Consort-ehealth (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be
a) a guide for reporting for authors of RCTs,
b) to form a basis for appraisal of an ehealth trial (in terms of validity)

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

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.
Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

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

Mandatory reporting items are marked with a red *.

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

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED). Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

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

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

steph.bland87@gmail.com (not shared) Switch account

* Required

Your name *
First Last

Stephanie Alley

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

Rockhampton, Australia

Your e-mail address *

abc@gmail.com

s.alley@cqu.edu.au

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

The effectiveness of a computer-tailored web-based physical activity intervention using Fitbits in older adults: The Active for Life randomised 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.

Active for Life

Evaluated Version (if any)
e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Version 1

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.

http://www.activeforlife.net.au/

URL of an image/screenshot (optional)

Your answer
Accessibility *
Can an enduser access the intervention presently?

- access is free and open
- access only for special usergroups, not open
- access is open to everyone, but requires payment/subscription/in-app purchases
- app/intervention no longer accessible
- Other:

Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Inactive adults 65+ years

Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

Moderate to Vigorous Physical Activity (MVPA)

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

Total physical activity, Sitting time, Sedentary behavior, sleep, sleep quality, Quality of Life, Life satisfaction, Functional status

https://docs.google.com/forms/d/e/1FAIpQLSIZBSUp1bwOc_OimqcS64Rdf1AFvmrTSkZQL2-3O8O9hrL5Sw/viewform?hl=en_US&formkey=diG
Recommended "Dose" *
What do the instructions for users say on how often the app should be used?

- Approximately Daily
- Approximately Weekly
- Approximately Monthly
- Approximately Yearly
- "as needed"
- Other: Bi-weekly

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

- unknown / not evaluated
- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Other:
Overall, was the app/intervention effective? *

- yes: all primary outcomes were significantly better in intervention group vs control
- partly: SOME primary outcomes were significantly better in intervention group vs control
- no statistically significant difference between control and intervention
- potentially harmful: control was significantly better than intervention in one or more outcomes
- inconclusive: more research is needed
- Other: Fitbit+tailoring intervention effective but tailoring only intervention not

Article Preparation Status/Stage *
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
- 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
- published
- 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")

- 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
- Other:

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

- 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)

- no ms number (yet) / not (yet) submitted to / published in JMIR
- Other: 31352

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
○ Other:

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").

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

"using Fitbits"

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

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

"older adults"

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/functionality/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionality/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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| 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

"one of three trial arms: 1) tailoring + Fitbit, 2) tailoring only, or 3) a wait-list control. The tailored advice was based on either participants’ Fitbit data (tailoring + Fitbit participants) or self-reported physical activity (tailoring only participants)."

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

"computer-tailored advice"
### 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

"A total of 243 participants recruited both online and offline were randomly assigned to one of three trial arms."

"Participants had a face-to-face meeting at baseline and week 12 to demonstrate the intervention and collect accelerometers."

"wrist-worn accelerometer (Actigraph GT9X) measured moderate to vigorous physical activity (MVPA)" "self-reported physical activity measured via the Active Australia Questionnaire"

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

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

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**subitem not at all important**

**essential**

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

"A total of 243 participants were randomly assigned to 1) tailoring + Fitbit (n=78), 2) tailoring only (n=96), and 3) wait-list control (n=69)."
"Attrition was 29% at 6 weeks, 32% at 12 weeks and 35% at 24 weeks."
A second paper has been drafted to report usage and adherence and it is therefore not included in the abstract or main body of this main outcomes paper.

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

The Fitbit + tailoring intervention was effective

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

"Older adults who are physically active have improved mobility, a reduced risk of falls and a reduced risk of cognitive decline [1]. However, less than 30% of older adults are meeting the physical activity recommendations of 30 minutes of at least moderate intensity physical activity on most days [3].” “Therefore, population-based physical activity interventions with a wide reach are required.”

"no studies in older adults have investigated the effectiveness of fully automated computer-tailored physical activity advice based on physical activity behaviour recorded through a Fitbit [27]."

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.

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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

"It is hypothesised that the web-based computer tailored physical activity intervention with Fitbit integration will lead to increased objectively measured MVPA and self-reported physical activity over time and decreased objectively measured sedentary behaviour and self-reported sitting time over time compared to the web-based computer tailored physical activity intervention without Fitbit integration and a control group."
Does your paper address CONSORT subitem 3a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"A 3-arm RCT was conducted"
"Randomisation lists were created by the lead investigator (SJA) using computer-automated block randomisation with block sizes of 15 and a 1:1:1 ratio. *

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

Does your paper address CONSORT subitem 3b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No changes

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

No such events
4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

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

"Eligible participants were English speaking adults aged 65 years or over, had Internet access, basic Internet confidence, could attend two face-to-face appointments at one of the project locations and either passed the Physical Activity Readiness Questionnaire [29] or obtained GP approval to confirm that they could safely increase their physical activity. Eligible participants were not meeting the physical activity guidelines [30] as assessed by asking participants ‘Are you currently participating in less than 30 minutes of physical activity on 5 days a week?’ Participants were ineligible if they were already participating in another physical activity program or had used a Fitbit in the previous 6 months."

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

Participant must have "basic Internet confidence" This was assessed by asking the question 'Do you feel confident using the internet to do basic tasks such as using online programs, emails etc? Yes/No.'
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.

Does your paper address subitem 4a-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants were recruited in Rockhampton (Regional Queensland), Bundaberg (Regional Queensland), and Adelaide (Metropolitan South Australia), Australia via paid Facebook advertising, email lists, flyers and local newsletters. Recruitment was carried out between April 2018 and March 2019 and data collection finished in November 2019."
"Participants attended a baseline appointment to return the baseline accelerometer and were randomly allocated to one of the three trial arms (tailoring + Fitbit, tailored advice only and wait list control)." "During the appointment, after randomisation, intervention group participants were shown through the Active for Life intervention website and Fitbit participants were provided with a Fitbit and shown how to sync it to the intervention website. After the 12-week intervention, participants attended another face-to-face follow up appointment to return the week 12 accelerometer."

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.

"Advertising materials directed prospective participants to the landing page of the intervention website which had more details about study participation and access to the participant information sheet and eligibility survey. Prospective participants were automatically notified of their eligibility upon completion of the survey and eligible participants received a welcome email."

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Participants were recruited in Rockhampton (Regional Queensland), Bundaberg (Regional Queensland), and Adelaide (Metropolitan South Australia)."

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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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 were asked to complete online research surveys at baseline, week 6, week 12 and week 24 through the intervention website. If participants missed a survey, they were still asked to complete later surveys. Participants were posted an accelerometer to wear on their wrist for 7 consecutive 24-hour days including when sleeping and showering at baseline and week 12."

4b-ii) Report how institutional affiliations are displayed
Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

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Does your paper address subitem 4b-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

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.

N/A. The intervention was developed specifically for research evaluation purposes.

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.

This was covered in detail in the protocol paper which is referenced in the current manuscript. See extract from the protocol paper:

Active for Life was based on the 'My Activity Coach' intervention which is effective in inactive middle-aged adults. The intervention was updated based on findings from focus groups investigating the perceptions and preferences of web-based physical activity interventions in adults 65+ years. This included adding sections on the physical activity guidelines for older adults, strength and balance exercises and exercising with illnesses and injury.

Existing sections including benefits, barriers, self-efficacy, active lifestyles and action planning were modified to be relevant and engaging to adults 65+ years.

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).

Version 1 was used and no updates or changes were carried out during the trial.
5-iv) Quality assurance methods
Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

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Does your paper address subitem 5-iv?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The sessions were written by a PhD in physical activity and included references to guidelines from external institutions. The exercises were written by a physiotherapist.

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

Multiple screen shots and an example of the questions used to inform the physical activity advice and the physical activity advice itself are included in the current manuscript and referenced protocol paper.
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.

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Does your paper address subitem 5-vi?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The website requires log in so we are unable to archive.

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.

"Participants were recruited in Rockhampton (Regional Queensland), Bundaberg (Regional Queensland), and Adelaide (Metropolitan South Australia), Australia via paid Facebook advertising, email lists, flyers and local newsletters."

"Advertising materials directed prospective participants to the landing page of the intervention website which had more details about study participation and access to the participant information sheet and eligibility survey."

"Participants attended a baseline appointment to return the baseline accelerometer and were randomly allocated to one of the three trial arms (tailoring + Fitbit, tailored advice only and wait list control)."

"During the appointment, after randomisation, intervention group participants were shown through the Active for Life intervention website and Fitbit participants were provided with a Fitbit and shown how to sync it to the intervention website."

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

Describe mode of delivery, features/functionality/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  o  o  o  o  o  essential
Does your paper address subitem 5-viii? *

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

"The Active for Life intervention is a 12-week online program with 6 modules of tailored advice delivered bi-weekly."
"The advice is based on the theory of planned behaviour [32] and the social cognitive theory [33] and includes evidence-based behaviour change techniques [34, 35]."
"The physical activity advice is tailored to participants' characteristics and environment, physical activity behaviour and psychosocial correlates of physical activity (e.g., self-efficacy and social support)."

More detail including the behavior change techniques used in each session can be found in the protocol paper.

5-ix) Describe use parameters

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

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- subitem not at all important
- essential

Does your paper address subitem 5-ix?

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

"The Active for Life intervention is a 12-week online program with 6 modules of tailored advice delivered bi-weekly."
"The intervention website includes an action planning tool which participants are encouraged to complete at the end of module 2 and 4. The tool guides participants in setting an action plan (the what, where, when and with whom) for being active in the following fortnight. The intervention website also includes an exercise library where participants can access strength and flexibility exercise plans written by a physiotherapist at the beginners and/or intermediate level. The plans are 4 weeks in duration and participants can view videos of the exercises through a link to an external website (physiapp.com)."
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  essential
subitem not at all important  ○  ○  ○  ○  ○

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.

"During the appointment, after randomisation, intervention group participants were shown through the Active for Life intervention website and Fitbit participants were provided with a Fitbit and shown how to sync it to the intervention website. After the 12-week intervention, participants attended another face-to-face follow up appointment to return the week 12 accelerometer."

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  essential
subitem not at all important  ○  ○  ○  ○  ○
5-xi) Does your paper address subitem 5-xi? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

The protocol paper specifies the following:
Participants will be sent up to three reminder emails at 2-day intervals when each module becomes available.

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.

![Rating Scale](1 2 3 4 5)

1. subitem not at all important
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4. 
5. essential

5-xii) 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.

"During the appointment, after randomisation, intervention group participants were shown through the Active for Life intervention website and Fitbit participants were provided with a Fitbit and shown how to sync it to the intervention website. After the 12-week intervention, participants attended another face-to-face follow up appointment to return the week 12 accelerometer."

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 aim of the study is to test the effectiveness of a web-based computer tailored physical activity intervention with Fitbit integration at increasing objectively measured MVPA from pre to post intervention compared to a web-based computer tailored physical activity intervention without Fitbit integration and a control group in adults over 65 years of age. The secondary aims are to compare the web-based computer-tailored intervention with and without Fitbit integration and the control group on objectively measured sedentary behaviour from pre to post intervention and to compare subjectively measured physical activity and sitting time changes at mid intervention, post intervention and follow up."

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

"The Active Australia Survey is reliable (ICC= 0.64) [40] and validated compared to accelerometer-derived MVPA (r=0.35) in older adults [41]."
"The workforce sitting questionnaire has adequate test-retest reliability (ICC=0.46-0.90) and validity compared to accelerometry (women: r=0.22-0.46, men: r=0.18-0.29) for both work and non-work days [42]."
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 ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

N/A. Use outcomes are reported in a separate manuscript

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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subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

N/A. Qualitative feedback from participants is reported in a separate manuscript

6b) Any changes to trial outcomes after the trial commenced, with reasons
7a) How sample size was determined
NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

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

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subitem not at all important  o  o  o  o  o essential

Does your paper address subitem 7a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To detect differences between intervention groups and control for accelerometer measured MVPA from baseline to post intervention, 100 participants per group were required. This was to detect an effect size of 0.37 based on the average effect size of web-based physical activity interventions for inactive adults [31]. This accounted for a drop out of up to 30%. Power was set at 0.80 and the alpha at 0.05."

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

"The decision to end participant recruitment was made by the lead (SJA) and senior (CV) investigator due to the trial being close to the sample size goal (n=243), limited remaining funds and slowed interest in the trial."

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

"Randomisation lists were created by the lead investigator (SJA) using computer-automated block randomisation"

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

"Randomisation lists were created by the lead investigator (SJA) using computer-automated block randomisation with block sizes of 15 and a 1:1:1 ratio. Randomisation was stratified by gender (Male, Female) and age (<75, >75) to ensure an equal distribution of men and women in different age groups over the intervention arms."

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.

"Participants were assigned using the randomisation lists by the research manager (DP) and research assistants (CW, TW) by date of baseline appointment."

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.

"Randomisation lists were created by the lead investigator (SJA)"
"Participants were assigned using the randomisation lists by the research manager (DP) and research assistants (CW, TW) by date of baseline appointment."

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).

1  2  3  4  5

subitem not at all important    O  O  O  O  O     essential
Does your paper address subitem 11a-i? *

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

"Due to the nature of the intervention neither researchers nor participants were blinded to group allocation."

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".

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

"Due to the nature of the intervention neither researchers nor participants were blinded to group allocation." Participants would have known if they were given the intervention of interest or the comparator as the comparator was a waitlist control group.

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

N/A
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

*Separate generalised linear mixed model analyses were conducted to test the primary outcome of changes in accelerometer measured MVPA by group, and to test secondary outcomes of changes in self-reported physical activity, accelerometer measured sedentary behaviour and self-reported sitting time by group. A gamma distribution with log link was used for the analyses on accelerometer measured MVPA and self-reported physical activity due to positively skewed distributions. A normal distribution with identity link was used for the analyses on accelerometer measured sedentary behaviour and self-reported sitting time. A group (tailoring + Fitbit, tailoring only and wait-list control) by time (baseline and week 12) interaction on accelerometer measured MVPA and sedentary behaviour were analysed. These analyses controlled for accelerometer wear time. A group (tailoring + Fitbit, tailoring only and wait-list control) by time (baseline, week 6, week 12, and week 24) interaction on self-reported physical activity and sitting time were analysed."

12a-i) Imputation techniques to deal with attrition / missing values
Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

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| subitem not at all important | ☐ | ☐ | ☐ | ☐ | ☐ | essential |
"A sensitivity analysis was conducted to determine the effect of missing data on analysis outcomes. Under the assumption of missing at random, missing values were imputed through chained equations. The fully conditional specification (FCS) was used to create 20 imputed datasets which were used to conduct the sensitivity analysis. Analyses were conducted using SAS version 9.4 with an alpha of .05."

N/A

X26-i) Comment on ethics committee approval

1 2 3 4 5

subitem not at all important 〇 〇 〇 〇 〇   essential
Does your paper address subitem X26-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

The ethics committee approval is reported in the referenced protocol paper.

x26-ii) Outline informed consent procedures
Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

1 2 3 4 5
subitem not at all important   essential

Does your paper address subitem X26-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Participants indicated their informed consent through a check box at the beginning of the baseline survey."

X26-iii) Safety and security procedures
Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

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subitem not at all important   essential
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

"Figure 2 shows the flow of participants through the trial. Just over half (54%) of those screened met the eligibility criteria and 41% of those screened completed their baseline assessment and were randomised (n=243). Attrition was 29% at 6 weeks, 32% at 12 weeks and 35% at 24 weeks."

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

These details can be found in figure 2.
13b-i) Attrition diagram
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

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subitem not at all important ☐ ☐ ☐ ☐ ☐ 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

This is included in a separate manuscript (process evaluation of Active for Life).

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

"Recruitment was carried out between April 2018 and March 2019 and data collection finished in November 2019."

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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subitem not at all important ☐ ☐ ☐ ☐ ☐ essential
Does your paper address subitem 14a-i?

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

N/A

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 decision to end participant recruitment was made by the lead (SJA) and senior (CV) investigator due to the trial being close to the sample size goal (n=243), limited remaining funds and slowed interest in the trial."

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.
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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| 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 reports Age, education, internet use, and internet self-efficacy

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

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

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| subitem not at all important | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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

See Table 3.
16-ii) Primary analysis should be intent-to-treat

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

| 1 | 2 | 3 | 4 | 5 | subitem not at all important | essential |
|---|---|---|---|---|----------------------------|-----------|

Does your paper address subitem 16-ii?

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

“Analyses of primary and secondary outcomes followed the Intention-to-treat principle.”

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 | essential |
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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

See Table 3.
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

This is included in a separate manuscript (process evaluation of Active for Life).

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

N/A

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

N/A
18-i) Subgroup analysis of comparing only users
A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

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subitem not at all important ○ ○ ○ ○ ○ 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

N/A

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

NA

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 ○ ○ ○ ○ ○ 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

NA

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

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

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| subitem not at all important | | | | | 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

This is included in a separate manuscript (process evaluation of Active for Life).

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  ○ ○ ○ ○ essential

Does your paper address subitem 22-i? *

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

"The main aim of the study was to determine the effectiveness of a computer-tailored physical activity intervention with Fitbit integration compared to a tailoring only and control group at increasing MVPA pre- to post intervention. The second aim was to determine the effectiveness of a computer-tailored physical activity intervention with Fitbit integration compared to a tailoring only and control group at increasing self-reported physical activity from pre- to mid intervention, post intervention and follow up."  
"The findings show no MVPA changes in the tailoring + Fitbit group or tailoring only group whilst the control group decreased their MVPA. MVPA increased more in the tailoring + Fitbit group compared to the control group."  
"All groups reported increasing their self-reported physical activity and this increase was greater in the tailoring + Fitbit group compared to the control group mid-intervention."

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  ○ ○ ○ ○ 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.

"More research is needed to investigate ways to further improve effectiveness of computer-tailored advice based on Fitbit measurement in older adults."

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

20-i) Typical limitations in ehealth trials

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

1  2  3  4  5

subitem not at all important  ○  ○  ○  ○  ○  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

"Whilst attrition at week 12 was moderate (32%), this is comparable to many other trials examining web-based interventions [50, 51, 52]. Whilst it is unlikely to have had a large impact, it is possible that the monetary incentive for completing the research surveys increased participation in the intervention itself due to greater engagement in the overall study. The face-to-face meetings with researchers at pre- and post-intervention may have also increased engagement in the intervention or helped to remove barriers to participation (e.g., syncing Fitbit to the website). Therefore, a lower engagement or additional barriers to participation may arise if the intervention was run without monetary incentives or face-to-face meetings. The lack of accelerometer assessed MVPA data at week 24 for the main outcome measure is a limitation. As such, we do not know if the significant difference between the tailoring + Fitbit group and control group at 12 weeks would remain at 24 weeks. The self-reported physical activity outcomes at 24 weeks suggest that physical activity changes were maintained in all groups but needs to be interpreted with caution due to the large differences in objective and self-reported physical activity at baseline and week 12. Participants who completed the week 12 outcomes had a lower BMI compared to those who dropped out. Therefore, the findings cannot be generalized to older adults with a higher BMI. Another limitation is the lack of a Fitbit only group who receive a Fitbit device to track their physical activity without also receiving any tailored advice. This would help to determine whether the improvements in the tailoring + Fitbit group were due to being tracked by the Fitbit device itself, or the combination of the tailored advice based on the Fitbit data. The Fitbit device had 5 lights which each indicate an additional 2000 steps reached for the day which may have also motivated this group to maintain their activity, independent of the computer-tailored advice. Accelerometer wear time increased between baseline and week 12. Although analyses controlled for wear time, the increase in wear time may have had some effect on the decrease in MVPA and increase in sedentary behavior observed in some groups. Further, the number of participants randomized to each group varied due to small numbers recruited within some randomisation groups (e.g. older males) with block sizes within each randomisation group being 15. The control group had a higher level of MVPA at baseline and therefore had more room to decrease their MVPA. This may have contributed to the between group difference observed between the tailoring + Fitbit and control group on MVPA changes at week 12. Lastly, the conservative a priori sample size calculation (n=300) was not met, however we recruited n=243 participants which is comparable to similar studies [9] and there was enough power to detect MVPA group differences between the tailoring + fitbit and control group."

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

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|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ essential |

Does your paper address subitem 21-i?  
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants who completed the week 12 outcomes had a lower BMI compared to those who dropped out. Therefore, the findings cannot be generalized to older adults with a higher BMI."

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

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|---|---|---|---|---|---|
| subitem not at all important | ○ | ○ | ○ | ○ | ○ 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

"Whilst it is unlikely to have had a large impact, it is possible that the monetary incentive for completing the research surveys increased participation in the intervention itself due to greater engagement in the overall study. The face-to-face meetings with researchers at pre- and post-intervention may have also increased engagement in the intervention or helped to remove barriers to participation (e.g., syncing Fitbit to the website). Therefore, a lower engagement or additional barriers to participation may arise if the intervention was run without monetary incentives or face-to-face meetings."

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

Australian and New Zealand Clinical Trials Registry: ACTRN12618000646246

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

The protocol paper is referenced throughout the methods section e.g. "More detail of the methods can be found in a protocol paper of the trial [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

"SJA (102609) and SS (101240) are, and CV was (100427) supported by a fellowship from the National Heart Foundation of Australia. SS (1125586) and MJA (1141606) are supported by a fellowship from the National Health and Medical Research Council. The project was partially supported by a project grant from CQUniversity and CV’s fellowship from the National Heart Foundation of Australia (100427). These funding agencies had no role in the design of the study and collection, analysis, and interpretation of data or in writing and submitting the manuscript."

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated
In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

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subitem not at all important 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

This is addressed in a separate online conflicts of interest form to be published alongside the paper.
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- [x] yes, minor changes
- [ ] no

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

More detail in the Abstract

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

5 hours

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- [ ] yes
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This would involve for example becoming involved in participating in a workshop and writing an
"Explanation and Elaboration" document

- yes
- no
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Your answer

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