

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

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

The goal of the CONSORT EHEALTH checklist and guideline is to be

- a) a guide for reporting for authors of RCTs,
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

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

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

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

Mandatory reporting items are marked with a red *.

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

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

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

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

J Med Internet Res 2011;13(4):e126

URL: <http://www.jmir.org/2011/4/e126/>



doi: 10.2196/jmir.1923

PMID: 22209829

* Required

Your name *

First Last

Waller

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

Illawarra Shoalhaven Local Health District

Your e-mail address *

abc@gmail.com

karen.waller@health.nsw.gov.au

Title of your manuscript *

Provide the (draft) title of your manuscript.

Effectiveness and acceptability of a text message intervention (DTEXT) on diabetes control and self-management for people with type 2 diabetes. A randomised controlled trial.

Name of your App/Software/Intervention *

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

DTEXT



Evaluated Version (if any)

e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

N/A

Language(s) *

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

English

URL of your Intervention Website or App

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

Your answer

URL of an image/screenshot (optional)

Your answer

Accessibility *

Can an enduser access the intervention presently?

- ☐ access is free and open
- ☐ access only for special usergroups, not open
- ☐ access is open to everyone, but requires payment/subscription/in-app purchases
- ☒ app/intervention no longer accessible
- ☐ Other:

Primary Medical Indication/Disease/Condition *

e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Type 2 Diabetes

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Change in HbA1c at 3 and 6 months between t

Secondary/other outcomes

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

Nutrition, physical activity, blood lipid profile, body mass index, quality of life, self-efficacy, medication adherence, smoking status, program satisfaction and acceptability.

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ☐ Approximately Daily
- ☐ Approximately Weekly
- ☐ Approximately Monthly
- ☐ Approximately Yearly
- ☐ "as needed"
- ☒ Other: Daily for months 1-3; 4 times per week for months 4-6.



Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- ☐ unknown / not evaluated
- ☐ 0-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71%-80%
- ☐ 81-90%
- ☒ 91-100%
- ☐ Other:

Overall, was the app/intervention effective? *

- ☐ yes: all primary outcomes were significantly better in intervention group vs control
- ☐ partly: SOME primary outcomes were significantly better in intervention group vs control
- ☐ no statistically significant difference between control and intervention
- ☐ potentially harmful: control was significantly better than intervention in one or more outcomes
- ☐ inconclusive: more research is needed
- ☒ Other: Partly. The primary outcome showed no statistically significant difference betv



Article Preparation Status/Stage *

At which stage in your article preparation are you currently (at the time you fill in this form)

- ☐ not submitted yet - in early draft status
- ☒ not submitted yet - in late draft status, just before submission
- ☐ submitted to a journal but not reviewed yet
- ☐ submitted to a journal and after receiving initial reviewer comments
- ☐ submitted to a journal and accepted, but not published yet
- ☐ published
- ☐ Other:

Journal *

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- ☐ not submitted yet / unclear where I will submit this
- ☐ Journal of Medical Internet Research (JMIR)
- ☐ JMIR mHealth and UHealth
- ☐ JMIR Serious Games
- ☐ JMIR Mental Health
- ☐ JMIR Public Health
- ☐ JMIR Formative Research
- ☐ Other JMIR sister journal
- ☒ Other: International Journal of Behavioural Nutrition and Physical Activity



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

☐ Pilot/feasibility

☒ Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

☒ no ms number (yet) / not (yet) submitted to / published in JMIR

☐ Other:

TITLE AND ABSTRACT

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

1a) Does your paper address CONSORT item 1a? *

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

☒ yes

☐ Other:



1a-i) Identify the mode of delivery in the title

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

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

Does your paper address subitem 1a-i? *

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

In title: "text message intervention (DTEXT)".

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

Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

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

Does your paper address subitem 1a-ii?

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

N/A - the study does not include co-intervention components.



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

Mention primary condition or target group in the title, if any (e.g., "for children with Type I Diabetes")

Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

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

Does your paper address subitem 1a-iii? *

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

In title: "for people with Type 2 diabetes".

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)

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



Does your paper address subitem 1b-i? *

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

In abstract methods section: "The control group received usual care, the intervention group received usual care and the automated six month text message intervention (daily messages for months 1-3, four messages per week for months 4-6). "

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)

	1	2	3	4	5	
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

The abstract methods section states that 'usual care' is provided to both the intervention and control groups



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

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

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

Does your paper address subitem 1b-iii?

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

The abstract methods section states participants were "community dwelling adults". A detailed summary of recruitment methods is outlined in the body of the manuscript. The participants are described as "non blinded".

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

The abstract results section states: "No significant difference was observed between the intervention (n=197) or control group (n=198) for HbA1c at 3 months (-0.11%; CI -0.28, 0.07; d=-0.05, p=0.23) or 6 months (-0.13%; CI -0.33, 0.08; d=-0.05, p=0.22). A significant improvement in nutrition was seen with consumption of vegetables at 3 months (0.74 serves/day; 95%CI 0.34, 1.12; d=0.31, p<0.01) and 6 months (0.42 serves/day; 95% CI 0.03, 0.82; d=0.18, p=0.04); fruit at 3 months (0.21 serves/day; 95% CI 0.00, 0.41; d=0.09, p<0.05) and discretionary sweet foods at 3 months (-1.10 times/week; 95% CI -2.03, -0.16; d=-0.47, p=0.02). No other significant effects were seen at 3 months and 6 months. The intervention demonstrated high rates of acceptability (94.0%) and minimal withdrawal (1.5%). .

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

In abstract conclusion: A mobile phone text message intervention can improve some nutritional behaviours in people with type 2 diabetes, but does not significantly improve HbA1c or other health outcomes. DTEXT provides a highly accepted and potentially scalable form of self-management support that can complement existing diabetes care.

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 (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate 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 background: "In Australia, diabetes is one of the fastest growing chronic diseases, with prevalence increasing threefold since 1990 (1). It is the 7th leading cause of death in Australia (1), one of the largest contributors to preventable hospitalisations (2), and contributes \$14.6 billion annually in direct and indirect costs (3). Type 2 diabetes accounts for 85% of diabetes, with around 1.1 million (5%) Australians currently diagnosed with the disease, and half a million undiagnosed cases (4). Driving the development and progression of type 2 diabetes are increasing rates of overweight and obesity, largely attributed to modifiable lifestyle factors such as poor diet and physical inactivity (5). Type 2 diabetes mellitus can result in microvascular and macrovascular complications, and premature mortality (6), leading to a decreased quality of life and increased burden of the disease for the individual and the health system (3, 4). Diabetes education and self-management have been shown to improve glycaemic control and health outcomes for people with type 2 diabetes (7, 8), however in Australia, programs are often underfunded (8) with low attendance (9, 10), and self-management behaviours are often not followed (11). An important need therefore exists for the Australian health system to develop new models of diabetes care that improve outcomes in a financially sustainable way (12).

Lifestyle interventions delivered via mobile phone text message interventions have been shown to benefit a range of chronic conditions and health behaviours (13). Automated and unidirectional text message interventions for people with type 2 diabetes have demonstrated the potential for scalability to a population level, without requiring large amounts of funding or clinical information (14). However evidence on the optimal characteristics of text message interventions to improve the health and self-management of people with type 2 diabetes is limited and inconclusive (14-16). Our study aimed to determine the effectiveness and acceptability of a six-month mobile phone text message intervention (DTEXT) on diabetes control and self-management behaviours for Australian adults with type 2 diabetes and HbA1c $\geq 7.0\%$ (53 mmol/mol)".

2a-ii) Scientific background, rationale: What is known about the (type of) system

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

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



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

In background section: "Lifestyle interventions delivered via mobile phone text message interventions have been shown to benefit a range of chronic conditions and health behaviours (13). Automated and unidirectional text message interventions for people with type 2 diabetes have demonstrated the potential for scalability to a population level, without requiring large amounts of funding or clinical information (14). However evidence on the optimal characteristics of text message interventions to improve the health and self-management of people with type 2 diabetes is limited and inconclusive (14-16). Our study aimed to determine the effectiveness and acceptability of a six-month mobile phone text message intervention (DTEXT) on diabetes control and self-management behaviours for Australian adults with type 2 diabetes and HbA1c $\geq 7.0\%$ (53 mmol/mol)".

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

In background: "Our study aimed to determine the effectiveness and acceptability of a six-month mobile phone text message intervention (DTEXT) on diabetes control and self-management behaviours for Australian adults with type 2 diabetes and HbA1c $\geq 7.0\%$ (53 mmol/mol)".

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

In methods section: "This study was a pragmatic randomised controlled trial (RCT) with two parallel arms". "Block randomisation of four was used to ensure a balanced sample across the intervention and control 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

In methods section: "Due to slower than anticipated recruitment, eligibility criteria was updated from the original restrictions of age 18-75 years, HbA1c 7.5-11% (58-97mmol/mol) and residing in the Illawarra and Shoalhaven regions of NSW only".

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

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

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



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

N/A. There we no bug fixes, downtimes or content changes.

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

In methods section: "Participants were community dwelling adults residing across the state of New South Wales (NSW), Australia, with a diagnosis of type 2 diabetes and an HbA1c $\geq 7.0\%$ (53mmol/mol). Participants were aged 18 years or older, able to read and speak English, owned a mobile phone and were not pregnant".

4a-i) Computer / Internet literacy

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

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

Does your paper address subitem 4a-i?

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

N/A - the intervention was not computer or internet based. To join, participants must have "owned a mobile phone", and the text messages were designed to accommodate low health literacy levels with "a readability level of age 10-11 years (21)".



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

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

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

Does your paper address subitem 4a-ii? *

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

In methods section: "Recruitment occurred through referrals from health service providers; mail outs through the Australian Government National Diabetes Services Scheme and local diabetes and renal services; and advertisements in newspaper, radio, community noticeboard and social media (Facebook)".

Clinical outcome measures were take by "pathology collectors" who were "not informed of treatment allocation". "Self-report secondary outcome measures were collected via telephone survey" by the researchers. "Blinding of the researchers and participants was not possible due to the nature of the intervention and telephone questionnaires".

4a-iii) Information giving during recruitment

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

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



Does your paper address subitem 4a-iii?

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

In methods section: "The study protocol was published, outlining the methodology in detail (17)". "Participants provided written informed consent and medical clearance was obtained from their doctor".

4b) Settings and locations where the data were collected**Does your paper address CONSORT subitem 4b? ***

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

In methods section: "The primary outcome measure was change in HbA1c from baseline to 3 months and baseline to 6 months, measured by non-fasting blood test (NGSP method reporting units as a percentage (%); IFCC method reporting units mmol/mol). Secondary outcome measures included objective and self-report measures, recorded at baseline, 3 months and 6 months. Objective secondary outcome measures were obtained following non-fasting blood test (enzymatic method and 4th generation HDL Cholesterol Plus method, reporting units mmol/L). These included blood lipid profile (total cholesterol (TC), high density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), triglycerides (TG)). Measurements of height and weight for the calculation of BMI, were also taken by pathology collectors". "Self-report secondary outcome measures were collected via telephone survey and included physical activity, nutrition; smoking status; quality of life; self-efficacy (physical activity, nutrition, diabetes self-management); medication adherence; and program satisfaction and acceptability".

4b-i) Report if outcomes were (self-)assessed through online questionnaires

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

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



Does your paper address subitem 4b-i? *

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

Clinical measures were obtained through a "non-fasting blood test" and "Measurements of height and weight for the calculation of BMI by pathology collectors". "Self-report secondary outcome measures were collected via telephone survey" conducted by the researchers.

4b-ii) Report how institutional affiliations are displayed

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

1 2 3 4 5

subitem not at all important ☐ ☐ ☒ ☐ ☐ essential

Does your paper address subitem 4b-ii?

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

All recruitment materials, the Participant Information Sheet, Informed Consent Form and Medical Clearance Form displayed the logos for the 2 organisations involved in the research, the Illawarra Shoalhaven Local Health District and the University of Sydney.

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

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

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

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

Does your paper address subitem 5-i?

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

The text message intervention was delivered through the "software company Message Media".

5-ii) Describe the history/development process

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

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

Does your paper address subitem 5-ii?

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

In methods section: "A bank of 151 text messages was developed by an expert panel of health promotion staff, clinicians and academics. The messages used language appropriate for Australian adults with type 2 diabetes (20) and had a readability level of age 10-11 years (21). The use of theory from the Behaviour Change Wheel (22) and 12 behaviour change techniques from the Behaviour Change Technique Taxonomy (23) were used to enhance participant capability, opportunity and motivation for lifestyle behaviour change. The messages were tested in a pilot study to determine message acceptability".

5-iii) Revisions and updating

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

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

Does your paper address subitem 5-iii?

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

N/A. There were no revisions or updates.

5-iv) Quality assurance methods

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

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

Does your paper address subitem 5-iv?

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

The text messages were "developed by an expert panel of health promotion staff, clinicians and academics. The messages used language appropriate for Australian adults with type 2 diabetes (20) and had a readability level of age 10-11 years (21)".



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

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

1 2 3 4 5

subitem not at all important ☐ ☐ ☒ ☐ ☐ essential

Does your paper address subitem 5-v?

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

N/A

5-vi) Digital preservation

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

1 2 3 4 5

subitem not at all important ☐ ☐ ☒ ☐ ☐ essential

Does your paper address subitem 5-vi?

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

N/A

5-vii) Access

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

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

Does your paper address subitem 5-vii? *

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

In methods section: "Participants were community dwelling adults residing across the state of New South Wales (NSW), Australia, with a diagnosis of type 2 diabetes and an HbA1c $\geq 7.0\%$ (53mmol/mol)". "The text messages were sent daily during months one to three, and four times per week for months four to six". "The messages were delivered between the hours of 8am and 5pm using an automated unidirectional system". It was free to participant in the study and "Participants received an AU\$25 store voucher upon receipt of pathology results". "Participants could opt-out of the study at any time by texting STOP".

5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

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

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



Does your paper address subitem 5-viii? *

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

In methods section: "DTEXT was a six month mobile phone text message intervention that provided self-management support, guidance and motivation for people with type 2 diabetes. A bank of 151 text messages was developed by an expert panel of health promotion staff, clinicians and academics. The messages used language appropriate for Australian adults with type 2 diabetes (20) and had a readability level of age 10-11 years (21). The use of theory from the Behaviour Change Wheel (22) and 12 behaviour change techniques from the Behaviour Change Technique Taxonomy (23) were used to enhance participant capability, opportunity and motivation for lifestyle behaviour change".

"The text messages were sent daily during months one to three, and four times per week for months four to six. The messages were delivered between the hours of 8am and 5pm using an automated unidirectional system with the software company Message Media. Unilateral interventions have shown to have a comparatively greater effect than bi-directional text message interventions, but at a much lower cost and complexity (15, 24). Each message was a maximum of 160 characters in length, with message delivery costing AU\$0.12 per message. Message content included modules on: nutrition (35%); physical activity and sedentary behaviour (35%); diabetes care and compliance with the diabetes Annual Cycle of Care (20%); and weight management (10%). Additional messages were sent to participants on medication adherence and smoking cessation, if appropriate. No message was repeated. To semi-personalise the messages, occasional use of the participant's and researcher's first name was used. Participants could opt-out of the study at any time by texting STOP".

5-ix) Describe use parameters

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

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



Does your paper address subitem 5-ix?

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

In methods section: "The text messages were sent daily during months one to three, and four times per week for months four to six. The messages were delivered between the hours of 8am and 5pm using an automated unidirectional system".

5-x) Clarify the level of human involvement

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

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

Does your paper address subitem 5-x?

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

:In methods section: "The randomisation schedule was created by a statistician not involved in the study". "A staff member not involved in the study randomised participants and assigned them to their group after baseline measures had been completed. Participants were then enrolled into the study by the researchers". "Pathology collectors assessing objective measures and the participant's doctor were not informed of treatment allocation". "Self-report secondary outcome measures were collected via telephone survey" by the researchers. Outcome measures were "recorded at baseline, 3 months and 6 months".



5-xi) Report any prompts/reminders used

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

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

Does your paper address subitem 5-xi? *

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

N/A - the intervention was delivered via text messages to the participants mobile phone and did not require any reminders or prompts.

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

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

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

Does your paper address subitem 5-xii? *

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

N/A. The study did not include any co-interventions.



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

In methods section: "The primary outcome measure was change in HbA1c from baseline to 3 months and baseline to 6 months, measured by non-fasting blood test (NGSP method reporting units as a percentage (%); IFCC method reporting units mmol/mol). Secondary outcome measures included objective and self-report measures, recorded at baseline, 3 months and 6 months. Objective secondary outcome measures were obtained following non-fasting blood test (enzymatic method and 4th generation HDL Cholesterol Plus method, reporting units mmol/L). These included blood lipid profile (total cholesterol (TC), high density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), triglycerides (TG)). Measurements of height and weight for the calculation of BMI, were also taken by pathology collectors. Participants received an AU\$25 store voucher upon receipt of pathology results and a copy was sent to the participant's doctor. Self-report secondary outcome measures were collected via telephone survey and included physical activity, nutrition; smoking status; quality of life; self-efficacy (physical activity, nutrition, diabetes self-management); medication adherence; and program satisfaction and acceptability. Nutrition was measured using questions from the NSW Population Health Survey (25) and one developed specifically for this study. A detailed description of all outcomes measures is described in the study's protocol paper (17)".

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

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

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



Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

In methods section: "Self-report secondary outcome measures were collected via telephone survey and included physical activity, nutrition; smoking status; quality of life; self-efficacy (physical activity, nutrition, diabetes self-management); medication adherence; and program satisfaction and acceptability. Nutrition was measured using questions from the NSW Population Health Survey (25) and one developed specifically for this study. A detailed description of all outcomes measures is described in the study's protocol paper (17)".

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

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

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

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

In methods section: "The text messages were sent daily during months one to three, and four times per week for months four to six. The messages were delivered between the hours of 8am and 5pm using an automated unidirectional system".

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

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

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



Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

In methods section: "Self-report secondary outcome measures were collected via telephone survey and included... program satisfaction and acceptability", "recorded at baseline, 3 months and 6 months".

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

N/A - there were no changes to the trial outcomes after the trial commenced.

7a) How sample size was determined

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

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

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

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



Does your paper address subitem 7a-i?

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

In methods section: "The study sample size was calculated based on an expected 0.7% (8 mmol/mol) reduction in HbA1c. With 20% loss to follow up, a sample size of 340 (170 per group) was required to achieve 80% power ($\alpha=0.05$)".

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

N/A - there were no interim analysis or adverse events requiring the trial to stop.

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

In methods section: "The randomisation schedule was created by a statistician not involved in the study, using PROC PLAN in SAS version 9.4 (SAS Institute Inc., Cary, NC, USA)".

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

In methods section: "Block randomisation of four was used to ensure a balanced sample across the intervention and control groups. Couples in the study (n=5) were treated as a single unit".

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

In methods section: "A staff member not involved in the study randomised participants and assigned them to their group after baseline measures had been completed. Participants were then enrolled into the study by the researchers". "The study protocol was published, outlining the methodology in detail (17)".

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

In methods section: "The randomisation schedule was created by a statistician not involved in the study". "A staff member not involved in the study randomised participants and assigned them to their group". "Participants were then enrolled into the study by the researchers".



11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

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

Does your paper address subitem 11a-i? *

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

In methods section: "Blinding of the researchers and participants was not possible due to the nature of the intervention and telephone questionnaires. Pathology collectors assessing objective measures and the participant's doctor were not informed of treatment allocation".

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

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

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



Does your paper address subitem 11a-ii?

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

In methods section: " Blinding of the researchers and participants was not possible due to the nature of the intervention and telephone questionnaires".

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

N/A - the study compared a text message intervention and usual care verse usual care only. There were no co-intervention components to compare.

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

In methods section: "Baseline demographic and outcome differences between groups were analysed using t-tests for continuous variables and chi-square tests for categorical variables. Intention-to-treat principle and generalised estimating equation (GEE) models were used to test the effect of the intervention on change in HbA1c between the intervention group and control group. The effect of the intervention on change in BMI, TC, LDL-C, HDL-C, TG, physical activity, dietary behaviour, smoking status, quality of life and self-efficacy was also analysed. GEE models adjusted for baseline levels of HbA1c and BMI, age, gender, smoking status, education level, fruit and vegetable consumption, physical activity and self-efficacy. For each group comparison, an effect size was calculated using Cohen's d".

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]).

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

In methods section: "Multiple imputation was used to account for missing data. Due to the small proportion of missing data with an arbitrary missing pattern, the Markov chain Monte Carlo (MCMC) method was used to create multiple imputations by drawing simulations from a Bayesian prediction distribution (26). As part of the imputation, five datasets were created, with all analyses conducted on each individual dataset before combining them".



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

In methods section: "Sensitivity analyses were conducted to assess differential impact of the intervention based on BMI (included only participants with a BMI ≥ 30 kg/m²), initial HbA1c levels (included only participants with sub-optimal (HbA1c > 7.0%) and poor (HbA1c $\geq 8.0\%$) diabetes control), an initial level of measurement timing (included only participants with measurements within 4 weeks of the scheduled date) and missing data (included only those without missing outcome data). All analyses were conducted in the software programs Statistical Package for the Social Sciences (SPSS-25) and SAS v9.4".

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

X26-i) Comment on ethics committee approval

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

Does your paper address subitem X26-i?

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

In methods section: "Ethical approval was obtained from the University of Wollongong & Illawarra Shoalhaven Local Health District Human Research Ethics Committee (Health and Medical) (2016/343) and the study was registered with the Australian New Zealand Clinical Trials Registry (ACTRN 12617000416392)".



x26-ii) Outline informed consent procedures

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

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

Does your paper address subitem X26-ii?

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

In methods section: "Participants provided written informed consent and medical clearance was obtained from their doctor".

X26-iii) Safety and security procedures

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

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

Does your paper address subitem X26-iii?

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

The researchers monitored the mobile phone that text message replies could be sent too 7 days per week.

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

In results section: "Randomisation of 395 people resulted in 197 participants in the intervention group and 198 participants in the control group. There was minimal withdrawal and loss to follow up for both groups, with 95% of participants completing the study (Figure 1)". Figure 1 outlines there were 186 participants included in the intervention group primary analysis and 189 participants included in the control group primary analysis.

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

In results section flow chart - refer to Figure 1.

13b-i) Attrition diagram

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

1 2 3 4 5

subitem not at all important ☐ ☒ ☐ ☐ ☐ essential



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

In results section: refer to Figure 1.

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

In results section: "Data collected occurred between May 2017 and March 2019".

14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

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

Does your paper address subitem 14a-i?

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

N/A - no critical secular events fell into 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

N/A - the trial was not ended or stopped early.

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *

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

In results section: "There were no significant baseline differences in demographic or clinical characteristics between the two groups (Table 1)".

15-i) Report demographics associated with digital divide issues

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

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

Does your paper address subitem 15-i? *

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

In results section: Refer to Table 1 for a breakdown of demographic characteristics such as age, education, gender.



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

16-i) Report multiple "denominators" and provide definitions

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

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

Does your paper address subitem 16-i? *

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

In results section: the denominators and effect size for each analysis is provided in the relevant table.

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

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

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



Does your paper address subitem 16-ii?

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

In method section: "Intention-to-treat principle and generalised estimating equation (GEE) models were used to test the effect of the intervention on change in HbA1c between the intervention group and control group. The effect of the intervention on change in BMI, TC, LDL-C, HDL-C, TG, physical activity, dietary behaviour, smoking status, quality of life and self-efficacy was also analysed".

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

Does your paper address CONSORT subitem 17a? *

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

In results section: Please refer to tables 2 and 3, and supporting tables S1-S5 for complete results, including the effect size and 95% confidence interval of each outcome measure.

In summary "The effects of DTEXT on the intervention group compared to the control group are shown in Tables 2 and 3, as adjusted mean differences between the two groups at 3 months and 6 months. DTEXT did not show a significant difference in HbA1c between the intervention group and control group at 3 months ($d=-0.05$, $p=0.23$) or 6 months ($d=-0.05$, $p=0.22$). DTEXT had a significant effect on nutrition, with increased vegetable consumption at 3 months ($d=0.31$, $p<0.01$) and 6 months ($d=0.18$, $p=0.04$), increased fruit consumption at 3 months ($d=0.09$, $P<0.05$), and reduced discretionary sweet food consumption at 3 months ($d=-0.47$, $p=0.02$). The DTEXT intervention had no significant effect on other nutritional outcomes, blood lipids, BMI, physical activity, self-efficacy (physical activity, nutrition, diabetes self-management), smoking cessation, medication adherence or quality of life".



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

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

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

Does your paper address subitem 17a-i?

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

In results: Process outcome questions are referred to in Table 4.

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

N/A. There are 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

In results: Please refer to Tables S1-S5 for the results of all sensitivity analyses.

In summary: "The five sensitivity analyses results are presented in Supplementary Tables S1-S5, showing the intervention effects when confined to participants who i) had obesity; ii) had sub-optimal diabetes control ($HbA1c > 7.0\%$); iii) had poor diabetes control ($HbA1c \geq 8.0\%$), iv) did not have any missing data; v) or completed follow up measures within study protocol timeframes. The results for i), ii), iv) and v) were consistent, and showed similarity to the main intervention outcomes, with no significant difference for HbA1c at 3 and 6 months, a significant increase in vegetable consumption at 3 and 6 months, and a significant decrease in discretionary sweet food consumption at 3 months. The results for iii) people with poor diabetes control, differed in that vegetable consumption only increased significantly at 6 months (but not 3 months), and additionally intake of low glycaemic carbohydrates increased significantly at 6 months; and self-efficacy for physical activity decreased significantly at 3 months".

18-i) Subgroup analysis of comparing only users

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

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

Does your paper address subitem 18-i?

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

N/A - all comparisons were completed from an unbiased sample from the RCT.

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

From results section: "There were no adverse events during the 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 [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

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

Does your paper address subitem 19-i?

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

N/A - there were no privacy breaches or technical problems.

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

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

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



Does your paper address subitem 19-ii?

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

Analysis of the qualitative process evaluation component is underway and may form the basis of another publication.

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

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

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

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

Does your paper address subitem 22-i? *

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

In discussion section: "Our study suggests that a 6 month diabetes self-management support program delivered via mobile phone text messages can lead to small improvements in some nutritional outcomes, but does not have a statistically significant effect on improving HbA1c, BMI, blood lipids or other diabetes self-management behaviours. Overall however, the intervention did show small positive trends for improvement across most outcomes, and was highly accepted by participants, suggesting that a text message support program for people with type 2 diabetes may be a useful tool to complement existing diabetes education and self-management support programs and usual care".



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

Highlight unanswered new questions, suggest future research.

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

Does your paper address subitem 22-ii?

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

In discussion section: " It remains to be determined whether a newly diagnosed patient group, or one with less access to medical care, would demonstrate greater benefits". "More research is required to determine the most effective text message intervention characteristics for people with type 2 diabetes". "Overall, the nutritional effects of DTEXT were greater at 3 months than 6 months, suggesting that participants may either have an increased motivation to change in the first three months, or nutritional behaviour change may be best supported with daily text messages, instead of 4 days per week. More research however is required to determine this, as the pool of evidence is limited and varied".

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses**20-i) Typical limitations in ehealth trials**

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

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



Does your paper address subitem 20-i? *

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

In discussion section: "Limitations of our study included inability to blind participants and the researchers who delivered the intervention after randomisation. The software company delivering the text messages was not able to identify the proportion of participants that opened each text messages, however the message content was concise enough to be viewed as a notification directly on the mobile phone's home screen, negating the need to open the actual message. The participant's doctor received pathology results (i.e. HbA1c, lipid profile and BMI) three times during the 6 month intervention, which may have increased consultation rates and medication changes, and also contributed to the control groups improved outcomes. LDL-C levels provided by pathology collection centres may have been underestimated for participants with high TG levels, a known factor of Friedewald equation estimations (43). Recruitment was limited to people who could read and speak English only, and further, self-selection may have led to a trial with motivated participants in both groups. Study resources only permitted 6 months intervention follow-up, so effects of a longer intervention are unknown".

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

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



Does your paper address subitem 21-i?

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

In discussion section: "Recruitment was limited to people who could read and speak English only".

"as the majority of participants self-referred into DTEXT, and may therefore over-represent the general population's interest in undertaking a type 2 diabetes text message support program".

"the intervention was highly accepted, suggesting that DTEXT may complement usual diabetes care. It remains to be determined whether a newly diagnosed patient group, or one with less access to medical care, would demonstrate greater benefits".

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

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

Does your paper address subitem 21-ii?

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

The research "suggests that text messages alone may not be sufficient to change physical activity for people with type 2 diabetes" and "additional support provided through monthly follow up with a diabetes educator and a calendar to record daily compliance with exercise guidelines" may be beneficial. The research also suggested "that participants may either have an increased motivation to change in the first three months, or nutritional behaviour change may be best supported with daily text messages". Similar research suggests that for BMI change in this population, a "message frequency of 7 days per week" and "a greater focus on medication adjustment and blood glucose self-monitoring, combined with weekly phone calls" may be required to provide "additional accountability and support". Therefore if the intervention was to be implemented in routine settings, these elements may be considered in addition to the intervention and usual care.



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

In methods section: "the study was registered with the Australian New Zealand Clinical Trials Registry (ACTRN 12617000416392)".

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

In methods section: "The study protocol was published, outlining the methodology in detail (17)". The published trial protocol is available at: <https://doi.org/10.1186/s12889-019-6550-6>

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

In declarations section: "This study was funded through the New South Wales Ministry of Health Translational Research Grants Scheme (Grant ID: 23, Round 1, 2016). The funding body had no role in the study design, collection, analysis, interpretation of data, writing or submission of this manuscript for publication".

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

In declarations section: "The authors declare that they have no competing interests".
Some authors were involved with development of the intervention.

About the CONSORT EHEALTH checklist

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

- ☐ yes, major changes
- ☒ yes, minor changes
- ☐ no

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

Including all the details necessary for replication and to improve the external validity reporting.

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

10 hours

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

- ☒ yes
- ☐ no
- ☐ Other:



Would you like to become involved in the CONSORT EHEALTH group?

This would involve for example becoming involved in participating in a workshop and writing an "Explanation and Elaboration" document

☐ yes

☒ no

☐ Other:

Any other comments or questions on CONSORT EHEALTH

Your answer

STOP - Save this form as PDF before you click submit

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

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

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

Final step: Click submit !

Click submit so we have your answers in our database!

Submit

Never submit passwords through Google Forms.

This content is neither created nor endorsed by Google. [Report Abuse](#) - [Terms of Service](#) - [Privacy Policy](#)

Google Forms



