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: 22208829

* Erforderlich

Your name *
First Last

Stefan Schweiger

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

Knowledge Media Research Center, Tub

Your e-mail address *

schw.stefan@gmail.com

Title of your manuscript *

How Confidence in Prior Attitudes, Social Tag Popularity, and Source Credibility Shape Confirmation Bias Toward Antidepressants and Psychotherapy in a Representative German Sample: Randomized Controlled Web-Based Study

Name of your App/Software/Intervention *

If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

Social Tagging Experimental Platform

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

1.0700000000000001
Language(s) *
What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. “English, French”).

German

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

https://www.iwm-kmrc.de/www/index.html

URL of an image/screenshot (optional)
Meine Antwort

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

Sonstiges:

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)”, “Alzheimer (Informal Caregivers of)”

Depression

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

clicks on tags, blog posts; attitude change

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

Meine Antwort

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”

Sonstiges: Navigation in the environment for at least 5 minutes
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%

Sonstiges: trial has ended, no users using.

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
- Sonstiges:

Article Preparation Status/Stage *

- 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
- Sonstiges:

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
- Sonstiges:
16.3.2019

**CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form**

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

- [ ] Pilot/feasibility
- [x] 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 acknowledgment email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is in 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
- [ ] Sonstiges: ms#11081

**TITLE AND ABSTRACT**

1a) TITLE: Identification as a randomized trial in the title

| Item | 1 | 2 | 3 | 4 | 5 | Essential |
|------|---|---|---|---|---|-----------|
| 1a-i) Identify the mode of delivery in the title | ☐ | ☐ | ☐ | ☒ | ☒ | ☒         |

**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

"Randomized Controlled Web-Based Study"

1a-ii) Non-web-based components or important co-interventions in title

| Item | 1 | 2 | 3 | 4 | 5 | Essential |
|------|---|---|---|---|---|-----------|
| 1a-ii) Non-web-based components or important co-interventions in title | ☐ | ☐ | ☐ | ☐ | ☒ | ☒         |

**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

no, entirely web-based study

1a-iii) Primary condition or target group in the title

| Item | 1 | 2 | 3 | 4 | 5 | Essential |
|------|---|---|---|---|---|-----------|
| 1a-iii) Primary condition or target group in the title | ☐ | ☐ | ☐ | ☒ | ☒ | ☒         |

**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

Representative German Sample of Online Users

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https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OimqcS64Rdf1AFvmrTSkZQL2-3O809hrL5Sw/viewform?hl=en_US&edit2=2_ABa... 4/26
1b) **ABSTRACT: Structured summary of trial design, methods, results, and conclusions**

1b-i) **Key features/functionality/components of the intervention and comparator in the METHODS section of the ABSTRACT**

Mention key features/functionality/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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

Participants provided prior attitudes about antidepressants and psychotherapy. We manipulated (1) confidence in prior attitudes when participants searched for blog posts about the treatment of depression, (2) tag popularity —either psychotherapy or antidepressant tags were more popular, and (3) source credibility with banners indicating high or low expertise of the tagging community.

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

In total, 520 participants of a representative sample of the German Web-based population were recruited via a panel company. Among them, 48.1% (250/520) participants completed the fully automated study.

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

In total, 520 participants of a representative sample of the German Web-based population were recruited via a panel company. Among them, 48.1% (250/520) participants completed the fully automated study.
INTRODUCTION

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

2a-i) Problem and the type of system/solution

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

1 2 3 4 5
subitem not at all important essential

Does your paper address subitem 2a-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

We found correlational support for defense motivation account underlying confirmation bias in the mental health–related search context. That is, participants tended to select information that supported their prior attitudes, which is not in line with the current scientific evidence.

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

In total, 520 participants of a representative sample of the German Web-based population were recruited via a panel company. Among them, 48.1% (250/520) participants completed the fully automated study.

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

We found correlational support for defense motivation account underlying confirmation bias in the mental health–related search context. That is, participants tended to select information that supported their prior attitudes, which is not in line with the current scientific evidence.
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.

Problem:
Do people attend to information independent of their prior attitudes, and do they distinguish expert from nonexpert sources on the Web? To address these important questions [1-3], we investigate confirmation bias, the tendency to favorably select and evaluate attitude-consistent information [3-6].

Solution - Confidence:
We expect that when prior attitudes are held with high confidence, participants preferably select and evaluate attitude-consistent information. If participants were defense motivated, high (vs low) confidence would make them less (vs more) threatened by attitude-inconsistent information and they would select more attitude-inconsistent information and evaluate it more favorably [7].

Solution - Tag Clouds
We suggest that social tag clouds are particularly nonintrusive and therefore highly suited to circumvent the influence of prior attitudes as larger tags are visually dominating, and it has been shown that people who primarily attend to large tags [25,28,29] are more likely to click on large tags [20,30,31] even when large tags are inconsistent with activated associations in memory [30,31] or prior attitudes [20]. Moreover, social consent elicits the behavior that conforms to the majority in offline settings [22,33]. Moreover, people select more trustworthy results when facing a grid-like (vs list-like) arrangement of search results, similar to social tag clouds [34]. In sum, tag clouds should be suited to decrease the influence of prior attitudes in information search and reduce confirmation bias.

Solution - Source Credibility
In line with the accuracy motivation account, we expect that if information searchers recognize high source credibility, they will select more tags and related blog posts in total, regardless of whether attitude-consistent or attitude-inconsistent tags are more popular in the social tag cloud. If, on the other hand, people showed defense motivation [7], they would avoid attitude-inconsistent tags and blog posts with high source credibility and evaluate it less favorably.

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.

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

https://docs.google.com/forms/d/e/1FAIpQLSIZBSUp1bwOc_OlmqcS64Rdf1AFvrmrTSkZQL2-3O8O9hrL5Sw/viewform?hl=en_US&edit2=2_ABa...
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.

The second influence on confirmation bias occurs when people face cues from socially aggregated information on the Web [19-24]. Cues indicating socially aggregated information include star ratings, likes, retweet counts, or social tags. In the case of tagging, tag clouds arise when users label or tag content on the Web, such as videos, images, or documents (Figure 1) [21,26]. When tags from the tagging community are aggregated and presented in tag clouds, the tags represent the consent of a majority of people and guide information searchers [20,27].

High majority consent or high tag popularity translates into large tags, which attract more attention than smaller tags with less social consent.

We suggest that social tag clouds are particularly nonintrusive and therefore highly suited to circumvent the influence of prior attitudes as larger tags are visually dominating, and it has been shown that people who primarily attend to large tags [25,28,29] are more likely to click on large tags [20,30,31] even when large tags are inconsistent with activated associations in memory [30,31] or prior attitudes [28]. Moreover, social consent elicits the behavior that conforms to the majority in offline settings [32,33].

Moreover, people select more trustworthy results when facing a grid-like (vs list-like) arrangement of search results, similar to social tag clouds [34]. In sum, tag clouds should be suited to decrease the influence of prior attitudes in information search and reduce confirmation bias.

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.

Hypotheses
First, we expect that people's attitudes (H1a) and efficacy ratings (H1b) before navigation are more favorable for psychotherapy than for antidepressants. We expect that high (vs low) confidence leads to a more pronounced confirmation bias and an increased selection of attitude-consistent tags (H2b) and blog posts (H2c), and this will strengthen the attitudes people already had before navigation (H2d). So, when prior attitudes favor psychotherapy, and confidence is high, participants prefer psychotherapy tags and blog posts and change their attitudes even more toward psychotherapy. If confidence is low, prior attitudes should not be related to selection of tags and blog posts and attitude change.

Tag popularity should circumvent the influence of prior attitudes, so participants select popular tags more frequently than less popular tags (H3a) and blog posts (H3b). Consequently, attitudes change in line with tag popularity (H3c). Participants distinguish high from low source credibility (H4a). When tags and blog posts are collected by experts (vs novices), participants click on more tags (H4b) and blog posts (H4c) overall, independent of their prior attitudes, and people should show more attitude change for both treatments (H4d).

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.

Procedure and Design
This study comprised a 2 (confidence: high and low) × 2 (tag popularity: antidepressants high and psychotherapy high) × 2 (tagging source credibility: high and low) between-subjects design.

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.

### 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 | 1 | 2 | 3 | 4 | 5 | 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.

There were no bugs or known downtimes.

### 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.

48.1% (250/520) completed it, 1.3% (7/520) withdrew their data, and 3.2% (17/520) participants were dropped as they did not provide responses (Figure 2).

### 4a-i) Computer / Internet literacy

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

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

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

With respect to familiarity of the technology used in the study, 24.8% (56/226) stated they were familiar with the term tag cloud, 36.7% (83/226) stated they had already clicked on single tags to navigate the Web.

### 4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

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

Participants enrolled via a Web-based portal of a private panel company (respondi AG, Cologne, Germany; ISO 26362 certified), which linked to our survey, and participants were offered €4 to complete it.
4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedure (e.g., publish the informed consent documentation as appendix, see also item X20), 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.

Participants were granted anonymity and asked to provide informed consent by clicking the button to start the study, after which they were randomly assigned to 1 of the 6 experimental conditions by a computerized random number procedure.

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *

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

The paper makes clear that participants enrolled online, so they could be located anywhere in Germany.

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.

Does your paper address subitem 4b-i? *

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

Participants agreed to statements on the efficacy of psychotherapy and antidepressants on a scale from 1 (completely disagree) to 7 (completely agree), before (antidepressants Cronbach alpha=.89 and psychotherapy Cronbach alpha=.92) and after navigation (antidepressants Cronbach alpha=.94 and psychotherapy Cronbach alpha=.95).

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.

Multimedia Appendix 1 shows the environment and the institutional affiliation logo.

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).
**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.

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

**Does your paper address subitem 5-ii?**

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

This item is not important for the current study.

**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).

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

**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.

This item is not important for the current study.

**5-iv) Quality assurance methods**

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

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

**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.

This item is not important for the current study.

**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.

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

**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.

We did not provide the source code.
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.

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

We have not preserved the study digitally.

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 login, 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).

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

Participants enrolled via a Web-based portal of a private panel company (respondi AG, Cologne, Germany; ISO 26362 certified), which linked to our survey, and participants were offered €4 to complete it.

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 [1] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [1, 6] 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].

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

Confidence

We adapted the experimental procedure by Petty and colleagues—Study 3 in [17]—and participants recalled situations in which they had felt confident or doubtful about their own knowledge, using 5 input text boxes for 5 min.

Tag Popularity

For the psychotherapy popular group, psychotherapy tags were larger, and for the antidepressant popular group, antidepressants tags were larger (Figure 1).

Source Credibility

On top of the page, banners showed that either alleged college students (low source credibility; Figure 4) or domain experts (high source credibility; Figure 5) had collected and tagged the blog posts. After the search task, participants rated the source credibility of the information on a scale from 1 (not at all) to 7 (highly).
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.

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

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

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

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 [3]. 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
Dependent Variables

Efficacy Ratings (Attitude Change)
Participants agreed to statements on the efficacy of psychotherapy and antidepressants on a scale from 1 (completely disagree) to 7 (completely agree), before (antidepressants Cronbach alpha=.89 and psychotherapy Cronbach alpha=.92) and after navigation (antidepressants Cronbach alpha=.94 and psychotherapy Cronbach alpha=.95). To predict attitude change with respect to treatment preference, we derived a difference index score, subtracting the antidepressant from psychotherapy treatment ratings. Beside attitude change in terms of treatment preference, we analyzed pooled attitude change by taking the sum of efficacy ratings for both treatments before and after navigation (divided it by the number of items for interpretability).

Tag and Blog Post Selection
To measure attitude-consistent navigation, we recorded the number of tags and blog posts selected for each treatment category (0=psychotherapy and 1=antidepressants).

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].

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

Questionnaires were not validated for online use.

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.

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

Manipulation Checks

Confidence
Contrary to our expectations (H2a), we could not replicate the confidence manipulation—Study 3 in [17]. After recalling situations in which they had been confident (mean 4.64, SD 1.20), participants were not more confident about their arguments compared with recalling situations in which they had been doubtful (mean 4.68, SD 1.09; t224=<1; P=.78).

Source Credibility
In contrast to our expectation (H4a), source credibility ratings in the high source credibility condition (mean 4.87, SD 1.26) did not significantly differ from source credibility ratings in the low source credibility condition (mean 5.16, SD 1.32; t224=1.67; P=.10).
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 | essential |
|---|---|---|---|---|-----------|
| no | no | yes | yes | yes | important |

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

At the end of the study, participants could provide feedback in a text box.

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

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

No changes were made, the item is not applicable.

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.

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
| no | no | yes | yes | yes | important |

Does your paper address subitem 7a-i?
Copy and paste relevant sections from manuscript text (include direct quotes from your manuscript), or elaborate 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 attrition was accounted by setting a target sample of participants who fully filled out the online questionnaire (N = 250).

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 direct quotes from your manuscript), or elaborate 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 interim analyses were conducted.

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 direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

[, they were randomly assigned to 1 of the 6 experimental conditions by a computerized random number procedure.

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

[... ] they were randomly assigned to 1 of the 6 experimental conditions by a computerized random number procedure.

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.

Participants enrolled via a Web-based portal of a private panel company (respondi AG, Cologne, Germany; ISO 26362 certified), which linked to our survey, and participants were offered €4 to complete it.

[... ] they were randomly assigned to 1 of the 6 experimental conditions by a computerized random number procedure.

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 essential

subitem not at all important

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

The Procedure implies that participants were blinded.

11a-ii) Discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”.

1 2 3 4 5 essential

subitem not at all important

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.

The Procedure implies that participants were blinded.
### 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

The Procedure implies that participants were blinded.

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### 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

#### 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

No imputation was used.

---

### 12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *

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

To disentangle this 3-way interaction, simple slopes were tested on low (−1 SD) and high (+1 SD) levels of source credibility ratings and confidence ratings. This revealed a strong association between prior attitudes and treatment efficacy ratings after navigation for participants with lower ratings of confidence (−1 SD) and high source credibility ratings (+1 SD; beta=.34, SE 0.13; P=.01) but no association for high confidence ratings (+1 SD) and low source credibility ratings (−1 SD; beta=.11, SE 0.06; P=.05). There was also no association with low confidence (−1 SD) and low source credibility ratings (−1 SD; beta=.08, SE 0.10; P=.42) and with high confidence (+1 SD) and high source credibility ratings (+1 SD; beta=.04, SE 0.06; P=.50; Figure 9).

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

#### X26-i) Comment on ethics committee approval

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

This study was approved by the local ethics committee (name of institutional committee).
RESULTS

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

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

Does your paper address CONSORT subitem 13a? *

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

See Figure 2 - Participant Flow Diagram.

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 2 - Participant Flow Diagram.

13b-i) Attrition diagram

Strongly recommended. An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/engagement.

Participants were granted anonymity and asked to provide informed consent by clicking the button to start the study [...]
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.

Not applicable, no more log ons possible.

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.

No dates are mentioned.

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".

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.

No dates are mentioned.

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 information is provided on this.

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.

Not applicable, sample was representative. Demographics are shown in Table

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.

Demographics are shown in Table 1.

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

Does your paper address subitem 16? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this") to indicate direct quotes from your manuscript, or elaborate 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, no more log ons possible.
16-i) Report multiple “denominators” and provide definitions

Report multiple “denominators” and provide definitions. Report Ns (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.

16-ii) Primary analysis should be intent-to-treat

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

Does your paper address subitem 16-ii?

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

The paper states that the analyses are conducted for participants who completed the study.

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Tables 2-4 present effect sizes in terms of R² values.

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

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

Does your paper address subitem 17a-i?

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

We did not include such information.

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.

We did not include such information.

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

See Figure 2 - Participant Flow Diagram.
To disentangle this 3-way interaction, simple slopes were tested on low (-1 SD) and high (+1 SD) levels of source credibility ratings and confidence ratings. This revealed a strong association between prior attitudes and treatment efficacy ratings after navigation for participants with lower ratings of confidence (-1 SD) and high source credibility ratings (+1 SD; beta=.34, SE 0.13; P=.01) but no association for high confidence ratings (+1 SD) and low source credibility ratings (-1 SD; beta=.11, SE 0.06; P=.053). There was also no association with low confidence (-1 SD) and low source credibility ratings (-1 SD; beta=.08, SE 0.10; P=.42) and with high confidence (+1 SD) and high source credibility ratings (+1 SD; beta=.04, SE 0.06; P=.50; Figure 9).

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).

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

Not applicable.

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

Not applicable. No important harms were present in this online study.

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[3], technical problems, and other unexpected/unintended incidents. “Unintended effects” also includes unintended positive effects[2]

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

Not applicable.

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.

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

Figure 6 presents qualitative arguments for and against psychotherapy and antidepresants provided by participants.
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).

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.

Principal Findings

With this randomized, controlled study, we aimed to investigate prior attitudes about antidepressants and psychotherapy and the tendency to confirm prior attitudes when selecting and evaluating mental health–related information. We presented 3 factors to counter confirmation bias: popularity of treatment of the tagging community. We expected that people would select and favorably evaluate attitude-inconsistent content when confidence was low (vs high). In addition, we expected that source credibility and tag popularity should influence selection of tags independent of prior attitudes. We could not replicate the confidence manipulation—Study 3 in [17]—and participants did not distinguish source credibility as presented by banners; therefore, we used manipulation check scores for correlational analyses.

As expected, people in the German population rated psychotherapy as more effective than antidepressants, and they reported according beliefs. Increasing tag popularity increased selection of tags, independent of prior attitudes and confidence. In contrast to our expectations, higher source credibility was not associated with increased tag or blog post selection. Participants with high confidence were more open to select attitude-inconsistent blog posts, which is in line with the defense motivation account but not with the accuracy motivation account we had expected [7]. Moreover, we found that people with low confidence rated treatment efficacy in accordance with their prior attitudes but only when perceived source credibility was high.

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

Highlight unanswered new questions, suggest future research.

1 2 3 4 5 essential
Defense Motivation in Mental Health–Related Information Search:
We expected that people would be guided by accuracy motivation when searching for mental health–related information. People would strive to select and evaluate information that is objectively correct, regardless of their prior attitudes. In contrast to this, the pattern of results suggests that information searchers were defense motivated, and they tended to confirm their prior attitudes to avoid dissonant cognitions and to maintain a positive view of themselves [7,10,58]. This was reflected in blog post selection and resulting attitude change. We found that low confidence was associated with selecting attitude-consistent blog posts, which suggests that participants may have felt increased threat under low confidence. The findings on attitude change provide further support for the defense motivation account. People with high confidence were expected to change their attitudes in line with their prior attitudes. However, we found the opposite. When confidence was low, not high, people’s attitudes after navigation were polarized in line with their prior attitudes. However, in contrast to blog post selection, this pattern was only found when source credibility was high but not when source credibility was low. This suggests that attitude-inconsistent information could have posed a double threat when source credibility was high, in combination with low confidence. In all other instances, there was no association between prior attitudes and attitude change. What follows from defensive processing? Not only when information presents a direct threat (e.g., antismoking images) but also when different treatment options are available, prior attitudes have an impact on Web-based information search. When information acknowledges prior attitudes of the reader, the need to maintain a positive self-view can be reduced, and the reader becomes more open to attitude-inconsistent information [59,60]. Therefore, content authors could anticipate the attitudes of their readers when providing health information and acknowledge existing attitudes and views before providing potentially conflicting information.

Future studies should test whether this result extends to other health-related domains, beyond treatment of depression, and to other information platforms as well. Furthermore, it would be highly interesting to compare treatment attitudes toward Internet-based psychotherapy including different delivery modes.

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

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

Does your paper address subitem 21-i?

According to the Federal Office of Statistics, the sample from this study is representative for gender and age, but participants with lower education, such as people with a qualified job, are underrepresented, whereas participants with a university degree are slightly overrepresented [63]. Therefore, the results of this study should be interpreted with caution for people with lower-level education. The recruitment process of the panel company uses Web-based campaigns, search engine marketing, and offline recruitment, where participants register at a portal through which they can enroll for studies that match their demographics. Therefore, it should be noted that this sample is restricted to Web-based users of the German population.

This study suggests that the results for confidence and its interplay with source credibility are in line with predictions of defense motivation; however, because of the correlational design, potential correlated confounding influences could be at work and could potentially have been overlooked.

Moreover, all blog posts highlighted the efficacy aspect of prior attitudes, whereas other important issues such as side effects or treatment of psychological causes were not mentioned in the blog posts. Thus, only 1 aspect related to prior attitudes, namely treatment efficacy, was addressed in the blog posts. In addition, all blog posts were formulated positively, such that information revealing limitations and boundary conditions of the treatments were addressed in the blog posts.

As age could be an important covariate in this study, we exploratively checked the influence of age for each dependent variable; however, age was not a significant predictor in none of the analyses.

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.

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

| DRKS00016971 |
|-------------|
| How Confidence in Prior Attitudes, Social Tag Popularity, and Source Credibility Shape Confirmation Bias Toward Antidepressants and Psychotherapy in a Representative German Sample: Randomized Controlled Web-Based Study |

### 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.

| Full protocol can be accessed at DRKS00016971 |
|---------------------------------------------|
| Does your paper address CONSORT subitem 23? |

### 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.

**Acknowledgments**

This study was funded by the Knowledge Media Research Center.

**X27) Conflicts of Interest (not a CONSORT item)**

**27-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.

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

**Conflicts of Interest**

None declared.

**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
- [x] no

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No changes, paper already in copy editing.

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- Sonstiges:

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- yes
- no
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Any other comments or questions on CONSORT EHEALTH

Meine Antwort

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