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

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

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

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

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

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

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

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

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

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

* Required

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OlmqcS64RdlAFvnrTSkJQzL2-3O8O9hrL5Sw/viewform?hl=en_US&formkey=dGlKd2Z2Q1IN...
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Title of your manuscript *
Provide the (draft) title of your manuscript.
Effect Evaluation of a Web-Based coaching intervention to Support Implementation of Sexuality Education among Secondary-school Teachers: Randomized Controlled Trial

Article Preparation Status/Stage *
At which stage in your article preparation are you currently (at the time you fill in this form)
- not submitted yet - in early draft status
- not submitted yet - in late draft status, just before submission
- submitted to a journal but not reviewed yet
- submitted to a journal and after receiving initial reviewer comments
- submitted to a journal and accepted, but not published yet
- published
- Other:

Journal *
If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")
- not submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)
- Other:

Manuscript tracking number *
If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)
- no ms number (yet) / not (yet) submitted to / published in JMIR
- Other:
TITLE AND ABSTRACT

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

1a) Does your paper address CONSORT item 1a? *
I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")
- yes
- Other: 

1a-i) Identify the mode of delivery in the title
Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

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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

Effect Evaluation of a "Web-Based coaching intervention" to Support Implementation of Sexuality Education among Secondary-school Teachers: Randomized Controlled Trial

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").

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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
The focus of this study was on the effect of the e-coaching intervention, thus mentioning a co-intervention was unnecessary as there was none.

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

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions
NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT
Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

Does your paper address subitem 1b-i? *
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.
"A cluster randomized controlled trial (e-coaching vs waiting list control) was conducted with a baseline assessment (T0) and follow up (T1) two weeks after completing the LLL program."

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT
Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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subitem not at all important ● ● ● ● ● 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

There was no human involvement in this study. The method section furthermore clearly explains that teachers were responsible for using the website.

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT
Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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Does your paper address subitem 1b-iii?
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
Participants were recruited from the national database of all secondary schools in the Netherlands "after stratification according to region and education level". Teachers were not informed of the existence of the e-coaching vs waiting-list control group.

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)

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

experimental e-coaching website did not score higher on completeness (P = .60; Regression weight = -2.12 (3.99); 95% C.I. = -10.26, 6.02; Cohen's d = .17) or fidelity (P = .67; Regression weight = 0.09 (0.21); 95% C.I. = -0.33, 0.51; Cohen's d = .14) as compared to teachers in the control condition. When comparing the 30 teachers who made actual use of the e-coaching website with the 37 teachers who did not, no significant differences were found either (P's ≥.54). There was also no effect of e-coaching on the determinants of teacher implementation behavior (t's ≤ 0.69; P's ≥ .22; .33 > Cohen's d > .06)..

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

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

Does your paper address subitem 1b-v?

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

The primary outcome is summarized and explanation is attributed to intervention content, limited use and study design. A process evaluation is then suggested and conducted to further explain these results.
INTRODUCTION

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

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

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

The problem is clearly explained, namely that teacher implementation of school based sex-education programs is not optimal and support is needed in every phase of the implementation process. The available support appears to fall short, therefore this e-coaching intervention was developed to support teachers in complete and correct implementation of a school-based program called Long Live Love. The E-coach is part of a broader implementation strategy:
"Correct implementation is important for the effectiveness of an intervention. An intervention that is implemented completely and..."

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

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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

It remains important to provide teachers with more personal assistance and ongoing support and consultation during the process of putting an innovation into practice [6,16,17,14]. Currently, this support is limited to providing practical support in the form of teacher manuals with practical information on the content of the lessons and on how to deliver such lessons. However, more in-depth coaching focusing on determinants of implementation such as self-efficacy and social support to enhance completeness and fidelity is lacking [18,19,11,20-26].
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

Determining the effectiveness of e-coaching:
"An effect and process evaluation for the pilot implementation of the coaching website was conducted. This occurred simultaneously with the pilot implementation of the revised school-based LLL intervention for students [30]. This paper focuses on the effect of e-coaching on (determinants of) teachers’ implementation behavior."

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

"A clustered randomized controlled trial (e-coaching vs waiting-list control) was conducted, with a baseline assessment (T0) and follow up (T1) two weeks after completing the LLL program. Teachers were not informed about the existence of these two groups."

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

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

No changes were made after commencement of the trial.

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

One component of the e-coaching website, the self-reflection tool was out of order for most of the study and was most likely the reason why most teachers did not use it, however this only came to light during the process evaluation study, which is why it is not mentioned in this effect paper.

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

"Only teachers who taught SRH were contacted. The schools with teachers who accepted the invitation (N = 45) were randomly assigned to either the control or the intervention (e-coach) group"

4a-i) Computer / Internet literacy

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

Does your paper address subitem 4a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
This was not relevant to mention in this study as all teachers in the Netherlands are computer literate, largely due to their profession.

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.

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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

"Teachers within these schools were invited, by e-mail and telephone, to use the revised LLL program and to participate in a survey study on their experience and implementation of Sexual and Reproductive Health education (SRH) and LLL.....Teachers in the intervention and control group who consented to participation first received the baseline survey (T0) by post."

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.

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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
"Teachers within these schools were invited, by e-mail and telephone, to use the revised LLL program and to participate in a survey study on their experience and implementation of Sexual and Reproductive Health education (SRH) and LLL."

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

Secondary schools in diverse regions of the country:
"From all the secondary schools in the Netherlands (N=610), a sample of N = 115 (19%) schools was randomly selected, after stratification according to region and education level"

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

Teachers in the intervention and control group who consented to participation first received the baseline survey (T0) by post....Teachers had two weeks to complete and return the survey."

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

Teachers were aware that this study was being conducted by STI AIDS Nethelrands and Maastricht University in the e-mail communication with the teachers and as logo's on the surveys.

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

Not relevant in this case as the intervention developer is not an author or evaluator of this study.

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 |
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| Not at all important | | | | | essential |

Does your paper address subitem 5-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study
The development of the intervention is described extensively in a published article and is referred to in the text. "For a more detailed description of the e-coach see Schutte et al., 2016 [29]."

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).

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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.

The intervention was evaluated more or less directly after it was complete, thus no changes were made to the intervention during the evaluation process.

5-iv) Quality assurance methods
Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

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

This is not mentioned in the ms but next to the self-reported data, several classroom observations during teacher implementation were conducted to get an impression of how teachers in both the control and intervention group were implementing the Long Live Love program.
5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

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

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Does your paper address subitem 5-v?

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

A flow chart is provided in the paper.

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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Does your paper address subitem 5-vi?

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

Screen shots and a demo video of the website were presented in the previous published article on the development of the e-coaching website Schutte L, van den Borne M, Kok G, Meijer S, Mevissen F. Innovatively supporting teachers’ implementation of school-based sex education: Developing a web-based coaching intervention from problem to solution. Journal of Medical Internet Research 2016;18(7):e136. PMID: 27405241

5-vii) Access

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

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https://docs.google.com/forms/d/e/1FAIpQLSfZBSU/p1twOc_01mqcS64Rdf1AFvmrTSkZQL2-3O809hrL5Sw/viewform?hl=en_US&formkey=dGIkZ2Z2Q1INc
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.

"Additionally, teachers in the intervention group were given access to the e-coaching website with a personal user name and password, and an edition of the LLL teacher manual which contained references to the website."

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].

subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

Does your paper address subitem 5-viii?

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

on homonegative remarks or behavior. The content of the e-coach was guided by theories on implementation behavior [10,28], and based on a needs assessment among the target group [29]. Intervention objectives were psychosocial determinants, such as awareness, teachers’ personal benefit, social support, (anticipated) student responses and self-efficacy. The E-coach could be used by teachers prior to and during deliverance of the LLL program. For a more detailed description of the e-coach see Schutte et al., 2016 [29]. The E-coach was part of a broader implementations strategy aimed at disseminating and implementing the LLL program.

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.

subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

Does your paper address subitem 5-ix?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.
Teachers in the intervention e-coaching group were stimulated to use the website through references to it in the teacher manual and by motivating them to use the website during the MHS training but teachers were given the liberty to further use the website as desired or needed. “At the same time, teachers in both groups were offered a training from the MHS in their region prior to implementing the revised LLL program. Separate trainings were delivered to teachers in the e-coaching intervention group vs. the control group with teachers in the intervention group receiving additional information during the training about the e-coaching website and being stimulated to use it during the implementation of LLL. Additionally, teachers in the intervention group were given access to the e-coaching website with a personal user name and password, and an edition of the LLL teacher manual which contained references to the website.”

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 [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

Fidelity was measured as the extent to which the LLL program was implemented according to the guidelines as prescribed in the teacher manual, with scores ranging from 1 ("I reviewed the program and only delivered a few lesson suggestions according to the teacher manual), to 5 ("I delivered all lesson suggestions for the LLL program exactly according to the teacher manual") [35]. All measures, including number of items, response scales, reliability and exemplary items are presented in Table 1.”

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

implemented according to the guidelines as prescribed in the teacher manual, with scores ranging from 1 ("I reviewed the program and only delivered a few lesson suggestions according to the teacher manual), to 5 ("I delivered all lesson suggestions for the LLL program exactly according to the teacher manual") [35]. All measures, including number of items, response scales, reliability and exemplary items are presented in Table 1.”

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

"Halfway during the pilot implementation, an e-mail reminded teachers in the intervention group to use the e-coaching website".
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

Not applicable to this study: Questionnaires were sent and received by post, not online.

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

Use of e-coaching was measured as a binary variable: “Did you visit the ‘Lesgeven in de Liefde’ website for teachers during your use of the new LLL program?” (0 = no, never, 1 = yes)

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).

Does your paper address subitem 6a-iii?
Copy and paste relevant sections from manuscript text
students [30]. This paper focuses on the effect of e-coaching on (determinants of) teachers’ implementation behavior. The process evaluation is described elsewhere (personal communication by Schutte et al., 2016)."

"In addition, subjective evaluations of the e-coach and the MHS training were included (this will be further discussed in the process evaluation (personal communication by Schutte et al., 2016)."

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

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

Not applicable to this study. No changes to trial outcomes after the trial commenced.

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

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

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

A power analysis was conducted: Assuming fidelity as primary outcome measure, an effect size \( d = 0.60 \), a 5% alpha and a power of 90%, a total of 58 teachers per condition was required (29 schools with 2 teachers per school). Considering the nesting of teachers within schools and the randomization of schools, with the possibility of dropout, 70 teachers per condition or 140 teachers in total was required.
7b) When applicable, explanation of any interim analyses and stopping guidelines

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

Not applicable to this study.

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.

Only teachers who taught SRH were contacted. The schools with teachers who accepted the invitation (N = 45) were randomly assigned to either the control or the intervention (e-coach) group.

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

Does your paper address CONSORT subitem 8b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Not applicable to this paper.
9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

A computer program was used to randomly assign schools.

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

A computer program was used to randomly assign schools.

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).

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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 MHS trainers were aware of which teachers were in the intervention group and which not as they administered 2 separate trainings to these groups:

"Separate trainings were delivered to teachers in the e-coach intervention group vs. the control group with teachers in the intervention group receiving additional information during the training about the e-coaching website and being stimulated to use it during the implementation of 1.1."

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".

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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.

Teachers were blinded to the condition they were in:

"Teachers were not informed about the existence of these two groups...The teachers in the control group were not exposed to or informed about the website, until after the end of the e-coach evaluation"

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.

Not applicable to this study.
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

"Given the nested structure of the design and the data (partly repeated) measurements nested within teachers nested within schools) multilevel regression analyses were used to evaluate the effects of e-coaching on teachers' (determinants of) implementation of LLL. Two levels were defined in the multilevel analysis: 1) school, 2) teacher. The model included the predictors group (1 for intervention group (e-coach), 0 for control group) for the outcomes of implementation behavior (completeness and fidelity) and group, time of measurement (baseline and post-test) and the interaction time x group for the determinants".

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

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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

A separate analysis was run to test for differences between teachers who actually used the intervention versus those who did not:

"When comparing the 30 teachers who made actual use of the e-coaching website with the 37 teachers who did not, still no significant differences were found in completeness (P = .54; Regression weight = 2.21 (3.62); 95% C.I. for B = -.03, 9.46) or fidelity of LLL (P = .74; Regression weight = 0.06 (.19); 95% C.I. for B = -0.32, 0.44). No significant differences were found between determinants either (t's ≤ 0.08; P's ≥ .29)."

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 relevant for this paper. Additional analyses are conducted in the process evaluation paper to better understand differences between users and non-users of the website.

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

Trial registration number: All procedures in the study were approved by the authorized Ethical Review Committee of Psychology & Neuroscience (ERCPN) at Maastricht University. Registration of this trial was not required.

X26-ii) Outline informed consent procedures

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

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.
Information was provided online and offline (e-mail, telephone) and consent was obtained in this manner as well: "Teachers within these schools were invited, by e-mail and telephone, to use the revised LLL program and to participate in a survey study on their experience and implementation of Sexual and Reproductive Health education (SRH) and LLL...Teachers in the intervention and control group who consented to participation first received the baseline survey (T0) by post."

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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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

Teachers did not remain anonymous due to linking the baseline measurement to the follow-up. Confidentiality was preserved. Teachers had the option to contact their local MHS or the evaluators if there were any problems accessing the website.

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

This is described in the results section and included a 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

This is described in the results section and included a consort flow diagram.

13b-i) Attrition diagram

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

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Does your paper address subitem 13b-i?

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

This is described in the results section and included a flow diagram.

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
completing the LLL program.... Teachers had two weeks to complete and return the survey. Non-responders got a reminder by e-mail and eventually by telephone three days after the deadline and were given another two weeks to return the survey.... One week before expected completion of the LLL program, all teachers were reminded by e-mail and telephone about the upcoming post-test questionnaire (T1). Within two weeks after completing the implementation of the LLL program, the T1 survey was sent to all teachers. Reminders were sent by e-mail and eventually by telephone to non-responders.*

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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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

Not applicable to this study. No secular events occured in the study period.

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

Not applicable to this study. The study was completed.

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? *

https://docs.google.com/forms/d/e/1FAIpQLSfZBSU/p1bwOc_OlmqcS64RdfIAFvrmrTSkZQL2-3O8O9hrL5Sw/viewform?hl=en_US&formkey=dGiKdZ2Q1IN...
15-i) Report demographics associated with digital divide issues

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

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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

Described in the text and see Table 2.

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

16-i) Report multiple “denominators” and provide definitions

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

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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

Described in the text and see Table 2.
A total of 43 schools with 83 teachers participated in the study. In the follow-up 38 schools participated, 23 in the e-coaching condition with 41 teachers, 15 in the control condition with 26 teachers. Multilevel regression analysis was used to evaluate the effect of the e-coaching website, on (determinants of) completeness and fidelity of LLL implementation. The e-coaching intervention was not found to have an effect on teachers' implementation behavior; teachers assigned to the experimental e-coaching website did not score higher on completeness (P= .60; Regression weight = -2.12 (3.99); 95% C.I. = -10.26, 6.02; Cohen's d = .17) or fidelity (P=.67; Regression weight = 0.09 (0.21); 95% C.I. = -0.33, 0.51; Cohen's d = .14) as compared to teachers in the control condition. When comparing the 30 teachers who made actual use of the e-coaching website with the 37 teachers who did not, no significant differences were found either (P's ≥.54). There was also no effect of e-coaching on the determinants of teacher implementation behavior (t's;≤ 0.69; P's ≥.22; .33 > Cohen's d > .06).

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

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.

Use of the website is more extensively discussed in the process evaluation paper. Use of the website was however presented briefly in this paper:

"Based on the survey, it turned out that of the 41 teachers in the intervention group, 30 actually visited the website (75%). When comparing the 30 teachers who made actual use of the e-coaching website with the 37 teachers who did not, still no significant differences were found in completeness (P = .54; Regression weight = 2.21 (3.62); 95% CI for B = 5.22, 0.43); fidelity of L2L (P = .74; Regression...

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 to this paper. No binary outcomes.

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.

Not applicable to this paper. All analyses conducted are presented in the paper.
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.

"Based on the survey, it turned out that of the 41 teachers in the intervention group, 30 actually visited the website (75%). When comparing the 30 teachers who made actual use of the e-coaching website with the 37 teachers who did not, still no significant differences were found in completeness (P = .54; Regression weight = 2.21 (3.62); 95% C.I. for B = -0.03, 9.46) or fidelity of LLL (P = .74; Regression weight = 0.06 (.19); 95% C.I. for B = -0.32, 0.44). No significant differences were found between determinants either (t's ≤ 0.08; P's ≥ .29)."

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 to this study. No harm could come from being exposed to the intervention condition and teachers were finally given the liberty to use the website or not.

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].

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.
One component of the e-coaching website, the self-reflection tool was out of order for most of the study. This is mentioned and explained and relevant to the process evaluation paper, following this effect paper but has no relevance to this particular effect paper.

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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Does your paper address subitem 19-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is described in more detail in the process evaluation paper following this effect paper.

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).

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Does your paper address subitem 22-i? *
Despite e-coaching being systematically developed, and with the input of experienced teachers, e-coaching was not found to be effective in changing teachers’ implementation behaviour or its determinants. In general, teachers implemented the new LLL program moderately during the pilot study. It is often difficult to prove the effectiveness of interventions or implementation strategy, even if they are solidly grounded in theory and evidence [18]."

"Several factors might explain the lack of effect of e-coaching on implementation of LLL......Motives for teachers’ use or non-use of e-coaching need to be further explored as well as means to increase use of the website by teachers. Taking contextual factors as well as individual factors into consideration remains important when stimulating implementation [6,18,28]....Means of stimulating teachers to use the website need to be explored. "

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.
study already being high, making it difficult to improve using the e-coaching intervention. Finally, the teachers who agreed to participate in the study may have been a biased sample of motivated, experienced teachers who were already capable of delivering LLL successfully….Secondly, for an intervention to have an effect, it is important that the intervention is used and positively perceived. By not being used or insufficiently used by teachers, e-coaching is unlikely to have an effect [36,37,38]….Lastly, the intervention itself may have been suboptimal."

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?

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

"Our study was an RCT design and included a baseline measure and post-test yet the number of participants that completed both surveys was relatively low, despite the dropout rate being low. This could have resulted in a lack of power to find significant effects if present and affected the generalizability of the results”.

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

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
Outside the RCT, there would be more promotion activities for the e-coaching website, more trainings from the MHS and larger multi-media attention to promote use of the e-coaching and increase use. Possibilities for stimulating use of e-coaching are discussed in the process evaluation paper (still to be submitted and published).
"his work was funded by ZonMw and supported by Maastricht University, TNO; Expertise Group Child Health and STI AIDS Netherlands. The authors give thanks and appreciation to all the teachers who participated in the research."

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 declared. The authors and evaluators are distinct from the intervention.

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As a result of using this checklist, did you make changes in your manuscript? *

☐ yes, major changes
☐ yes, minor changes
☐ no

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

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

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- Other: 

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- yes
- no
- Other: 

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