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"3)Use of the SaltSwap app: at least 50% of randomised participants use the SaltSwap app to scan products on at least one occasion in the first month"	
6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained	
"Accompanied shopping and interview data were used in a qualitative analysis to explore the impact of the SaltSwap intervention on grocery shopping behaviour, use and acceptability of the SaltSwap app and experiences of attempting to reduce salt intake." " 6b) CONSORT: Any changes to trial outcomes after the trial commenced, with reasons	
In 'procedures' section of methods	
7a) CONSORT: How sample size was determined	
<ul> <li>7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size</li> <li>"We calculated the sample size of 40 would be sufficient to estimate progression outcomes within acceptably narrow confidence intervals to enable robust</li> </ul>	
testing of the trial methods" 7b) CONSORT: When applicable, explanation of any interim analyses and stopping guidelines	
the construct methods sections.	
8a) CONSORT: Method used to generate the random allocation sequence	
"Participants were randomly allocated using a computer-generated allocation sequence, stratified by GP surgery, to allocate participants in a 2:1 ratio (intervention:control). "	
8b) CONSORT: Type of randomisation; details of any restriction (such as blocking and block size) "Participants were randomly allocated using a computer-generated allocation sequence, stratified by GP surgery, to allocate participants in a 2:1 ratio	
(intervention:control)" 9) CONSORT: 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	
"An independent researcher generated the random number sequence using an online random sequence generator and informed the principal investigator	
of intervention allocation for each participant. Participants and investigators were unaware of the treatment allocation prior to consent. " 10) CONSORT: Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
"An independent researcher generated the random number sequence" etc see above	
11a) CONSORT: Blinding - If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	
11a-i) Specify who was blinded, and who wasn't	
"Due to the nature of the intervention and trial procedures it was not possible to blind participants, clinicians delivering the intervention or the outcome assessor, to the treatment group."	
11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator" Participants were aware which was the 'intervention of interest'.	
11b) CONSORT: If relevant, description of the similarity of interventions	
Not relevant to this study	
12a) CONSORT: Statistical methods used to compare groups for primary and secondary outcomes Covered in "methods - Statistical analysis "	
12a-i) Imputation techniques to deal with attrition / missing values "Progression criteria analysis used data from all available randomised participants. Secondary outcomes were analysed on an intention-to-treat basis, using	
complete case analysis. "see methods for more details 12b) CONSORT: Methods for additional analyses, such as subgroup analyses and adjusted analyses	
"We also examined the sensitivity of the results to confounding due to" RESULTS	
13a) CONSORT: For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for	
the primary outcome Included in table 1. of results. The number of GP practices where patients were recruited is included in the methods.	
13b) CONSORT: For each group, losses and exclusions after randomisation, together with reasons	
Included in consort diagram	
13b-i) Attrition diagram Use of the app was one of the primary outcomes and use was included in process outcomes, so attrition not included separately	
14a) CONSORT: Dates defining the periods of recruitment and follow-up	
"Participants were recruited between October 2018 and April 2019." "Attendance at follow-up was 96% in total (94% in the intervention group and 100% in the control). Two participants did not attend follow up; one withdrew due to difficulty using the study app and one due to an unrelated health problem"	
14a-i) Indicate if critical "secular events" fell into the study period	
Not noted and not relevant within study period	
14b) CONSORT: Why the trial ended or was stopped (early) It was not stopped early	
15) CONSORT: A table showing baseline demographic and clinical characteristics for each group	
Table 1 shows this, in results 15-i) Report demographics associated with digital divide issues	
Shown in table 1 of results and discussed in detail in discussion	
16a) CONSORT: For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
assigned groups f6-j) Report multiple "denominators" and provide definitions	
Included in results section.	
16-ii) Primary analysis should be intent-to-treat "Secondary outcomes were analysed on an intention-to-treat basis, using complete case analysis"	
17a) CONSORT: For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	
Included in results tables 17a-i) Presentation of process outcomes such as metrics of use and intensity of use	
Included as process outcomes	
17b) CONSORT: For binary outcomes, presentation of both absolute and relative effect sizes is recommended included where applicable	
18) CONSORT: Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Included in results as per protocol and methods 18-i) Subgroup analysis of comparing only users This is not included as a standards as a standards as a standards.	
This is not included as not relevant 19) CONSORT: All important harms or unintended effects in each group	
"One serious adverse event was reported during the study. The lead GP for the surgery concluded that this adverse event was unrelated to the study. The	
participant did not continue in the study or attend follow up, but no further action was taken." 19-i) Include privacy breaches, technical problems	
There were none of these to report.	
19-ii) Include qualitative feedback from participants or observations from staff/researchers Qualitative outcomes were part of the core results	
DISCUSSION	
20) CONSORT: Trial limitations, addressing sources of potential bias, imprecision, multiplicity of analyses 20-i) Typical limitations in ehealth trials	
Included in discussion section "Strengths and limitations" 21) CONSORT: Generalisability (external validity, applicability) of the trial findings	
21-i) Generalizability to other populations	
Included in discussion e.g.' "Such respondents may differ from those we enrolled, meaning that the results here, indicating acceptability of the intervention and potential for changing salt intake behaviours, may not generalise to the wider population of people with hypertension"	
21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting Discussed in discussion section e.g., "In clinical practice, brief interventions are likely to be given in consultation regardless of patients' inclination to reduce	
salt intake or interest in using an app." 22) CONSORT: Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)	
Throughout discussion section	

22-ii) Highlight unanswered new questions, suggest future research	
Yes, in discussion section. e.g., "A full trial to assess the effectiveness of the SaltSwap intervention for reducing salt intake and blood pressure is warranted	
following improvements to the SaltSwap app highlighted as important during this feasibility study"	
Other information	
23) CONSORT: Registration number and name of trial registry	
"Trial Registration: ISRCTN 20910962 "	
24) CONSORT: Where the full trial protocol can be accessed, if available	
included as a reference to published protocol	
25) CONSORT: Sources of funding and other support (such as supply of drugs), role of funders	
Included all funding information	
X26-i) Comment on ethics committee approval	
"The study was reviewed and approved on the 17/03/2017 by the NHS Research Ethics Committee and the Health Research Authority (reference 17/SC/0098). "	
x26-ii) Outline informed consent procedures	
"Eligible participants were booked into a baseline study visit where a study researcher provided written study information and confirmed consent, in person"	
X26-iii) Safety and security procedures	
Adverse event reporting used: "All serious adverse events were reported during the trial. Participants were asked about adverse events at follow-up, or at the point of withdrawal from the trial." Data governance and privacy policy were included in the informed consent process.	
X27-i) State the relation of the study team towards the system being evaluated	
all author conflicts and also stated conflict as owners of the app	