## 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 large for a survey of the total first the form
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

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

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

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

Mandatory reporting items are marked with a red \*.

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

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

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

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

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J Med Internet Res 2011;13(4):e126 URL: <a href="http://www.jmir.org/2011/4/e126/">http://www.jmir.org/2011/4/e126/</a>

doi: 10.2196/jmir.1923 PMID: 22209829

\*Obligatorio

Your name \*

First Last

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Your e-mail address \*

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crislugsa@gmail.com

Title of your manuscript \*

Provide the (draft) title of your manuscript.

Long-term effectiveness of a Smartphone app combined with a smart band on weight loss, physical activity and caloric intake in overweight and obese population: A randomized controlled trial (Evident 3 study)

## 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.

**EVIDENT** app

## Evaluated Version (if any)

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

Tu respuesta

## Language(s) \*

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

Spanish

## 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.

Tu respuesta

URL of an image/screenshot (optional)

Tu respuesta

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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
Otro:
Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"
"Obesity "
Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial
Weight
Secondary/other outcomes
Are there any other outcomes the intervention is expected to affect?
Physical activity, caloric intake

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
O "as needed"
Otro:
Approx. Percentage of Users (starters) still using the app as recommended after 3 months *
unknown / not evaluated
0-10%
O 11-20%
21-30%
31-40%
O 41-50%
51-60%
61-70%
71%-80%
81-90%
91-100%
Otro:

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
inconclusive: more research is needed
Otro:
Article Preparation Status/Stage *  At which stage in your article preparation are you currently (at the time you fill in this form)  On not submitted yet - in early draft status
At which stage in your article preparation are you currently (at the time you fill in this form)
At which stage in your article preparation are you currently (at the time you fill in this form)  not submitted yet - in early draft status
At which stage in your article preparation are you currently (at the time you fill in this form)  one not submitted yet - in early draft status  not submitted yet - in late draft status, just before submission
At which stage in your article preparation are you currently (at the time you fill in this form)  ont submitted yet - in early draft status  not submitted yet - in late draft status, just before submission  submitted to a journal but not reviewed yet
At which stage in your article preparation are you currently (at the time you fill in this form)  ont submitted yet - in early draft status  not submitted yet - in late draft status, just before submission  submitted to a journal but not reviewed yet  submitted to a journal and after receiving initial reviewer comments

Journal *  If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")
not submitted yet / unclear where I will submit this
Journal of Medical Internet Research (JMIR)
JMIR mHealth and UHealth
JMIR Serious Games
JMIR Mental Health
JMIR Public Health
JMIR Formative Research
Other JMIR sister journal
Otro:
Pilot/feasibility     Fully powered
Manuscript tracking number *
If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)
on ms number (yet) / not (yet) submitted to / published in JMIR
Otro:
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 Otro:

## 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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## 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

Long-term effectiveness of a Smartphone app combined with a smart band on weight loss, physical activity and caloric intake in overweight and obese population: A randomized controlled trial (Evident 3 study)

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Does your paper address su	bitem 1	a-ii?				
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additional information not in the m						
Tu respuesta						
1a-iii) Primary condition or ta	araet ara	oun in th	ne title			
1a-iii) Primary condition or tage Mention primary condition or targe Diabetes") Example: A Web-base with Type I Diabetes: Randomized	et group i d and Mo	n the title bile Inter	e, if any (e			
Mention primary condition or targe Diabetes") Example: A Web-base	et group i d and Mo	n the title bile Inter	e, if any (e		hone Sup -	
Mention primary condition or targe Diabetes") Example: A Web-base	et group i d and Mo d Controll	n the title bile Inter ed Trial	e, if any (e vention w	vith Telep	hone Sup	
Mention primary condition or targe Diabetes") Example: A Web-base with Type I Diabetes: Randomized	et group i d and Mo d Controll	n the title bile Inter ed Trial	e, if any (e vention w	vith Telep	5	port for Children
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## 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

"with 318 subjects in the intervention (counselling + EVIDENT app + smartband) group (IG) and 332 in the control (counselling only) group (CG)."

## 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

"IG was trained to use the app and the smart band (Mi Band 2, Xiaomi)."

## 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

"650 subjects from primary care centers"

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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

After 12 months, IG significantly achieved changes on weight (-0.26 kg (95%CI -1.21, 0.70)), Body mass index (-0.06 points (95%CI -0.41, 0.28), Waist-height ratio (-0.25 (95%CI -0.94, 0.44)) and Body Adiposity Index (-0.33 (95%CI -0.77, 0.11)) compared with CG.

## 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

Tu respuesta

### 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

"A similar situation exists with regard to multicomponent interventions with wearables, which may provide a strategy to improve longer-term weight loss [27] despite the limited data on its effectiveness."

## 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 appropriate), 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.

## 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

"Although the combination of both mHealth tools has not been explored in-depth enough to draw firm conclusions, recent studies have obtained positive results on diet, physical activity or other health variables"

## 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

"Therefore, the EVIDENT 3 study evaluated the long-term effectiveness (12 months) of a multi-component mHealth intervention, combining a smartphone app and a smart band, compared to a standard counselling only group, on body weight loss, improving body composition, increasing time spent in physical activity and decreasing caloric intake in Spanish sedentary adults with overweight and obesity."

**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

"EVIDENT 3 study is a randomized, controlled, multicenter clinical trial with two parallel groups, conducted in a primary care setting"

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

Any change made 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].

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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

Tu respuesta

## 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 inclusion criteria were age between 20 and 65 years, a BMI between 27.5 kg/m2 and 40 kg/m2, classified as sedentary (20 minutes of vigorous-intensity activity 3 times or less per week; 30 minutes of moderate-intensity activity 5 times or less per week; or any combination of moderate and vigorous activity 5 times or less per week [29]), agreement to participate in the study and signing the informed consent document."

## 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

Tu respuesta

## 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

The participants were selected by random sampling among the patients attending a consultation with their primary care provider in each participating center.

## 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.

## 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

"agreement to participate in the study and signing the informed consent document"

## 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 Primary Care Research Unit of Salamanca (APISAL) at the Biomedical Research Institute of Salamanca (IBSAL), coordinated the project on five health centers from the Network for Preventive Activity and Health Promotion (REDIAPP) (Salamanca, Valladolid, Cuenca, Palma de Mallorca, and Zaragoza)"

(	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.								
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	subitem not at all important	0	0	0	•	0	essential		
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1	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  Each participant completed an initial visit and two follow-up visits at 3 and 12 months after randomization (Fig. 1)								
4	4b-ii) Report how institutiona	al affiliat	ions are	e display	⁄ed				
i	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

"The study was approved by the Clinical Research Ethics Committee of the Health Area of Salamanca in April 2016. In addition, the study was approved by the Ethics Committees of the 4 collaborating centers: Aragón, Castilla la Mancha, Baleares and Valladolid Oeste."

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

"participants were trained to use the application (EVIDENT 3 Application, [record entry no. 00/2017/2438]) specifically designed for the study"

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

Tu respuesta

## 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).

## 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

Tu respuesta

5-iv) Quality assurance meth Provide information on quality ass provided [1], if applicable.		nethods to	o ensure	accuracy	and qual	ity of information
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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

"The allocation sequence was generated in a 1:1 ratio using the Epidat 4.2 software package by an independent researcher and concealed until the group was assigned."

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

Tu respuesta

## 5-vi) Digital preservation Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login. 1 2 3 4 5 subitem not at all important Borrar selección

## 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

URL of the application was not included

## 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).

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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

"The IG received the smartphone app and a smart band (Xiaomi Miband 2) for 3 months, corresponding to the length of the intervention, in another 15-minute visit scheduled 7 days after the initial visit"

## 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

"It was designed to allow full daily self-report of food intake and automatically record physical activity through the smart band. Subjects entered their food intake daily by selecting dishes and foods from the app menu and indicating the portion size. Food composition data were collected from the Spanish Food Composition Database [43] developed by RedBEDCA and AESAN. Once all the daily information is collected, the app integrates the data to create personalized recommendations and specific objectives for weight loss. The subject was able to consult the app for these recommendations as well as information about caloric intake changes and macronutrient distribution (carbohydrates, proteins, unsaturated and saturated fats)"

Н

5-ix) Describe use paramete	rs							
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

"Subjects entered their food intake daily by selecting dishes and foods from the app menu

## 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

"It was designed to allow full daily self-report of food intake and automatically record physical activity through the smart band."

## 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

Only the the smartband was set to congratulate the user when reaching 10000 steps, no more reminders were given

## 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

"Both groups (CG and IG) received 5 minutes of counselling at the end of the baseline visit and prior to randomization"

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 primary outcome was weight loss (kg). Secondary outcomes included changes in physical activity (min/week), caloric intake (kcal/day) and adherence to the Mediterranean diet (points). All outcomes were measured at baseline, 3, and 12 months after randomization."

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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subitem not at all important	•	0	0	0	0	essential
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Does your paper address subitem 6a-i? Copy and paste relevant sections from manuscript text						
There were no online questionnaires						

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.

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Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

"the application was configured with each participant's data (sex, age, weight, and height)."

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

"At the 3-month visit, the tools were collected. All information generated by the application was duly analyzed and entered in the database."

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 trial outcomes

## 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	ı was taken int	o 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 sample size calculation was performed for the primary study endpoint of weight loss. Accepting alpha risk of 0.05 and a beta risk of 0.20, with a standard deviation (SD) of 12kg, estimated in subjects from EVIDENT 2 study[30], 592 subjects would be needed (296 per group) to detect a decrease in weight of ≥3kg [31] in the intervention group (IG) versus the control group (CG), taking into consideration a 15% loss to follow-up. This effect size represents a 3% to 5% difference between groups, which should produce clinically relevant health benefits [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. The study completed in the dates shown.

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 allocation sequence was generated in a 1:1 ratio using the Epidat 4.2 software package [33] by an independent researcher and concealed until the group was assigned."

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

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

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

Participants were randomly assigned to either the IG or the CG after the baseline visit and providing informed consent

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 allocation sequence was generated in a 1:1 ratio using the Epidat 4.2 software package [33] by an independent researcher and concealed until the group was assigned."

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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

"A trained nurse at each primary health center, who was not involved in other aspects of the study, gave the lifestyle advice", "Data from the visits were collected by a research nurse. The researcher who carried out the additional appointment was different to the researcher who collected the data of the visits."

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).

## 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

"The allocation sequence was generated in a 1:1 ratio using the Epidat 4.2 software package [33] by an independent researcher", "The researcher who carried out the specific intervention was different from the person responsible for the assessment and the standard counselling; both were kept blinded throughout the study, as was the investigator who conducted the data analysis"

## 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

Both groups (CG and IG) received 5 minutes of counselling at the end of the baseline visit and prior to randomization

## 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

Not relevant, the control group only received brief counselling at baseline visit

## 12a) Statistical methods used to compare groups for primary and secondary outcomes

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

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

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

"To analyze the effect of the intervention, in the follow-up for primary and secondary endpoints, we performed several multivariate analyses of the variance of repeated measures by the general linear model, comparing the changes observed between IG and CG in analyzed variables, first unadjusted and then adjusted for age and sex."

## 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

No imputation tecniques used

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

"We carried out a sub-analysis by multivariate analysis of the variance of repeated measures of the intervention effect in primary and secondary outcomes stratified by sex (men and women), age (<50 years and ≥50 years), and marital status (married, single, others)."

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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## 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 study was approved by the Clinical Research Ethics Committee of the Health Area of Salamanca in April 2016"

## 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

Informed consent was obtained in baseline visit, printed and signed. Details were not included in the paper.

## X26-iii) Safety and security procedures

subitem not at all important

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

Those details were included in the informed consent document, but details related were not included in the paper.

#### **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

"Of the 650 participants who completed the baseline visit, 563 (86.6%) completed the 3-month visit and 443 (68.2%) completed the 12-month visit. There were 207 (31.8%, 207/650) participants who dropped out of the study, 32.1% (102/318) in the IG and 31.6% (105/332) in the CG".

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

"There were 207 (31.8%, 207/650) participants who dropped out of the study, 32.1% (102/318) in the IG and 31.6% (105/332) in the CG. Subjects assigned to each group as well as the reasons for withdrawal from the trial may be consulted 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.

#### 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

Figure 1 shows the drop-out reasons and number of losses

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

"Between June 2017 and June 2020 evaluations were made at baseline and after the completion of 3 and 12 months"

#### 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

There was no secular event

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 was completed as described in the paper

39 de 52

## 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

Baseline data are depicted in Table 1

#### 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

The table 1 contains all the data required. The comparison between the baseline characteristics of the 207 subjects who dropped out and those who completed the study are shown in Table S1.

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

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# 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 Borrar selección

#### 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

"Of the 318 participants assigned to the IG, 47.2% (150/318) adhered sufficiently by recording data in the app between 61 and 90 days. Three participants did not register any food, and there were 36 data files from which no information was obtainable for technical reasons (Figure 2)."

#### 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

"Analyses of the results were made on an intention-to-treat basis", "We carried out a subanalysis by multivariate analysis of the variance of repeated measures of the intervention effect in primary and secondary outcomes stratified by sex (men and women), age (<50 years and ≥50 years), and marital status (married, single, others)."

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

"Comparing groups, the IG achieved a significative net weight loss difference of 0.76 kg (95%CI -1.33, -0.19) at 3 months and 0.26 kg (95%CI -1.21, 0.70) at 12 months, (p =0.019) more than the CG."

## 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).

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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

Tu respuesta

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

Effects sizes not given in the manuscript

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

"Only women (Table S2) experienced significant decreases in weight, waist and other anthropometric parameters analyzed, except for WHpR, ABSI and BRI, with a net weight loss of 0.50 kg (95%CI -1.53, 0.54) at 12 months. Regarding age, those under 50, showed a greater decrease in hip circumference while people over 50 years of age showed a decrease in weight and BMI. Finally, analysis by marital status showed that only married people showed a significant decrease in weight (-0.90 kg (95%CI -2.0, 0.2)), BMI (-0.3 points (95%CI -0.7, 0.1)) and other anthropometric parameters at 12 months."

## 

#### 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

Tu respuesta

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

There was no harms or unintended effects in the study groups. This study was not intended to look into adverse events.

### 

#### 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

Tu respuesta

## 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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#### 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

Tu respuesta

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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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#### 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 combination of a smartphone app and a wearable activity tracker, compared to standard counselling, showed benefits in body weight loss, improved body composition variables and increased time spent in light physical activity at 12-month follow-up. No differences between groups were found in nutritional outcomes or other physical activity variables."

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

Highlight unanswered new questions, suggest future research.

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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

"Further research is needed to determine the optimum intervention period for achieving greater results as well as the inclusion of more tailored strategies in health apps and weight management interventions that improve intervention adherence and retention rates"

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

#### 20-i) Typical limitations in ehealth trials

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

Borrar selección

#### 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

Despite participants being instructed not to use any other mHealth tool that could interfere with the study, there are no guarantees to ensure this occurred. The exposure time to the intervention (3 months) might not be sufficient to identify more positive results in changing lifestyles and weight loss. Finally, the dropout rate of 31.8% (207/650) may have biased the final sample study composition.

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

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

#### 21-i) Generalizability to other populations

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

1 2 3 4 5

Borrar selección

#### 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

"The study intervention, which included an activity tracking bracelet, was shown to increase weekly LPA time. Increasing LPA may improve important health outcomes, such as markers of lipid and glucose metabolism and mortality in the general population [51]."

# 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 essential

Borrar selección

!

#### 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

Tu respuesta

#### 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

ClinicalTrials.gov with identifier NCT03175614.

#### 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

"A detailed description of exclusion criteria can be consulted elsewhere [28]."

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

#### Does your paper address CONSORT subitem 25? \*

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

"This study was funded by the Spanish Ministry of Science and Innovation, Instituto de Salud Carlos III and co-funded by European Union (ERDF/ESF, "Investing in your future"). Gerencia Regional de Salud de Castilla y Leon (GRS 1277/B/16, GRS 1580/B/17) also collaborated in the funding of this study. They played no role in the study design, data analysis, reporting results or the decision to submit the manuscript for publication."

#### 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.

Borrar selección

#### 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

Tu respuesta

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
O no
What were the most important changes you made as a result of using this checklist?
To include where the sample where selected (primary health care centers)
How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *
I've spent one hour and a half filling the checklist.
As a result of using this checklist, do you think your manuscript has improved? *
yes
O no
Otro:

"Explanation and Elaboration" document	ed in participating in a workshop and writing ar
O yes	
o no	
Otro:	
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