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/](http://www.jmir.org/2011/4/e126/)  
doi: 10.2196/jmir.1923  
PMID: 22209829

* Required

Your name *
First Last

Karli Hochstatter

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

Columbia University, New York, NY, United Stat

Your e-mail address *
abc@gmail.com

krh2151@columbia.edu

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

Promoting safe injection practices, substance use reduction, hepatitis C testing, and overdose prevention among syringe service program clients using a computer-tailored intervention: 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.

Hep-Net

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

Your answer

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

English

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

Your answer

URL of an image/screenshot (optional)

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

- 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)"

Hepatitis C Virus (People who inject drugs)

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

receiving a HCV screening test, undergoing Na

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

Readiness to receive a HCV screening test, readiness to undergo Narcan training, readiness to reduce the frequency of drug use, and readiness to reduce the frequency of sharing drug equipment
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: This is a one time intervention

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: This is a one-time intervention
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: 19703
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
subitem not at all important

essential

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

Yes, the titles says this is a "computer-tailored 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 ☐  ☐  ☐  ☐  ☐  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.

This item is not applicable because there is no non-web-based component or co-intervention.

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 ☐  ☐  ☐  ☐  ☐  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.

Yes, the title says "among syringe service program clients".
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

Yes, the methods section of the abstract states, "Components of the intervention included an overall risk synthesis, participants' selection of a behavioral goal, and an individualized risk reduction exercise."

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

The abstract does not state the level of human involvement because this intervention did not have any human involvement. We can indicate that it was fully-automated when revisions are made.

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

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

Does your paper address subitem 1b-iii?

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

Our abstract states, "Using a social network–based recruitment strategy, we recruited clients of an established SSP in Wisconsin and peers from their social networks. Participants completed a computerized baseline survey and were then randomly assigned to receive the Hep-Net intervention."
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

Yes. Our abstract states, "From 2014 to 2015, a total of 235 people who inject drugs enrolled into the Hep-Net study. Of these, 151 (64%) completed the follow-up survey 3 to 6 months post-enrollment. Compared to the control group, individuals who received the Hep-Net intervention were more likely to undergo HCV testing, receive Narcan training, and reduce sharing of drug equipment. Likewise, individuals who received the intervention were more likely to advance their stage of readiness to change these 3 behaviors. However, intervention participants did not appear to reduce the frequency of drug use or increase readiness to reduce drug use more than control participants, despite the fact that the majority of intervention participants selected this as the primary goal to focus on after participation in the baseline survey."

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

The results of this study were not negative.

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)

subitem not at all important  ○  ○  ○  ○  ● essential
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.

Yes. Our manuscript states how "Syringe service programs (SSPs) are safe, highly effective programs for promoting health among people who inject drugs." However, "Despite abundant documented benefits of SSPs, resource limitations prevent delivering a full package of prevention services to many in need." Furthermore, our manuscript states, "Computer-tailored interventions (CTIs) are a low-cost strategy for delivering personalized health information that is specific to the unique psychosocial needs of each individual... However, the use of CTIs for promoting healthy behaviors among people who inject drugs, particularly in prevention-oriented and other community-based settings such as SSPs, remains less studied. CTIs may represent a promising approach for providing a personalized risk-reduction plan to people who inject drugs in resource-constrained settings."

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

Does your paper address subitem 2a-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes. Our manuscript states, "CTIs have become increasingly common for facilitating health promotion related to a wide range of behaviors, including smoking cessation, diet and exercise, and mammography screening. However, the use of CTIs for promoting healthy behaviors among people who inject drugs, particularly in prevention-oriented and other community-based settings such as SSPs, remains less studied."
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

Yes. Our manuscript states, "The objectives of this study are to evaluate whether incorporating a computerized behavioral intervention into existing prevention services at SSPs can lead to adoption of healthier behaviors, including safer injection practices, substance use reduction, overdose prevention, and HCV testing."

METHODS

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

Does your paper address CONSORT subitem 3a? *

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

This paper does not report the details of the trial design and randomization process. This information has been previously published (https://www.researchprotocols.org/2016/1/e15/). This methods paper states, "simple randomization was used to place participants to either group using the survey software during the baseline session."

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

There were no changes to the methods after trial commencement.

3b-i) Bug fixes, Downtimes, Content Changes
Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

subitem not at all important  ○  ○  ○  ○  ○  essential

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

This manuscript does not report any bug fixes, down times, or content changes. However, the previously published paper describing the details of this intervention (https://www.researchprotocols.org/2016/1/e15/), reports that "a substantial number of study assessments were completed via mobile syringe exchange outreach where no Internet connectivity was available. The remote data collection feature in the DatStat software package was used for these surveys, which added a layer of complexity causing some frustration among participants and staff".

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

Yes. Our manuscript states, "people who inject drugs enrolled in the Hep-Net study. Participants were either clients of an established SSP operating in two Wisconsin cities, Madison and Milwaukee, or peers recruited from the social networks of these clients. Eligibility criteria included being 18 years of age or older, having injected drugs in the past 30 days, and willingness to provide contact information for the 3-month follow-up."

4a-i) Computer / Internet literacy

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

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

This manuscript did not address computer literacy but the previously published protocol paper did (https://www.researchprotocols.org/2016/1/e15/)
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.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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.

Yes. Our manuscript states "Participants were either clients of an established SSP operating in two Wisconsin cities, Madison and Milwaukee, or peers recruited from the social networks of these clients. We used social network-based referrals to recruit the study sample." Further details can be found in the previously published protocol paper (https://www.researchprotocols.org/2016/1/e15/)

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.

Recruitment and screening are described in detail in the previously published protocol paper (https://www.researchprotocols.org/2016/1/e15/).

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.

Yes. Our manuscript states that this study was conducted in "an established SSP operating in two Wisconsin cities, Madison and Milwaukee". Further details on the settings can be found in the previously published protocol paper (https://www.researchprotocols.org/2016/1/e15/).

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

Yes. Our manuscript clearly indicates what outcomes were "self-reported" on the computer questionnaire, and which outcomes were assessed through other records.

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)

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

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered
5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

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

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

Does your paper address subitem 5-ii?

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

Your answer
5-iii) Revisions and updating

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

1 2 3 4 5
subitem not at all important       essential

Does your paper address subitem 5-iii?

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

Your answer

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
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.

Access to the intervention (the computer link) was not provided to study participants. After consenting to participate, study coordinators provided the participant with a computer that had the intervention uploaded and ready to use.

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

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

Yes. This paper describes how the web-based intervention was delivered on computers at two SSPs. This paper also states, "Components of the intervention included an overall risk synthesis, participants' selection of a behavioral goal, and an individualized risk reduction exercise. The risk synthesis had two components: first, positively framed feedback messaged were delivered highlighting healthy behaviors reported by the participant that can reduce risk of HCV transmission and/or opioid overdose, and second, tailored feedback was delivered regarding specific behaviors associated with increased risk reported by the participant. Action steps considered during the individualized risk reduction exercise were tailored to the participant's readiness to change (as assessed at pretest) and are informed by the transtheoretical model (TTM), which conceptualizes behavior change as a continuum, and argues that different processes of change are relevant to different stages of readiness. According to the TTM, individuals who are not yet considering behavior change are in the pre-contemplation stage. In the contemplation stage, individuals may be considering change but have not yet taken steps toward behavioral change. Contemplation is followed by preparation, action, and maintenance." How an individual's stage of readiness informed the types of specific feedback and risk reduction activities suggested to participants is explained in the previously published 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.

[1-5] 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.

Your answer
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).

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).

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.

This item is not applicable because participants were delivered the intervention in one sitting and not expected to access it again.
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.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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

This item is not applicable because there were no co-interventions.

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed
Yes. Our manuscript states "We assessed four behavioral goals:

1. Receive HCV follow-up testing: Individuals were considered HCV follow-up tested if they were not already aware of being HCV-positive at the time of Hep-Net enrollment and either (a) self-reported at follow-up being tested for HCV since their first study visit, (b) underwent HCV testing at the time of the follow-up survey, (c) an archived record of a HCV test existed 6 months post-enrollment at the SSP, or (d) any HCV test was reported to WEDSS 6 months post-enrollment.

2. Get trained to administer Narcan: Individuals were considered trained to administer Narcan if they self-reported undergoing training for naloxone or Narcan on the follow-up survey. Those who were already trained at baseline were excluded from this analysis under the assumption that the knowledge and skill gained from such training lasts indefinitely.

3. Reduce frequency of sharing drug equipment: To measure frequency of sharing needles/syringes or other works, individuals were asked how often they shared (1) needles, (2) cottons or filters, and (3) cookers with another person when they used drugs in the past month. Responses were recorded using a slider-bar feature and could range from 0% of the time they used drugs to 100%. For this analysis, frequency of sharing drug equipment corresponded to the highest percentage reported among these three pieces of equipment. When response data for one or more of these three questions were missing, data were assumed to be missing at random. These observations were excluded because we cannot make an inference about why these data would be missing or hypothesize what these data would have been.

4. Reduce frequency of drug use: To measure frequency of drug use, individuals were asked how often they used heroin, oxycodone or OxyContin, methamphetamine (crystal or meth), and cocaine or crack in the past month. Four response categories were available ranging from never to every day. For this analysis, frequency of drug use corresponded to the highest frequency of use reported among these drug types and were collapsed into three categories, (1) never or less than once a week, (2) more than once a week but not every day, or (3) every day.

Understanding that behavior change often occurs through a series of stages as opposed to a single discrete event, and that the Hep-Net intervention may not be powerful enough for some individuals to achieve full behavior change over the course of 3 months, we also assessed individual’s readiness to engage in these four health-promoting behaviors. At baseline and follow-up, individuals were presented with each of the four behavioral goals and asked to select their readiness to change each behavior. The five answer choices ranged from "I am not even thinking about this goal" to "I have reached this goal", which correspond with the five stages outlined by the transtheoretical model: pre-contemplation, contemplation, preparation, action, and maintenance. Due to the low number of individuals observed in the contemplation and pre-contemplation stages, these stages have been combined into a single stage for this analysis."
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

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 ○ ○ ○ ○ ○ 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

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

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

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

Your answer

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

Yes. The only change made was that "the contemplation and pre-contemplation stages... have been combined into a single stage for this analysis... due to the low number of individuals observed" in these stages.

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

This item is not applicable. Participants only received the intervention once. It was not ongoing. All analyses were conducted after data collection was completed.

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group
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

No. Details on randomization can be found in the referenced protocol paper.

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

No. Details on randomization can be found in the referenced protocol paper.

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

No. Details on randomization can be found in the referenced protocol paper.

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).

12345
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

This paper does not describe who was blinded. Study participants and staff were blinded.
1a-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 applicable because people randomized to the control arm did not get any intervention. This manuscript described how “the computer session terminated after completion of the baseline survey” for participants assigned to the control arm.

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

Yes. Our manuscript states, "Binomial logistic regression was used to assess differences between intervention and control arms for binary outcomes: receiving HCV follow-up testing (yes/no) and undergoing Narcan training (yes/no). A nonparametric test, the Wilcoxon rank-sum test, was used to analyze the difference between intervention and control arms for the non-normally distributed behavior: frequency of sharing drug equipment. Ordinal logistic regression was used to assess the difference in the frequency of drug use between intervention and control arms. Ordinal logistic regression was also used to assess differences in intervention and control participant’s readiness to change each behavior."

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

Yes. For one of the outcomes, frequency of sharing drug use equipment, the manuscript describes how "When response data for one or more of these three questions were missing, data were assumed to be missing at random. These observations were excluded because we cannot make an inference about why these data would be missing or hypothesize what these data would have been." The manuscript does not describe how data were assumed to be missing at random for the other outcomes, but this can be added upon revisions.
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

Yes. This manuscript describes which statistical tests were conducted to determine whether there were any characteristics that differed between those who returned for the follow-up survey and those who were lost.

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

X26-i) Comment on ethics committee approval

1 2 3 4 5
subitem not at all important   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

Your answer
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

Your answer

X26-iii) Safety and security procedures

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

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X26-iii?

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

Your answer

RESULTS

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwoOc_Source64RdfIAFvMrTSkZQL2-3O809hrL5Sw/viewform?hl=en_US&formkey=dGlKd2...
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

"During the enrollment period, 235 people who inject drugs provided consent and completed the baseline survey. Of these, 109 were randomly assigned the intervention and 126 were assigned to the control arm."

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

"Of the 235 individuals who completed the baseline survey, 151 (64.3%) completed the follow-up survey 3 to 6 months post-enrollment. Individuals who were lost to follow-up were slightly less likely to have health insurance (81.0% vs 90.0%, P=0.05) and more likely to be homeless (65.1% vs 47.0%, P=0.01). This finding is expected, considering homeless populations are often transient, which may lead to high study attrition, and are less likely to have health insurance."
13b-i) Attrition diagram
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

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

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.

"The baseline survey and Hep-Net intervention was delivered from August 6, 2014 to April 16, 2015. Three-month follow-up surveys were conducted up until August 18, 2015."
14a-i) Indicate if critical “secular events” fell into the study period
Indicate if critical “secular events” fell into the study period, e.g., significant changes in Internet resources available or “changes in computer hardware or Internet delivery resources”

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

This item is not applicable, as individuals received the intervention once and it was not ongoing.

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

Yes. "Table 1: Baseline demographic characteristics, by intervention/control arm (N=235)"

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 ○ ○ ○ ○ ○ 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

Digital divide is not applicable to this study. All individuals completed the computerized assessments. The previously published protocol paper describes how staff assisted individuals with the computers when needed.

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.

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.

Yes. Table 2 includes "n=X" for each outcome assessed. The text also explains. For example, outcome #1: "Of the 203 individuals who did not report testing positive for HCV prior to study enrollment, 38 (18.7%) received HCV follow-up testing within 6 months of enrollment." Outcome #2: "Among the 235 study participants, 96 (40.9%) had already been trained to administer Narcan at baseline. Of the 151 individuals who participated in the follow-up survey, 59 had been trained prior to Hep-Net enrollment and 1 person chose not to answer; these individuals were excluded from this analysis. Of the remaining 91 individuals, 26 (28.6%) received training between baseline and follow-up."
Outcome #3: "At follow-up, the median percentage of time participants shared equipment dropped to 3.0% overall (IQR 1.0-28.0) among the 116 individuals who provided responses for all three pieces of equipment."
Outcome #4: Included everyone

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).

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OimqcS64RdfI AfvmrTShkZQL2-308O9hrL5Sw/viewform?hl=en_US&formkey=dGlKd2... 42/54
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

Yes.
Outcome #1: "Individuals in the intervention arm were significantly more likely to undergo HCV follow-up testing than those in the control arm (23.7% vs. 14.6%; OR: 1.82; 95% CI: 0.89-3.72, P=0.10). This trend persisted at 12 months post-enrollment, where 26.9% of individuals in the intervention arm and 17.3% in the control arm received HCV follow-up testing (OR: 1.76; 95% CI: 0.90-3.46, P=0.10)."
Outcome #2: "Individuals in the intervention arm were significantly more likely to receive Narcan training than those in the control arm (37.2% vs 20.8%; OR: 2.25; 95% CI: 0.89-5.72, P=0.09)."
Outcome #3: "Although not statistically significant, individuals in the intervention group appeared to share drug equipment less than individuals in the control group (control median, IQR: 5, 1-47; intervention median, IQR: 2, 1-24)."
Outcome #4: "This reduction in the proportion of individuals using drugs every day was experienced by both intervention and control participants (Table 2), where 32.4% and 27.6% reported using every day, respectively (OR: 0.83; 95% CI: 0.46-1.50)."

The text similarly describes the outcomes for the secondary outcomes, as does tables 2 and 3.
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

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

Our manuscript reports the relative effect as odds ratios in the text as well as in tables 2 and 3. The absolute effect (risk difference), although not explicitly states, is also interpretable from Table 3.

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.

"Individuals who were lost to follow-up were slightly less likely to have health insurance (81.0% vs 90.0%, P=0.05) and more likely to be homeless (65.1% vs 47.0%, P=0.01)...

...There were no significant differences in demographic variables (gender, race, age, education level, health insurance, employment, income, homelessness, incarceration history, or overdose history) between intervention and control arms. Those randomized to the control group were statistically significantly more likely to use heroin (92.7% vs 84.3%; P=0.04) and OxyContin/Oxycodone (50.4% vs 37.6%; P=0.05), however, because the proportions are not meaningfully different and because there is no evidence to support that using those substances would affect any of the four behavioral outcomes assessed in this study, we did not adjust for heroin or OxyContin/Oxycodone use in the regression models.

There were no significant differences at baseline between intervention and control participants in the four behaviors that Hep-Net targets: the proportion screened for HCV or trained to administer Narcan, nor the frequency of sharing drug equipment or using drugs."

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

This item is not applicable. There were no harms or unintended effects.

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].

subitem not at all important 〇 〇 〇 〇 〇 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

Yes.

"Overall, there was a trend towards positive behavior change and increased readiness to change among intervention participants for three of the four behaviors analyzed: HCV testing, Narcan training and reduced sharing of drug equipment. However, intervention participants did not appear to reduce the frequency of drug use or increase readiness to reduce drug use more than control participants, despite the fact that the majority of intervention participants selected this as the primary goal to focus on after participation in the baseline survey...

No significant difference in reducing the frequency of drug use was observed between intervention and control participants. Multiple interpretations of this finding are plausible. Hep-Net was a single session, brief intervention. Reducing substance use is likely to require multi-pronged strategies, including provision of social, psychological and physical supports. Though Hep-Net in isolation did not affect significant change in this behavior, it may be useful if integrated into other existing programs to more holistically address the complexity of addiction."

---

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

Yes.

"Although delivering the intervention through a well-established SSP that holds strong relationships with many members of the targeted population was a major strength of this study, communities that lack such a developed SSP may fail to reach less-engaged clientele. Generalizability may also be limited because individuals utilizing SSPs may choose to prioritize their health and value safe injection practices more strongly than those not engaged in prevention services, as suggested by the high proportion of individuals in the preparation, action, and maintenance stages of behavior change. We implemented a social network-based recruitment strategy in order to engage difficult-to-reach individuals for this reason.

Assessments of drug use behaviors were self-reported measures. However, we anticipate that the computerized approach to data collection maximized privacy and in turn, mitigated social desirability bias.

Finally, the primary aim of this pilot study was to assess the feasibility of the social-network recruitment approach. As such, the sample size may not be sufficiently powered to detect small effect sizes, particularly for subgroup analyses."
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
23) Registration number and name of trial registry

Trial Registration: ClinicalTrials.gov NCT02474043; https://clinicaltrials.gov/ct2/show/NCT02474043 (Archived by WebCite at http://www.webcitation.org/6dbjUQG7J)

24) Where the full trial protocol can be accessed, if available

Yes. Previously published by JMIR Research Protocols (https://www.researchprotocols.org/2016/1/e15/)
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 submitted manuscript does not contain this information, but it will be added when revised.

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
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 *

4 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

Never submit passwords through Google Forms.

This form was created outside of your domain. Report Abuse - Terms of Service - Privacy Policy