DRKS00020941)

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

not available

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 research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors."

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.

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subitem not at all important O O O 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

"The authors have developed the app "MCT & More"."

About the CONSORT EHEALTH checklist

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

yes, major changes

yes, minor changes

no

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

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| How much time did you spend on going through the checklist INCLUDING making changes in your manuscript * | | | | | |
|--|--|--|--|--|--|
| 5 hours | | | | | |
| As a result of using this checklist, do you think your manuscript has improved? * | | | | | |
| yes | | | | | |
| O no | | | | | |
| O Sonstiges: | | | | | |
| 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 | | | | | |
| O no | | | | | |
| O Sonstiges: | | | | | |

Any other comments or questions on CONSORT EHEALTH

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