# 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 (nonpharmacologic 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 Your name \*

First Last

Alain Vandormael

Primary Affiliation (short), City, Country \*

University of Toronto, Toronto, Canada

University of Heidelberg, Heidelberg, Germany

Your e-mail address \*

abc@gmail.com

alain.vandormael@uni-heidelberg.de

Title of your manuscript \* Provide the (draft) title of your manuscript.

The effect of a wordless, animated, social media video intervention on COVID-19 prevention: online 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.

CoVideo

#### 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? Can an enduser access the intervention presently? Can 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)"

COVID-19

Primary Outcomes measured in trial \*

comma-separated list of primary outcomes reported in the trial

CoVideo's effectiveness in improving COVID-19

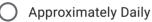
Secondary/other outcomes

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

CoVideo's effectiveness in increasing behavioral intent toward COVID-19 prevention

Recommended "Dose" \*

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







Approximately Yearly

🔵 "as needed"

• Other: The item is not relevant for this study.

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

• unknown / not evaluated

- 0-10%
- 0 11-20%
- 0 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71%-80%
- 81-90%
- 91-100%
- O Other:

Overall, was the app/intervention effective? *
O yes: all primary outcomes were significantly better in intervention group vs control
partly: SOME primary outcomes were significantly better in intervention group vs control
O no statistically significant difference between control and intervention
O potentially harmful: control was significantly better than intervention in one or more outcomes
O inconclusive: more research is needed
O Other:

Article Preparation Status/Stage * At which stage in your article preparation are you currently (at the time you fill in this form)
O not submitted yet - in early draft status
O not submitted yet - in late draft status, just before submission
Submitted to a journal but not reviewed yet
Submitted to a journal and after receiving initial reviewer comments
submitted to a journal and accepted, but not published yet
O published
O Other:

#### 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")

Ο	not submitted yet /	unclear where	I will submit this
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Journal of Medical Internet Research (JMIR)





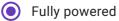




- JMIR Formative Research
- Other JMIR sister journal
- Other:

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

Pilot/feasibility



Maria a tata a tata a tata a sa tata a	
Manuscript tracking number *	
tracking number can be found in the subm	le the manuscript tracking number under "other" (The ms nission acknowledgement email, or when you login as author in JMIR, then the ms tracking number is the four-digit number at om of each published article in JMIR)
O no ms number (yet) / not (yet) s	submitted to / published in JMIR
Other: <b>#29060</b>	
TITLE AND ABSTRACT	
1a) TITLE: Identification as a ran	domized trial in the title
1a) Does your paper address CC	NSORT item 1a? *
I.e does the title contain the phrase "Rand "other")	omized Controlled Trial"? (if not, explain the reason under
• yes	
O Other:	

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

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

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

#### Does your paper address subitem 1a-i? \*

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

"online 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 support").

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

"The effect of a wordless, animated, social media video intervention on COVID-19 prevention"

# 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	0	0	0	0	0	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

"We randomized participants to (i) the CoVideo arm, (ii) an attention placebo control (APC) arm, and (iii) a do-nothing arm, and presented 18 knowledge questions about preventive COVID-19 behaviors, which was our first primary endpoint. To measure behavioral intent, our second primary endpoint, we randomized participants in each arm to five list experiments."

#### 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	0	0	0	0	0	essential

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

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

Your answer

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

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



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

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

"In May and June 2020, we enrolled 15,163 online participants from the United States of America, Mexico, United Kingdom, Germany, and Spain."

1b-iv) RESULTS section in abstract must contain use data							
Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)							
	1	2	3	4	5		
subitem not at all important	0	0	0	0	0	essential	

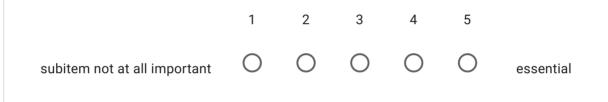
Does your paper address subitem	1b-iv?
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Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Knowledge in the CoVideo arm was significantly higher (mean = 16.95; 95% CI: 16.91, 16.99) than in the do-nothing (mean = 16.86; 95% CI: 16.83, 16.90; p < 0.001) arm. We observed high baseline levels of behavioral intent to perform many of the preventive behaviors featured in the video intervention. We were only able to detect a statistically significant impact of the CoVideo on one of the five preventive behaviors."

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

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



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

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

Your answer

#### 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)



#### 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

"As a result, dangerous messages that increased the spread of COVID-19 and led to adverse health outcomes were allowed to spread to the estimated 3.8 billion people globally who use social media [3]. "

"Social media health messaging interventions need to do more than convey reliable information. They must be as emotionally compelling as they are evidence-based, if public health authorities are to reach broad, global audiences [5]. They also need to be accessible and tailored for cross-cultural acceptability [6].

In March 2020, we designed a short, wordless, and animated video to disseminate information about preventing the spread of COVID-19 [7,8]."

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

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

"The intervention video (the CoVideo) promotes evidence-based messages that focus on a set of preventive behaviours such as hand-washing, social distancing and the sanitation of kitchen surfaces, among others. Importantly, the CoVideo incorporates audience engagement characteristics that motivate widespread sharing on social media [5]. For example, it includes a compelling, familiar narrative and characters that are culturally agnostic; and the soundtrack is designed to evoke high-arousal emotions [9], which reflects the anxiety, altruism and solidarity [10] of the global community."

communication, can inform the development of future videos to disseminate evidencebased recommendations related to COVID-19 and other public health emergencies."

#### 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

"In this study, we evaluate the effectiveness of the CoVideo to improve knowledge and behavioral intent toward COVID-19 prevention."

#### METHODS

3a) Description of trial design (such as parallel, factorial) including allocation ratio

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

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

"This is a multi-site, parallel group, randomized controlled trial comparing the effectiveness of a short informational video on COVID-19 prevention."

"The Gorilla algorithm then randomly assigned participants 1:1:1 to the CoVideo, APC video, or do-nothing."

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 were no changes to methods after trial commencement.

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

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

4a)	Eligibility	criteria	for	participants
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#### 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

"We used an online platform called Prolific [18] to enroll participants from the United States of America (USA), Mexico, the United Kingdom (UK), Germany, and Spain into the randomized controlled trial [8]. Participant eligibility included being 18 to 59 years of age (male, female, or other), having residence in one of the five countries and having proficiency in English, German, or Spanish."

# 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 O O O O essential

#### Does your paper address subitem 4a-i?

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

Your answer

#### 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 webbased trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

"We used an online platform called Prolific [18] to enroll participants from the United States of America (USA), Mexico, the United Kingdom (UK), Germany, and Spain into the randomized controlled trial [8]. Participant eligibility included being 18 to 59 years of age (male, female, or other), having residence in one of the five countries and having proficiency in English, German, or Spanish. The trial was hosted and deployed on Gorilla [19], which is a cloud platform that provides versatile tools to undertake online, experimental, and behavioural research [20]. Participants were compensated an equivalent of £1 for a 10minute completion time. To prevent duplicate participation, Prolific uses a number of tracking mechanisms - including IP and ISP address detection [21]." "Each participant was assigned a unique, anonymized ID on Prolific and had no identifying information associated with it. "

#### 4a-iii) Information giving during recruitment

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

"The trial was hosted and deployed on Gorilla [19], which is a cloud platform that provides versatile tools to undertake online, experimental, and behavioural research [20]."

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

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

	1	2	3	4	5	
subitem not at all important	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

"Participants self-responded to the survey questions and self-submitted their responses anonymously on the Gorilla platform."

#### 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	0	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).

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

#### Does your paper address subitem 5-i?

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

Your answer

## 5-ii) Describe the history/development process Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results. 1 2 3 4 5 subitem not at all important O O O O O 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	0	0	0	0	0	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

5-iv) Quality assurance meth	nods					
Provide information on quality assura provided [1], if applicable.	ance meth	ods to ens	sure accura	acy and qı	ality of inf	formation
	1	2	3	4	5	
subitem not at all important	0	0	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

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

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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, <u>webcitation.org</u>, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

#### 5-vii) Access

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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 were compensated an equivalent of £1 for a 10-minute completion time."

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

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

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

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

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

Both of our outcomes are based on the Theory of Planned Behavior (TPB). According to TPB, knowledge is more likely to be correlated with behavior if correct answers on the knowledge test support the practice of that behavior and the intention to act is considered to be the immediate determinant of action.

"The CoVideo is animated with sound effects but does not include any words, speech, or text. It explains how the novel coronavirus is spread (airborne, physical contact) and recommends best practices to prevent onward transmission (staying at home, not congregating in public spaces, and sanitizing hands/surfaces). It also covers the mass media coverage of the outbreak and the public's response to this media coverage, which includes a subplot on the stockpiling of essential goods, and the impact thereof on health-care services and resources (e.g., doctors being unable to access protective equipment). The total duration of the CoVideo is 2.30 minutes.

The APC is also a wordless, animated video with the same duration as the CoVideo. Its content describes how small choices become actions, which become habits, which become a way of life. We included an APC to account for possible attention effects elicited by the video format. APC conditions should mimic the "inactive" components of an intervention—the effect of watching the video—while not containing any of the "active" intervention components—the content delivered by the video [22]."

#### 5-ix) Describe use parameters

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



#### Does your paper address subitem 5-ix?

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

#### 5-x) Clarify the level of human involvement

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

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

#### Does your paper address subitem 5-x?

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

Your answer

#### 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	0	0	0	0	0	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

No prompts/reminders were used since the participants watched the video only once during the study and never had access to it after the completion.

#### 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.



#### 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

There were no co-interventions in this study.

# 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

"In this study, we evaluate the effectiveness of the CoVideo to improve knowledge and behavioral intent toward COVID-19 prevention. As the primary outcome of our study, we aim to measure changes in knowledge about COVID-19 prevention. Knowledge is often considered to be a necessary but not sufficient condition for motivating a healthy behavior [14]. According to the Theory of Planned Behavior (TPB), knowledge is more likely to be correlated with behavior if correct answers on the knowledge test support the practice of that behavior [15]. TBD also posits that the intention to act is considered to be the immediate determinant of action [11]. Here, we frame behavioral intent as representing the participant's commitment to undertake COVID-19 prevention behaviors in the next seven days, which is the secondary outcome of our study [12,13]."

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].									
		·		5					
	1	2	3	4	5				
subitem not at all important	0	0	0	0	0	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	0	0	0	0	0	essential

Does your paper address subitem 6a-ii?	
Copy and paste relevant sections from manuscript text	
Your answer	

vas obtained Describe whether, how, and when qua mails, feedback forms, interviews, fo			om particip	oants was	obtained (	e.g., through
	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	essential
Does your paper address suk Copy and paste relevant sections fror						

Your answer

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

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

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

There were no changes to the trial outcomes after the trial commenced.

#### 7a) How sample size was determined

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

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

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



#### Does your paper address subitem 7a-i?

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

Your answer

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

#### Does your paper address CONSORT subitem 7b? \*

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

There were no interim analyses and stopping guidelines in this study.

#### 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

Gorilla platform randomly assigned participants to the trial arms using a web-based randomization algorithm, which is unknown to us.

8b) Type of randomisation; details of any restriction (such as blocking and block size)

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

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

"The Gorilla algorithm then randomly assigned participants 1:1:1 to the CoVideo, APC video, or do-nothing."

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

After recruiting participants who met the eligibility criteria, Prolific platform redirected them to the Gorilla platform, where they were randomly assigned to the trial arms via a randomization algorithm.

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

Prolific platform was used for participant recruitment and enrollment. Gorilla platform generated the random allocation sequence and assigned participants to the trial arms.

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how NPT: Whether or not administering co-interventions were blinded to group assignment

assessors, those doing data analysis	irly ackno	wledged),	but it may	/ be possib	ole to blind	to blind the outcome
	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	essential
Does your paper address sub	pitem 11	a-i? *				
Copy and paste relevant sections from ndicate direct quotes from your man nformation not in the ms, or briefly e	uscript), c	or elaborat	e on this i	tem by pro	oviding add	litional
the participants were completely responded to the survey question	ns and se		-	-		•
inking between the Prolific and (		•		ID was u	ised to m	anage the
inking between the Prolific and ( the group allocation [8]." (11a-ii) Discuss e.g., whether p (intervention of interest" and nformed consent procedures (4a-ii) o participants knew which intervention	Gorilla pl Darticip which	atforms. ants kne one was	The stuc ew whic s the "co	ID was u ly investi h interve omparat expectatio	ention w or"	anage the ere blinded to ras the ss e.g., whether
Gorilla platform. Only the particip linking between the Prolific and ( the group allocation [8]." 11a-ii) Discuss e.g., whether p "intervention of interest" and Informed consent procedures (4a-ii) of participants knew which intervention "comparator".	Gorilla pl Darticip which	atforms. ants kne one was	The stuc ew whic s the "co nd certain on of inter	ID was u ly investi h interve omparat expectatio	ention w or"	anage the ere blinded to ras the ss e.g., whether

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

#### 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

This item is not applicable for our study.

# 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 the first endpoint, we calculated a knowledge score for each participant by adding the correct responses (min. = 0, max. = 18). Participants had a time limit of 30 seconds to answer each knowledge item, preventing them from searching for answers on the internet. If the participant timed out, they received a missing value of 9. This missing value was recoded as an incorrect answer to the knowledge item, since the participant could not correctly answer the question in the allotted time. We used an analysis of variance (ANOVA) model with and Tukey's 'Honest Significant Difference' to test for statistically significant differences (with alpha = 0.05) in mean knowledge between the CoVideo, APC, and donothing arms. The ANOVA model is:  $y = b_1VideoArm$ , where y is the number of knowledge statements that the participant correctly answered and VideoArm represents the treatment arm

For the second endpoint, we calculated the prevalence of behavioral intent to perform COVID-19 preventive behaviors for each list experiment. Let C\_j denote the number of items that the \ jth participant selected from the control list (min. = 0, max. = 5), and let  $\{ T_{j} be the$ number of items that the jth participant selected from the treatment list (min. = 0, max. = 6). We calculated the mean score for the control list, denoted byC, and treatment list, denoted byT, for the ith list experiment (i = 1,\cdots, 5). Let the superscripts cov denote the CoVideo, apc denote the APC, and no denote the do-nothing arms, and let k denote the kth trial arm (k  $\in$  [cov, apc, no]). For list experiment i and trial arm k, we then estimated the prevalence of behavioral intent, denoted by {P\_i}^k, as the difference between the treatment and control, such that  $\{P_i\}^k = (\{T_i\}^k - \{C_i\}^k) \times 100$ . From these estimates, we calculated the total, content, and attention effect of the CoVideo. Let {D\_i}^{Tot} denote the total effect, which is estimated by {P\_i}^{cov}- {P\_i}^{no}; and let {D\_i}^{Att} denote the attention effect, which is estimated by  $\{P_i\}^{apc} - \{P_i\}^{no}$ . These analyses are analogous to difference-indifference analyses, which we implemented by specifying the main and interaction terms in an ordinary least squares (OLS) regression model. The OLS equation for the ith list experiment is given as:

 $y = b_0+ b_1VideoArm + b_2TreatList + b_3(VideoArm x TreatList)$ , where y is the number of statements in the list that the participant agreed with, VideoArm indicates the kth arm, and TreatList indicates assignment to the treatment or control list. We calculated standard errors, 95% confidence intervals, and p-values (with \alpha = 0.05) for linear combinations of coefficients from the OLS model."

#### 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]).

#### 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

Participants who did not complete the survey were excluded from the final analysis and this loss was reported in the Results section.

"If the participant timed out, they received a missing value of 9. This missing value was recoded as an incorrect answer to the knowledge item, since the participant could not correctly answer the question in the allotted time."

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

There were no additional subgroup and adjusted analyses in this study.

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

X26-i) Comment on ethics committee approval							
	1	2	3	4	5		
subitem not at all important	0	0	0	0	0	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

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

Your answer

#### X26-iii) Safety and security procedures

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

	1	2	3	4	5	
subitem not at all important	0	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

Your answer

RESULTS

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

#### outcome

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

#### 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

"Between 13 May 2020 and 23 June 2020, 15,163 participants from the USA, Mexico, UK, Germany, and Spain were enrolled in our RCT. Between recruitment and randomization, 171 participants were lost; 14,992 participants were randomly assigned to the CoVideo (4,940), APC (4,954), and do-nothing (5,081) arms (Figure 1). After randomization another 173 (do-nothing), 177 (APC), and 143 (CoVideo) participants were lost for unknown reasons (possibly due technical issues, such as a lost internet connection, difficulties linking to the video host, YouTube, server complications, etc). A total of 14,482 participants completed the trial and contributed data to the final analysis. "

# 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

"After randomization another 173 (do-nothing), 177 (APC), and 143 (CoVideo) participants were lost for unknown reasons (possibly due technical issues, such as a lost internet connection, difficulties linking to the video host, YouTube, server complications, etc)." The flow diagram is shown in Figure 1.

13b-i) Attrition diagram									
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.									
	1	2	3	4	5				
subitem not at all important	0	0	0	0	0	essential			

#### Does your paper address subitem 13b-i?

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

Your answer

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

#### 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

13 May 2020 - 23 June 2020

# 14a-i) Indicate if critical "secular events" fell into the study period Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources" 1 2 3 4 5 subitem not at all important O O O O O 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

The trial ended as soon as the data was collected from the target sample size.

# 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

Table 1. Baseline demographic characteristics of participants by trial and list experiment arms (collected from N = 14,482 between May 2020 and June 2020).

#### 15-i) Report demographics associated with digital divide issues

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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

Table 1. Baseline demographic characteristics of participants by trial and list experiment arms (collected from N = 14,482 between May 2020 and June 2020).

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

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

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

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

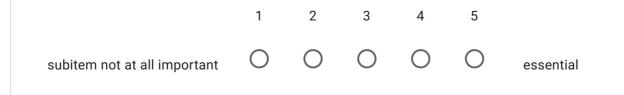
#### Does your paper address subitem 16-i? \*

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

A total of 4,797 were allocated to the CoVideo arm, 4,908 to the Do-nothing arm, and 4,777 to the APC arm (Figure 1).

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

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



#### Does your paper address subitem 16-ii?

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

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

The results of the primary and secondary outcomes are shown in Figures 2-4.

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

#### use

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

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

#### Does your paper address subitem 17a-i?

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

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

There were no binary outcomes in this study.

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

There were no additional subgroup and adjusted analyses in this study.

#### 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	0	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

#### 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 adverse events or harms were observed given the online format of the trial."

#### 19-i) Include privacy breaches, technical problems

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

	1	2	3	4	5	
subitem not at all important	0	0	0	0	0	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.

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

#### Does your paper address subitem 19-ii?

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

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

"In this study, we tested an intervention with several innovations in global health communication that catalyzed a broad, organic global reach on social media [6,8–10]. The intervention, called the CoVideo, packaged critical health messages about COVID-19 prevention within a compelling, familiar narrative, using characters that were free of cultural identifiers and a soundtrack designed to evoke high-arousal emotions. Our results show that baseline levels of COVID-19 prevention were high, and that the CoVideo intervention increased this prevention knowledge by another 7.6% and 5.3% relative to the do-nothing and APC arms, respectively. We further report that the CoVideo intervention improved behavioral intent toward COVID-19 prevention when compared with the APC and do-nothing arms."

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				
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, address relevant, multiplicity of anal	•	irces of	potenti	al bias,	impreci	sion, and, if				
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.										
subitem not at all important	1	2	3	4	5	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

"Our study had several limitations. At the time of our study, no validated scale on COVID-19 knowledge prevention existed. Nevertheless, we used best practices from the survey methods field to inform the design and development of the knowledge questions [38]. Another limitation is that we could not determine if participants watched some or all of the CoVideo or APC. Once participants were randomized to a video, they could not skip to the end or fast-forward without ending the study. However, it is possible in some cases that the participants could have been engaged in other activities while the video was playing. Because of potential non-compliance, we used an intention to treat analysis (ITT). One possible limitation is that high baseline knowledge likely reflects the high educational status of our online sample, with 81.6% having some college education or higher (BA, MA, PhD equivalent). Our sample was likely more educated than the general populations of the USA, the UK, Germany, Spain, and Mexico. A similar educational distribution has been reported in a recent web-based study on COVID-19 knowledge in the USA and UK [39]."

#### 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
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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

# 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 O O O O 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

#### **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

"The study and its outcomes were registered at the German Clinical Trials Register (www.drks.de) on May 12th, 2020: #DRKS00021582."

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

Vandormael A, Adam M, Greuel M, Bärnighausen T. A short, animated video to improve good COVID-19 hygiene practices: a structured summary of a study protocol for a randomized controlled trial. Trials 2020 Dec;21(1):469. doi: 10.1186/s13063-020-04449-1

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

"TB is funded by the Alexander von Humboldt University Professor Prize."

#### 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	0	0	0	0	0	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

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