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

* Required

Your name *
First Last
Laura Beres

Primary Affiliation (short), City, Country *
University of Toronto, Toronto, Canada
Johns Hopkins Bloomberg School of Public He

Your e-mail address *
abc@gmail.com
laura.beres@jhu.edu

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

Mobile Ecological Momentary Assessment and Intervention and Health Behavior Change among Adults in Rakai, Uganda: a Pilot Randomized Controlled Trial
Name of your App/Software/Intervention *
If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

EMAI Rakai

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

Your answer

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

Luganda, English

URL of your Intervention Website or App
e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

Your answer

URL of an image/screenshot (optional)

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

- 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)"

Cigarette smoking; Alcohol consumption; Sex

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

the preliminary estimate of effect of the intervention

Secondary/other outcomes

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

feasibility of EMAI
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:

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:

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:
**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-i) **Identify the mode of delivery in the title**

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

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

Does your paper address subitem 1a-i? *

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

"Mobile Ecological Momentary Assessment and Intervention"
1a-ii) Non-web-based components or important co-interventions in title
Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

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

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

Your answer

1a-iii) Primary condition or target group in the title
Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes").
Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

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

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

"among Adults in Rakai, Uganda"
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)

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

"This prospective, parallel group, randomized pilot trial compared health behaviors between adult participants submitting EMA data and receiving behaviorally-responsive interventional health messaging (EMAI) to those submitting EMA data, alone."

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)
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

"Using a fully-automated mobile phone application"

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)

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

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

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

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

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

Your answer

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)

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 1b-v?

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

Your answer
INTRODUCTION

2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution
Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

1  2  3  4  5
subitem not at all important   ○   ○   ○   ○   ○ essential
"To date, behavior change strategies in lower- and middle-income countries (LMICs) have failed to fully leverage the potential of mobile technology to promote optimal health outcomes. While this may be partially due to historically limited technology access in these settings, an extraordinary increase in mobile technology ownership and use, facilitated by advances in lower-cost smartphones, has revolutionized opportunities to employ mHealth approaches in LMICs1. Ecological Momentary Assessment and Intervention (EMAI) uses mobile technology to gather individual-level behavioral data and deliver timely, personalized behavior change interventions in an individual’s natural setting2. These strengths could promote a range of health objectives. Compared to traditional, in-person assessments and interventions, EMAI may offer more user-driven, cost effective, and ecologically and temporally relevant strategies2,3. Rapid and repeated individual-level behavioral measurement and feedback may be particularly effective in supporting changes to semi-conscious behaviors or habits that are difficult to accurately recall and benefit from interruptions in routine to alter4,5. Remote data collection and intervention strategies may be critical for hard-to-reach populations, and, due to infection-related concerns such as COVID-19, may help to fill the more widespread need for remote or contactless intervention options."

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.
"However, there is limited extant literature on the effectiveness of EMAI, particularly in LMICs. Several studies in high-income settings have demonstrated preliminary effectiveness of EMAI using targeted, remote messages to improve mental health outcomes3,6,7, fruit and vegetable consumption8, and smoking-related behaviors9. A qualitative study in the US demonstrated that young women responded positively to the development of an EMAI approach for sexual risk reduction, identifying the potential for future intervention trials10. There are several recently published protocols on the use of mobile ecological momentary intervention across behaviors including alcohol and drug use, healthy food consumption and coping11-14, and a consistently identified need for more research into the effectiveness of EMAI with mobile technologies15-17. To date, we are not aware of any previous trials of EMAI in sub-Saharan Africa."

"We hypothesized that participants submitting ecological momentary assessment (EMA) reports and receiving intervention messaging (EMAI) would have improved self-reported health behaviors compared to those submitting EMA reports only."
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

"The study was a prospective, parallel group, randomized pilot trial in Rakai, Uganda."

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

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

There were not any changes after trial commencement.

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

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

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential
4a) Eligibility criteria for participants

"The study sampled adult participants (18-49 years) from the Rakai Community Cohort Study (RCCS), an open, population-based cohort running since 1994. Participants were eligible if they were current RCCS participants with a telephone number listed from the last survey and had at least a secondary level education."

4a-i) Computer / Internet literacy

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

|   | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| subitem not at all important |   |   |   |   |   |
| essential                     |   |   |   |   |   |
Does your paper address subitem 4a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

4a-ii) Open vs. closed, web-based vs. face-to-face assessments:
Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely 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.

subitem not at all important  ○  ○  ○  ○  ○  essential

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

"Lists of potential participants who met the eligibility criteria according to RCCS survey data were generated from the RCCS database. Participants were purposively recruited over the telephone. Study staff members sought variation in participant age, sex, and occupation, aiming to include a minimum of 20% traders and 20% farmers in the sample."
4a-iii) Information giving during recruitment

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

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

Does your paper address subitem 4a-iii?

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

Your answer

4b) Settings and locations where the data were collected

"The study sampled adult participants (18-49 years) from the Rakai Community Cohort Study (RCCS), an open, population-based cohort running since 1994. Rakai District, Uganda, is approximately 150 km southwest of the capital, Kampala, bordered by Tanzania and Lake Victoria. It includes agrarian, trading, and fishing communities."
4b-i) Report if outcomes were (self-)assessed through online questionnaires

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

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

Does your paper address subitem 4b-i? *

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

"At the first study visit, participants were issued a password-protected smartphone programmed with the EMAI study application (emocha Health Inc., Baltimore, MD), a phone charger, and a portable power bank. Participants were trained on the use of the smartphone and fully-automated study application (app) and completed a paper-based enrollment questionnaire collecting participant demographic and behavioral data, recalling the 30 days prior to enrollment.

The app collected EMA data on five behaviors of interest: fruit consumption, vegetable consumption, alcohol intake, cigarette smoking, and sex with a non-marital or non-long-term partner without a condom. EMA behavioral data were submitted by the participant through the app: 1) in response to a text message prompt twice per day, once at a random time and once at a fixed time asking about each of the behaviors since the last prompt-based report, 2) in response to a text message prompt sent each week, recalling behaviors throughout the week, and 3) through a participant-generated report sent within approximately one hour of engaging in any of the study behaviors of interest (an ‘event-contingent’ report)."
4b-ii) Report how institutional affiliations are displayed

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 4b-ii?

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

The Rakai Health Sciences Program logo was displayed in app icon

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a “Conflict of interest” section or mentioned elsewhere in the manuscript).

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential
Does your paper address subitem 5-i?

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

Your answer

5-ii) Describe the history/development process

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

1 2 3 4 5
subitem not at all important

Does your paper address subitem 5-ii?

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

Your answer

5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was “frozen” during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

1 2 3 4 5
subitem not at all important
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

Your answer

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

5-iv) Quality assurance methods

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

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

Does your paper address subitem 5-iv?

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

Your answer

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

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

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

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important |   |   |   |   | essential |
Does your paper address subitem 5-v?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, 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 ○ ○ ○ ○ ○ essential

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

Your answer

5-vii) Access

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

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential
Does your paper address subitem 5-vii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"At the first study visit, participants were issued a password-protected smartphone programmed with the EMAI study application (emocha Health Inc., Baltimore, MD), a phone charger, and a portable power bank. Participants were trained on the use of the smartphone and fully-automated study application (app)" "Participants were given funds equivalent 525MBs of data monthly throughout the study". The app was study-specific, so we do not have a login account for reviewers/readers.

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

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].
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 app collected EMA data on five behaviors of interest: fruit consumption, vegetable consumption, alcohol intake, cigarette smoking, and sex with a non-marital or non-long-term partner without a condom. EMA behavioral data were submitted by the participant through the app: 1) in response to a text message prompt twice per day, once at a random time and once at a fixed time asking about each of the behaviors since the last prompt-based report, 2) in response to a text message prompt sent each week, recalling behaviors throughout the week, and 3) through a participant-generated report sent within approximately one hour of engaging in any of the study behaviors of interest (an ‘event-contingent’ report).

For the first 30 days of the study, all participants sent EMA data, after which they were randomized to control or intervention conditions. Participants in the control arm continued to submit EMA data throughout the remainder of the study period. From randomization to study exit, intervention arm participants, in addition to continuing EMA data submissions, received health-related messages responsive to the behavioral data submitted. The messages, developed using formative research to ensure appropriateness and relevance, provided positive reinforcement for reported healthy behaviors (e.g. Living alcohol-free today is a step to a healthier future! Alcohol contributes to heart disease and liver cancer.) and encouragement to change in response to reported risk behaviors (e.g. Alcohol abuse increases your risk of heart disease. Protect your heart, and stick to water or juice tomorrow.). Participants exited after study day 90."

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.

1 2 3 4 5

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

Figure 1 demonstrates use parameters.

5-x) Clarify the level of human involvement

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

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

Does your paper address subitem 5-x?

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

Your answer

5-xi) Report any prompts/reminders used

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

1  2  3  4  5
subitem not at all important  ○  ○  ○  ○  ○ essential
Does your paper address subitem 5-xi? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"EMA behavioral data were submitted by the participant through the app: 1) in response to a text message prompt twice per day, once at a random time and once at a fixed time asking about each of the behaviors since the last prompt-based report, 2) in response to a text message prompt sent each week, recalling behaviors throughout the week"

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.

subitem not at all important ○ ○ ○ ○ ○ essential
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

"Participants were given funds equivalent 525MBs of data monthly throughout the study and an incentive totaling 100,000 UGX (~30USD) in three increments at 30, 60 and 90 days for responding to ≥50% of data collection prompts." "Interested participants attended an in-person visit at the study office, enrolling upon completion of voluntary, written informed consent at the first in-person study visit. At the first study visit, participants were issued a password-protected smartphone programmed with the EMAI study application (Emocha Health Inc., Baltimore, MD), a phone charger, and a portable power bank. Participants were trained on the use of the smartphone and fully-automated study application (app) " Figure 1 shows training timing and procedures.

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 study outcome of interest is the preliminary estimate of effect of intervention messaging on each of the behaviors monitored by the study. As a pilot study, the secondary aim was to assess the feasibility of the data collection and intervention approach. To do so, we examine the comparability of the study arms by indicators of data collection success. All outcomes were assessed after study closure." "Participants were assigned a ‘yes’ or ‘no’ for each behavior for each day of study follow-up. A participant was counted as engaging in a behavior if the participant reported having practiced the behavior on at least one of the twice-daily prompt response forms or any event-contingent form submitted on that day. They were counted as not engaging in the behavior if none of the submitted forms reported the behavior on that day."
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 0 0 0 0 0 essential

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

Your answer

6a-ii) Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored

Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

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

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

Your answer
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).

1 2 3 4 5

subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

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

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

Does your paper address CONSORT subitem 6b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

There were not any changes to the trial outcomes after the trial commenced.

7a) How sample size was determined
NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed
7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

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

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

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

Your answer

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

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

There were no interim analyses or stopping guidelines.

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.

"Participants were assigned to the control or intervention study arm using block randomization with randomly varying block sizes of 4, 6, and 8 through blockr and R package by Greg Snow."

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 assigned to the control or intervention study arm using block randomization with randomly varying block sizes of 4, 6, and 8 through blockr and R package by Greg Snow."

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

"Study arm assignments were enclosed within opaque, consecutively numbered envelopes. At the Day-30 visit, the Study Coordinator allocated the randomization assignment enclosed in the next consecutive envelope to each participant, activating the appropriate EMAI smartphone module."

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

"Study arm assignments were enclosed within opaque, consecutively numbered envelopes. At the Day-30 visit, the Study Coordinator allocated the randomization assignment enclosed in the next consecutive envelope to each participant, activating the appropriate EMAI smartphone module."

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 ○ ○ ○ ○ ○ 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

"Assignments were not masked to study participants or staff."

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”.

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

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

Your answer
11b) If relevant, description of the similarity of interventions
(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is not relevant for our trial.

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

"We used paired t-tests with 2-sided P values to identify differences in the mean proportion of days when participants reported each behavior between P1 and P2, P2 and P3, and P1 and P3 within each study arm. We present visual plots of the proportion of days when behaviors are reported for each participant by study arm and study period. To compare change between study arms, we calculated the mean difference in the proportion of days each participant reported each behavior between periods by subtracting the later period's mean proportion of days when the behavior was practiced from the earlier period's mean. We then took the overall mean difference across all participants for each study arm and calculated the difference of the differences, subtracting the control arm from the intervention arm. We used two sample t-tests with 2-sided P values to assess if the mean differences between each time period were the same in the two study arms."
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

The study dropped the one participant who did not complete the study post-randomization and excluded days with missing data.

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

As a pilot trial, we did not have additional analyses.

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)
X26-i) Comment on ethics committee approval

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

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 Ugandan Virus Research Institute Research and Ethics Committee and Johns Hopkins School of Medicine Institutional Review Board."

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

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

Your answer
**RESULTS**

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

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

"Between 10th June 2016 – 1st March 2017, 71 participants were screened for enrollment, of whom 58 enrolled. Eight initial participants were excluded due to an early failure of the study application. Two dropped out at 15 days and 79-days post-enrollment, respectively. The complete analysis dataset included 48 participants. (Figure 2)"
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

"Between 10th June 2016 – 1st March 2017, 71 participants were screened for enrollment, of whom 58 enrolled. Eight initial participants were excluded due to an early failure of the study application. Two dropped out at 15 days and 79-days post-enrollment, respectively. The complete analysis dataset included 48 participants. (Figure 2)" Figure 2 is the CONSORT flow diagram

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

Your answer

14a) Dates defining the periods of recruitment and follow-up
Does your paper address CONSORT subitem 14a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Between 10th June 2016 – 1st March 2017, 71 participants were screened for enrollment, of whom 58 enrolled." "Participants exited after study day 90."

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"

12345
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

Your answer

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The trial was not ended or stopped early.
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 shows this information.

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| subitem not at all important | Θ | Θ | Θ | Θ | Θ |
| 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 includes age, education, gender, cell phone ownership, comfort level using a cell phone, prior smartphone app use, occupation

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
16-i) Report multiple “denominators” and provide definitions

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

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

Participants were analyzed as randomized, with 24 participants in each group. This is shown in tables 1 - 4 "All 24 participants in both the control and intervention arms report eating fruits and vegetables on at least one day during each of the three study periods, except for one participant who did not report eating vegetables on any day during study period two...."

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

Your answer

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)
Does your paper address CONSORT subitem 17a? *

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

Tables 2, 3 and 4 show this. Additionally: "There was a significant decrease in the mean proportion of days when alcohol was consumed in both the control and intervention arms. In the control arm, the decrease was observed between Periods 1 and 2 (9.6% of days to 4.3% of days, P=.03), while it was observed between Periods 1 and 3 in the intervention arm (7.2% of days to 2.4% of days, P=.01). (Table 3) Similarly, both arms show a significant decrease in the mean proportion of days when participants reported having sex with a non-marital or non-long-term partner without a condom between periods 1 and 3 (control: 1.9% of days to 1.0% of days, P=.02, intervention: 6.6% of days to 1.3% of days P=.03) and, for the intervention arm only, between periods 1 and 2 (6.6% of days to 2.1% of days P=.04). (Table 3) In the intervention arm only, there was a significant increase in the mean proportion of days when fruit and vegetables were reported to be consumed between Periods 1 and 3 (fruit: 78.6% of days to 87.0% of days, P=<.001; veg: 65.6% of days to 76.6% of days, P =.03 ) and Periods 2 and 3 (fruit: 82.6% of days to 87.0% of days, P=0.05; veg: 68.0% of days to 76.6% of days, P=.01). (Table 3, Figure 3)"

"The comparison of study arms showed a significant difference in the change in reported vegetable consumption between Periods 1 and 3 (control: 8.0% decrease in the mean proportion of days vegetables were consumed, intervention: 11.1% increase in the mean proportion of days vegetables were consumed, P=.01) and Periods 2 and 3 (control: 5.7% decrease in the mean proportion of days vegetables were consumed, intervention: 8.6% increase in the mean proportion of days vegetables were consumed, P=.002). There were no other significant differences in the change in behavior over time between the intervention and control groups. (Table 4)"
17a-i) Presentation of process outcomes such as metrics of use and intensity of use

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

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

Your answer

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

Given the pilot nature of the study, are analyses are descriptive. Our outcomes are % of days behaviors reported.

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

We did not conduct additional sub-group analyses.

18-i) Subgroup analysis of comparing only users

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ 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

Your answer

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

We did not encounter harms or unintended effects in either group.
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

Your answer

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

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

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

Does your paper address subitem 19-ii?

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

Your answer
DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence
NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)
Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ 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:

"This pilot study found that EMAI was feasible and may influence a range of participant behaviors. EMA alone may also impact reported behaviors. This study is the first, to our knowledge, of EMAI in sub-Saharan Africa. It provides a foundation upon which further research on EMAI in settings similar to Rakai, Uganda can be framed. "Feasibility of EMAI in a pilot study context in Rakai, Uganda was supported in this study through high participant retention in both arms, yielding comparable study groups without adjustment, and consistent submission of EMA data. The 85.5% of combined study follow-up days with behavioral data in this study is consistent with or better than data collection feasibility in other studies in high-income settings." "Remote data collection and messaging may have some effect on behavior over a relatively short period of time. Descriptive comparisons of daily behavioral reports between the approximately 30-day study periods within arms suggest alcohol consumption and sex with a non-long-term partner without a condom may be influenced by EMA or EMAI, and that fruit and vegetable consumption may be influence by EMAI. While cigarette smoking decreased in both arms, indicating that smoking behaviors may also be susceptible to EMA or EMAI, no significant difference was detected, as would be expected given the small sample size of smokers in the study."

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

Your answer

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

"The findings of this pilot trial were not designed to be generalizable beyond the study's target population or 90-day follow-up period. However, as preliminary estimates they offer insight into the potential of EMAI and warrant further exploration. Behaviors were self-reported. It is not possible to differentiate actual changes in behavior from changes in reported behaviors influenced by social desirability bias, potentially reinforced by intervention messages, or other facts. However, while of different magnitude, changes were observed in both control and intervention arms of the trial. Further, for sensitive behaviors such as condom use, self-report is the best available standard, with questions asking about recent experiences considered to be more valid and reliable than longer recall periods25.

The study enrolled current RCCS participants who are accustomed to participation in trials. They may respond differently to interventions than research-naïve participants. Given the pilot nature of the study, explanations for reported behavior changes other than the effect of the intervention messaging cannot be ruled out. Particularly given block randomization and the study limit of ten simultaneous active participants, seasonality in vegetable access, for example, could have influenced the decrease observed in control arm participant vegetable consumption."

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
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

Your answer

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  ○  ○  ○  ○  ○  essential

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

Your answer
OTHER INFORMATION

23) Registration number and name of trial registry

Does your paper address CONSORT subitem 23? *

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

ClinicalTrials.gov NCT04375423;
https://www.clinicaltrials.gov/ct2/show/NCT04375423

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 trial protocol is available in the ClinicalTrials.gov record.

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

"The study was funded by the Johns Hopkins Center for Global Health."

X27) Conflicts of Interest (not a CONSORT item)

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

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

Your answer

About the CONSORT EHEALTH checklist

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OimqcS64RdfIAFvrmTSkZQL2-3O8O9hrL5Sw/viewform?hl=en_US&formkey=dGlKd2
As a result of using this checklist, did you make changes in your manuscript? *

- yes, major changes
- yes, minor changes
- no

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

Your answer

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

Approximately 8 hours

As a result of using this checklist, do you think your manuscript has improved? *

- yes
- no
- Other:
Would you like to become involved in the CONSORT EHEALTH group?
This would involve for example becoming involved in participating in a workshop and writing an “Explanation and Elaboration” document

- yes
- no
- Other:

Any other comments or questions on CONSORT EHEALTH

Your answer

STOP - Save this form as PDF before you click submit
To generate a record that you filled in this form, we recommend to generate a PDF of this page (on a Mac, simply select “print” and then select “print as PDF”) before you submit it.

When you submit your (revised) paper to JMIR, please upload the PDF as supplementary file.

Don't worry if some text in the textboxes is cut off, as we still have the complete information in our database. Thank you!

Final step: Click submit!
Click submit so we have your answers in our database!

Submit