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
Your name *
First Last
Andrew Boyd

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

Your e-mail address *
abc@gmail.com
boyda@uic.edu

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

A multisite feasibility trial of My Interventional Drug Eluting Stent Educational App (MyIDEA): a mobile application for elderly patients with drug-eluting

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.

MyIDEA of My Interventional Drug Elutin

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

"V1"
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)

https://www.mhealth.jmir.org/2015/3/e7

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: Request for collaboration and future development is open

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)"

Coronary Artery Disease, Drug Eluting St
Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Acceptability of apps

Secondary/other outcomes

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

Medication adherence,

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: Once in hospital, again follow up in outpatient clinic
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: Study only followed for 3 months
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 (JMR)
- 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:
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

A multisite feasibility trial of My Interventional Drug Eluting Stent Educational App (MyIDEA): a mobile application for elderly patients with drug-eluting
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 |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

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.

A multisite feasibility trial of My Interventional Drug Eluting Stent Educational App (MyIDEA): a mobile application for elderly patients with drug-eluting

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)

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

Does your paper address subitem 1b-i? *

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

MyIDEA is a personalized educational intervention based on Kolb learning experiential theory using patient narratives for education

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)

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

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

Your answer
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 user group 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 indicate 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

The study was conducted at the University of Illinois Hospital and John H. Stroger Jr. Cook County Hospital

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)
INTRODUCTION

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

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.

Block randomization randomized participants to either usual care (control arm; N=21) or My Intervenotional DES Educational App (MyIDEA) supplementation (interventional arm; N=24)

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials
Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it.)

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

Elderly patients are willing to use tablet devices to increase education about health conditions. Additional studies are required to measure the effectiveness and determining the most suitable timing and location for
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

1  2  3  4  5

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

A lifesaving treatment for myocardial infarction is the placement of a stent in a closed or obstructed coronary artery.[1] The placement of a stent restores circulation to areas of the heart for patients with Coronary Artery Disease (CAD). The most commonly used stent in the U.S. is a drug eluting stent (DES).[2] Additionally, The largest modifiable risk factor after receiving a stent is medication adherence to Dual AntiPlatelet Therapy (DAPT), a combination of P2Y12 inhibitors and aspirin.[3] A seven times increased risk in death results from stopping the medication.[4-7] A range of medication non-adherence has been reported from 7% to 50%.[8,9] Even missing only 48 hours of medication has been reported to increase the risk of stent thrombosis. [10] Current literature has shown that 5.4% of patients do not pick up their medication from the pharmacy.[3] The most common reasons for stopping their medication were a lack of understanding and not knowing how long they would need to take the medication.[11-13]

A review of a number of different methods have been attempted to increase medication adherence in patients post stent.[14] A pharmacy led intervention[15] was not shown to increase medication adherence. Another challenge is lower socioeconomic status has been affiliated with lower health seeking behavior.[16] One large area of innovation is in engaging patients in mobile health. Although currently there are over 100,000 apps to download from Google Play and the Apple Store, very few have been studied in randomized control trials.[17] As well as they are written as to high a reading grade level.[18] The strength of mobile health engagement lies in its ability to engage the individual patient via customized interventions.[19,20]

My Interventional Drug Eluting Stent Education App (MyIDEA) was a computing tablet based education program developed with patients, cardiologists, pharmacists, nurses, informaticians, and biomedical illustrators. [21] MyIDEA was developed using Kolb Learning Experiential Theory such that it was customized to the patient[22]. MyIDEA also used patient narratives to help patient plan and overcome the common barriers to medication adherence.

Objectives: to determine the acceptability of the study and the effect of MyIDEA medication adherence through prescription days covered (PDC) and platelet activation tests in a multisite randomized control trial. MyIDEA offered immediate response to common questions after the stent procedures when the patience is at home and review medial instructions from nursing staff.
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.

1  2  3  4  5

subitem not at all important

○  ○  ○  ○  ● essential
A lifesaving treatment for myocardial infarction is the placement of a stent in a closed or obstructed coronary artery.[1] The placement of a stent restores circulation to areas of the heart for patients with Coronary Artery Disease (CAD). The most commonly used stent in the U.S. is a drug eluting stent (DES).[2] Additionally, the largest modifiable risk factor after receiving a stent is medication adherence to Dual AntiPlatelet Therapy (DAPT), a combination of P2Y12 inhibitors and aspirin.[3] A seven times increased risk in death results from stopping the medication.[4-7] A range of medication non-adherence has been reported from 7% to 50%.[8,9] Even missing only 48 hours of medication has been reported to increase the risk of stent thrombosis. [10] Current literature has shown that 5.4% of patients do not pick up their medication from the pharmacy.[3] The most common reasons for stopping their medication were a lack of understanding and not knowing how long they would need to take the medication.[11-13] A review of a number of different methods have been attempted to increase medication adherence in patients post stent.[14] A pharmacy led intervention[15] was not shown to increase medication adherence. Another challenge is lower socioeconomic status has been affiliated with lower health seeking behavior.[16] One large area of innovation is in engaging patients in mobile health. Although currently there are over 100,000 apps to download from Google Play and the Apple Store, very few have been studied in randomized control trials.[17] As well as they are written as to high a reading grade level.[18] The strength of mobile health engagement lies in its ability to engage the individual patient via customized interventions.[19,20] My Interventional Drug Eluting Stent Education App (MyIDEA) was a computing tablet based education program developed with patients, cardiologists, pharmacists, nurses, informaticians, and biomedical illustrators. [21] MyIDEA was developed using Kolb Learning Experiential Theory such that it was customized to the patient[22]. MyIDEA also used patient narratives to help patient plan and overcome the common barriers to medication adherence.

Objectives: to determine the acceptability of the study and the effect of MyIDEA medication adherence through prescription days covered (PDC) and platelet activation tests in a multisite randomized control trial. MyIDEA offered immediate response to common questions after the stent procedures when the patience is at home and review medial instructions from nursing staff.
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 to determine the acceptability of the study and the effect of MyIDEA medication adherence through prescription days covered (PDC) and platelet activation tests in a multisite randomized control trial. MyIDEA offered immediate response to common questions after the stent procedures when the patience is at home and review medial instructions from nursing staff.

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.

Upon completion of the surveys, the research participants were randomized using block randomization to either the control arm (usual care) or the interventional arm (MyIDEA supplementation).

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.

None
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].

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.

none

4a) Eligibility criteria for participants

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

The study was approved by the Institutional review boards (IRBs) of both institutions. The enrollment criteria included patients who 1) received a drug eluting stent during a Percutaneous Coronary Intervention (PCI) during a hospitalization for the PCI procedure, 2) were greater than 50 years old (funding agency requirement), and 3) spoke and understood English. The exclusion criteria were 1) inability to give informed consent and 2) allergy to

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 CONSORT subitem 4a? *
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.

No computer literacy required, all approached.

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 they were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

Does your paper address subitem 4a-ii? *

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

The participants were approached in person for recruitment between 4 and 24 hours after their PCI procedure and before being discharged home.

4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.
Does your paper address subitem 4a-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

The enrollment delay was designed to allow patient recovery from the procedure that would allow for sufficient awareness after the procedure and reduce potential effects of sedation on readiness to learn.

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.

In the hospital and the outpatient cardiology clinic

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

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.

See above
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

No affiliations were displayed

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

Yes, and prior paper cited for development
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

Yes, and prior paper cited for development

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

Only one version

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
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.

Screen shots previously shared

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).

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

Allowed to share for future collaboration and development

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

See methods and prior work
5-ix) Describe use parameters
Describe use parameters (e.g., intended “doses” and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

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| subitem not at all important |   |   |   |   | 1 |
| essential                  |   |   |   |   |   |

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

The participant in the interventional arm had the MyIDEA program customized to their PCI procedure results. MyIDEA was a customized educational tablet with patient narratives (short stories about patients with the common reason for DAPT discontinuation) to educate them about the importance of DAPT.[21] Full details of patient participatory design is written elsewhere.[21] During this second research encounter, the participants interacted with the respective tablet program and completed the Morisky 8-item medication adherence questionnaire[29], the PCI knowledge questionnaire, and SF-36. Coronary disease related outcomes such as repeat coronary intervention or myocardial infarction were determined. During this visit, another blood draw was done for the VerifyNow ARU and PRU. The interventional participants interacted with the MyIDEA app a second time and the control participants were encouraged to play games on the tablet.

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

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| subitem not at all important | 1 |   |   |   |   |
| 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.

Patient self driven

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.

Not this type of intervention

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

Does your paper address subitem 5-xii? *

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

not applicable
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.

For the participants randomized to the interventional arm, additional data were collected during their usage of the MyIDEA program. While using MyIDEA, participants were asked questions and their responses were recorded using the tablet microphone. The responses reflected back on participants’ learning in their module and the symptoms before the procedure. Additionally, time stamps of each click or change in the program were recorded. Five patient stories were weaved throughout the program; participants were asked to record to which patient narrative they most related.

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].

subitem not at all important 1 2 3 4 5 essential

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

The following psychometric evaluations were administered: Hospital Anxiety and Depression Scale (HADS)[23], Rapid Estimate of Adult Literacy in Medicine-Short Form (REALM-SF)[24], Burden-Benefit questionnaire[25], 36-Item Short Form Health Survey (SF-36)[26], and PCI knowledge
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 〇 〇 〇 〇 〇 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 〇 〇 〇 〇 〇 essential

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

No formal method of qualitative feedback collected but audio recording of patients responses to questions were part of the application

6b) Any changes to trial outcomes after the trial commenced, with reasons
7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care providers 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.

Does your paper address subitem 7a-i?

Pilot

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

Does your paper address CONSORT subitem 7b?*

A midterm analysis was conducted but the project was not stopped.
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

Upon completion of the surveys, the research participants were randomized using block randomization to either the control arm (usual care) or the interventional arm (MyIDEA supplementation).

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

Upon completion of the surveys, the research participants were randomized using block randomization to either the control arm (usual care) or the interventional arm (MyIDEA supplementation).

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

Computer generated
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

Computer

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

1 2 3 4 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.

While the data was extracted and compiled, the research assistants who did not consent the participants and the PI maintained blinding of the participants. The first 24 participants were unblinded for an intermediate evaluation.[27] However, this current paper is a complete analysis of all 45 participants. The research team that contacted individuals for recruitment, calculated the PDC, and collected analytics were blinded. However, the nurses that consented participants, the ones who gave the participants the tablet, and the participants were unblinded. The group assignment for all participants was unblinded when the biostatistician calculated the results.

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”.

(subitem not at all important)

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| 1 | 2 | 3 | 4 | 5 |
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| ○ | ○ | ○ | ○ | ☀ | 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.

Patients knew which group.

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)
Does your paper address CONSORT subitem 11b? *

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

A review of a number of different methods have been attempted to increase medication adherence in patients post stent.[14] A pharmacy led intervention[15] was not shown to increase medication adherence. Another challenge is lower socioeconomic status has been affiliated with lower health seeking behavior.[16] One large area of innovation is in engaging patients in mobile health. Although currently there are over 100,000 apps to download from Google Play and the Apple Store, very few have been studied in randomized control trials.[17] As well as they are written as to high a reading grade level.[18] The strength of mobile health engagement lies in its ability to engage the individual patient via customized interventions.[19,20]

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.

The group assignment for all participants was unblinded when the biostatistician calculated the results. The multidisciplinary team and patient advisors reviewed the results and the analysis. Descriptive statistics for outcomes and patient characteristics were calculated. Regression analysis of the VerifyNow ARU and PRU was conducted to compare the two groups. Imputation of the missing ARU and PRU was conducted via Multivariate imputation by chained.[30] For other group comparisons, independent t test, Fisher’s test, Mann-Whitney or chi square test were applied.

In order to examine the correlation between level of engagement and the time spent responding to questions in the interventional group, recordings from the participants were transcribed by (OE) and analyzed. Upon finishing transcription, each participant was labeled as engaged or unengaged. Engagement was determined using the tone of the participant’s voice and the total length of recording, which could include background noise, nurses and pauses. More specifically, tone was described as attentive or disregarding. Participant speaking time was calculated using adobe audition, isolating the voice of the participant for calculation of time. The total time the participant spent talking on MyIDEA was calculated for each visit. The average time each participant spent talking on the application was averaged across visits. In order to test for significance, a Mann-Whitney test was performed using a 0.05 significance level.

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]).

subitem not at all important

1 2 3 4 5

essential
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.

Imputation of the missing ARU and PRU was conducted via Multivariate imputation by chained.[30]

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.

not applicable.

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

X26-i) Comment on ethics committee approval

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 Institutional review boards (IRBs) of both institutions.
### x26-ii) Outline informed consent procedures

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

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| 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.

Consent done in person

### X26-iii) Safety and security procedures

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

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

**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.

Research associate present the entire time.
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

yes see figure 1

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

see figure 1

13b-i) Attrition diagram
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.
Does your paper address subitem 13b-i?
Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Some loss to follow up, but intervention only targeted during hospital and outpatient clinic.

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

Only followed for 3 months

14a-i) Indicate if critical “secular events” fell into the study period
Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

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| 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

In this study, PDC was confounded due to the change in practice from monthly prescriptions to 3 month prescriptions for the P2Y12 inhibitors. This change increased the participants’ PDC.

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

No

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

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.

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

All were given a chance to use, the population was quite diverse

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.

subitem not at all important 1 2 3 4 5 essential

Does your paper address subitem 16-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See figures and tables

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).

subitem not at all important 1 2 3 4 5 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

Preliminary pilot not calculated for intent to treat.

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

Your answer

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

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

Not applicable

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

See timing analysis

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 0 0 0 0 0 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

No harms reported
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].

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| subitem not at all important | | | | |

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.

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| subitem not at all important | | | | |

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

No collected

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).

| subitem not at all important | 1 | 2 | 3 | 4 | 5 |
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Does your paper address subitem 22-i? *

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

Adherence to DAPT is a key element to optimal prevention of negative outcomes post DES placement. MyIDEA demonstrated the feasibility of elderly patients (>50 years old) were able and willing to receive education via a tablet device. There was not significant difference between the groups DAPT and PDC due to the small sample size. However, this test only measures recent medication adherence. In this study, PDC was confounded due to the change in practice from monthly prescriptions to 3 month prescriptions for the P2Y12 inhibitors. This change increased the participants’ PDC.

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

Highlight unanswered new questions, suggest future research.

| subitem not at all important | 1 | 2 | 3 | 4 | 5 |
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Does your paper address subitem 22-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See above

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.

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

However, this test only measures recent medication adherence. In this study, PDC was confounded due to the change in practice from monthly prescriptions to 3 month prescriptions for the P2Y12 inhibitors. This change increased the participants’ PDC.

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 |
|---|---|---|---|---|
|  |  |  |  | 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

Small pilot

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 |
|---|---|---|---|---|
|  |  |  |  | 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.

This study began before the required registry, see cover letter

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.

See prior papers.

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

Does your paper address CONSORT subitem 25? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

This project was funded by the Department of Biomedical and Health Information Sciences and the Center of Excellence for End-of-Life Transition Research. The project described was supported by Grant Number P30AG022849 from the National Institute on Aging, Grant Number UL1 TR000050 from the National Center for Advancing Translational Sciences, and Grant P30 NR010680 from the National Institute of Nursing Research. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Aging, National Center for Advancing Translational Sciences, National Institute of Nursing Research or the National

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

None to report

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○ yes, minor changes

○ no

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Your answer

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8
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