

# 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

237812072@csu.edu.cn [Switch account](#)



Draft not saved

 Not shared

\* Indicates required question

Your name \*

First Last

Juan L

Primary Affiliation (short), City, Country \*

University of Toronto, Toronto, Canada

Central South University, Changsha, China

Your e-mail address \*

[abc@gmail.com](mailto:abc@gmail.com)

237812072@csu.edu.cn

**Title of your manuscript \***

Provide the (draft) title of your manuscript.

Feasibility, Acceptability and Preliminary Effectiveness of mHealth Microinterventions for Psychological Distress and Sleep Disturbance in adolescents and young adults with Gynecologic Cancer: A Pilot Randomized Controlled Trial

**Name of your App/Software/Intervention \***

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

WeChat

**Evaluated Version (if any)**

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

Version1

**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.

<https://mp.weixin.qq.com>

**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)"

Adolescents and young adults with gynecologi

**Primary Outcomes measured in trial \***

comma-separated list of primary outcomes reported in the trial

feasibility, acceptability and preliminary effecti

**Secondary/other outcomes**

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

preliminary effectiveness (anxiety, depression)

**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:

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:

Article Preparation Status/Stage \*

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

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

**Journal \***

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

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

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

- ☒ Pilot/feasibility
- ☐ Fully powered



**Manuscript tracking number \***

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

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

☐ Other:

**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

Clear selection

## 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

"mHealth Microinterventions"

## 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

Clear selection

**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

Not explicitly mentioned in the title.

**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

subitem not at all important      1      2      3      4      5      essential

☐      ☐      ☐      ☐      ☒

Clear selection

**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 adolescents and young adults with Gynecologic Cancer"

**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)

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

### 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

"Both groups received routine care plus disease-related health education via the same WeChat platform....."

**1b-ii) Level of human involvement in the METHODS section of the ABSTRACT**

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

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[Clear selection](#)**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

"a 4-week trained research interventionist-assisted WeChat-based mHealth microintervention program"

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

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

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Clear selection

### 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

"A two-arm, parallel-group randomized controlled trial was conducted between November 2025 and March 2026 in two tertiary hospitals"

"Assessments were conducted at baseline (T0), post-intervention (T1), 1-month follow-up (T2), and 2-month follow-up (T3)"

**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)

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[Clear selection](#)**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

"Of 77 adolescents and young adults with gynecologic cancer screened for eligibility....."  
"Feasibility (recruitment, consent, retention, adherence, and perceived feasibility), acceptability....."

**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)

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[Clear selection](#)**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

Not applicable (trial was positive)

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



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

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

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| Clear selection              |                       |                       |                       |                       |                                  |           |

**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

[Introduction, last paragraph]

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

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| Clear selection              |                       |                       |                       |                       |                                  |           |

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

[Introduction]

"mHealth interventions have shown promise for delivering accessible and flexible supportive care, but engagement and adherence....."

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

[Introduction, last paragraph]

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

[Methods, Study Design and Setting, Randomization, Allocation, and Blinding]

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

[Methods, Study Design and Setting] No changes.

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

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

1 2 3 4 5

subitem not at all important ☒ ☐ ☐ ☐ ☐ essential

Clear selection

**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

[Methods, Study Design and Setting] No 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

[Methods, Participants, Inclusion Criteria & Exclusion Criteria & Withdrawal Criteria]

**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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

## 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

[Methods, Participants]

"e.with basic literacy and comprehension skills (Chinese)."

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

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

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| Clear selection              |                       |                       |                       |                       |                                  |           |

## 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

[Methods, participants]

"Participants were recruited from the inpatient wards of gynecologic oncology, using convenience sampling....."

#### 4a-iii) Information giving during recruitment

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

[Clear selection](#)

#### 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

[Ethical considerations]

"All participants participated in the study after providing informed consent, and their data were only used for scientific research analysis and strictly kept confidential. "

#### 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

[Methods, Study Design and Setting]

"This pilot, prospective, two-arm, parallel-group randomized clinical trial was conducted..... "

**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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

**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

[Methods, Data Collection Procedure]

"All questionnaires were collected and administered electronically via Wenjuanxing (a questionnaire application). "

**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                     |           |
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| subitem not at all important | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | essential |

[Clear selection](#)**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

Not applicable.

Institutional affiliation was not used as a promotional feature of the WeChat-based intervention.

**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).

Your response is too large. Try shortening some answers.

subitem not at all important



essential

Clear selection

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

[Declarations]

This study was supported by funding.

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

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4

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subitem not at all important



essential

Clear selection

### 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

[Intervention, Intervention development]

### 5-iii) Revisions and updating

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

|                              |                       |                       |                       |                       |                                  |           |
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|                              | 1                     | 2                     | 3                     | 4                     | 5                                |           |
| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

### 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

[Methods, Study design and setting]

"No important changes to the trial protocol, outcomes, or planned analyses were made after trial commencement. "

#### 5-iv) Quality assurance methods

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

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| subitem not at all important | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | essential |
| Clear selection              |                                  |                       |                       |                       |                       |           |

#### 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

Yes. [Intervention, Intervention development]

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

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| Clear selection              |                       |                       |                       |                       |                                  |           |

### 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

[Appendix 1-S3.Intervention example materials and screenshots]

### 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](https://www.webcitation.org), and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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| subitem not at all important    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

### 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

[Appendix 1-S3.Intervention example materials and screenshots]

### 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                                |           |
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| subitem not at all important    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

### 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

[Backend data; Appendix 1-S3.Intervention example materials and screenshots] Participants accessed the intervention using their own smartphones and personal WeChat accounts. The research team provided instructions for accessing WeChat official account articles and intervention-related materials.

### 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].

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

### 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

[Intervention; Multimedia Appendix 1\_Intervention Development and Materials]

**5-ix) Describe use parameters**

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

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| subitem not at all important    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

**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

[Methods, Intervention, Microintervention Components]

**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                                |           |
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| subitem not at all important    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

### 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

[Methods, Mode of delivery and human involvement]es. The manuscript describes the access, delivery mode, level of human involvement, and intended use parameters of the intervention.

### 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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

### 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

[Methods, Adherence and Engagement Strategies] "Several strategies were used to support adherence and engagement while maintaining the low-burden nature of the microintervention program....."



### 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                                |           |
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| Clear selection              |                       |                       |                       |                       |                                  |           |

### 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

Yes. Both groups received routine care plus WeChat-based mHealth disease education and access instructions. No study-specific app, subscription, or extra platform membership was required.

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

[Methods, Data Collection and Outcome Measures & Multimedia Appendix 2-S1] In addition, each measurement and measured time points were presented in this part and Multimedia Appendix 2-S1.

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].

|                              |                       |                       |                       |                       |                       |           |
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Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

[Methods, Data Collection and Outcome Measures] "All questionnaires were collected and administered ....." Online questionnaires were WeChat-delivered to enrolled participants using validated measures, restricted access, standard instructions, and checks for completeness and duplicates.

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.

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

[Backend data] Yes. Intervention use was defined by the intended dose. Use was monitored through WeChat backend data, adherence records, and teleconsultation attendance, and reported as feasibility and acceptability process outcomes.

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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

[Methods, Data collection and outcomes measures, B.Acceptability Outcomes] " Brief open-ended feedback interviews conducted....."

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

[Methods, Study design and Setting] No important changes.

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

Clear selection

### 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

[Methods, Sample size] "Given the absence of prior microintervention data in this population and the exploratory nature of this pilot feasibility study, formal sample size calculation for definitive efficacy was not performed....."

### 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

"No interim analyses or formal stopping guidelines were planned, given the exploratory nature and small sample size of this pilot trial."

**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

[Methods, Randomization, Allocation, and Blinding] "Eligible participants were randomly allocated in a 1:1 ratio..... "

**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

[Methods, Randomization, Allocation, and Blinding] "Simple randomization was used, with no blocking or stratification. "

**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

[Methods, Randomization, Allocation, and Blinding]

"Eligible participants were randomly allocated in a 1:1 ratio to the intervention or control group after baseline assessment....."

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

[Methods, Randomization, Allocation, and Blinding]

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how  
NPT: Whether or not administering co-interventions were blinded to group assignment

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

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

[Clear selection](#)**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

[Methods, Randomization, Allocation, and Blinding] "Given the nature of the intervention, blinding of intervention providers and participants was not feasible. Moreover, because the outcomes were self-reported....."

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

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

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[Clear selection](#)



**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

[Methods, Randomization, Allocation, and Blinding] "Given the nature of the intervention, blinding of intervention providers and participants was not feasible. During the informed consent process....."

**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

Partly applicable. No placebo or sham intervention was used. However, both groups received routine care plus attention-matched mHealth disease-related education via WeChat, and were matched in delivery platform, frequency, duration, and interaction opportunities.

**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

[Methods, Statistical analysis] Feasibility and acceptability outcomes were mainly use descriptive analysis methods. The analysis methods of effectiveness outcomes were used generalized estimating equations (GEE) model.

**12a-i) Imputation techniques to deal with attrition / missing values**

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

subitem not at all important      1      2      3      4      5      essential

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Clear selection

**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

Not applicable. No outcome data were missing and all participants completed the scheduled assessments.

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

Does your paper address CONSORT subitem 12b? \*

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

Not applicable. No additional analyses, including subgroup analyses, adjusted analyses, or sensitivity analyses for missing data, were performed.

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

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

**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

[Ethical Considerations] "This study was conducted in accordance with the relevant ethical principles, approved by the Ethics Committee of Central South University (No.: E2025168)....."

**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.

subitem not at all important      1      2      3      4      5      essential

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Clear selection

**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

[Ethical considerations] "Informed consent was obtained offline through a face-to-face procedure in the inpatient wards. After eligibility confirmation, trained research staff explained the study purpose....."

**X26-iii) Safety and security procedures**

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

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subitem not at all important      ☐      ☐      ☐      ☐      ☒      essential

Clear selection

**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

[Ethical considerations] "Potential discomfort or adverse events related to the intervention were monitored throughout the study....."

**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

[Results, Figure 1\_CONSORT flow diagram] Randomly assigned: 20 (10:10); Received intended intervention: 20 (10:10); Analyzed for outcomes: 20 (10:10).

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

NA (No loss for both groups and this is shown in the CONSORT flow diagram).

13b-i) Attrition diagram

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

subitem not at all important      1      2      3      4      5      essential

☐      ☐      ☐      ☐      ☒

Clear selection

**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

The attrition of the intervention progress and post-intervention shown in the Figure 1 (CONSORT flow diagram) and the Multimedia Appendix 2-S4 (the backend data).

**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

[Results, Characteristic of the participants] "A total of 77 adolescents and young adults with gynecologic cancer were screened for eligibility from November to December 2025....."

**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                                |           |
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Clear selection

Does your paper address subitem 14a-i?

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

Not applicable [Harms] No adverse events or harms.

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? \*

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

Not applicable (completed as the plan)

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

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



Does your paper address CONSORT subitem 15? \*

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

Yes, a table showing baseline demographic and clinical characteristics for each group is presented in the Table1.

15-i) Report demographics associated with digital divide issues

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

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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

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

Table1 has presented the age, educational background, occupational status, disease literacy level, of those associated with the digital divide issues.

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    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

**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

[Results, Feasibility and Acceptability Outcome] “A total of 77 individuals were invited, with 20 completing participation.....”

**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                                |           |
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| subitem not at all important    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |
| <a href="#">Clear selection</a> |                       |                       |                       |                       |                                  |           |

**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

[Methods, Statistical Analysis] "Data analysis was conducted using SPSS (version 29.0, IBM), following the intention-to-treat (ITT) principle."

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

[Methods, Statistical Analysis] "All statistical tests were 2-tailed, with the level of significance set at  $P < 0.05$ ."

### 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                     |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 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

Yes. Use and exposure were defined according to the intended dose of each component. For both groups, WeChat mHealth education exposure was monitored using backend article visits where available. No technical session metric was defined. Use intensity was assessed through backend data, adherence records, and teleconsultation attendance.

### 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

Partly. The DT (psychological distress) and PSQI (sleep disturbance) were reported as continuous outcomes.

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

Does your paper address CONSORT subitem 18? \*

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

Not applicable. [Statistical Analysis] "No pre-specified subgroup or sensitivity analyses were conducted. "

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

Clear selection

Does your paper address subitem 18-i?

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

Not applicable. [Statistical Analysis] "No pre-specified subgroup or sensitivity analyses were conducted. "

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

[Harms] No adverse events or harms.

19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

subitem not at all important      1      2      3      4      5      essential

☐      ☒      ☐      ☐      ☐

Clear selection

### 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

[Harms] No adverse events or harms.

### 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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

### 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

[Feasibility and Acceptability Outcome, Brief interview]

## 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                                |           |
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| subitem not at all important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | essential |

Clear selection

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

[Discussion, Main Findings]

Yes. The Discussion section restates the study question and summarizes the main findings.



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

Highlight unanswered new questions, suggest future research.

subitem not at all important      1      2      3      4      5      essential

☐   ☐   ☐   ☐   ☒

Clear selection

**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

[Discussion, Comparison With Prior Work & Limitations]

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

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

subitem not at all important      1      2      3      4      5      essential

☐   ☐   ☐   ☐   ☒

Clear selection

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

[Limitations]

"This study has several limitations"

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

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

21-i) Generalizability to other populations

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

subitem not at all important      1      2      3      4      5      essential

☐      ☐      ☐      ☒      ☐

Clear selection

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

[Limitations]

"This study has several limitations. "

### 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

Clear selection

### 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

Partly.

Several RCT-specific elements should be considered, including standardized WeChat access instructions, weekly teleconsultations, and adherence/backend monitoring.

### 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

Not applicable. This pilot randomized controlled trial was not registered in a public trial registry.

**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

Not applicable. The full trial protocol was submitted to and approved by the institutional ethics committee but was not published or made publicly accessible.

**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

[Declarations, Funding]

This study was supported by funding.

## 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                     |           |
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| subitem not at all important | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | essential |

Clear selection

### 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

#### Declaration of competing interest

The authors declare that there are no conflicts of interests.

## 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?

Major revisions have been made to the study design, especially regarding the detailed arrangement of the mHealth intervention and the standardized presentation in the manuscript.

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

It took me over 2 days to improved the manuscript according to the checklist.

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

- ☐ yes
- ☐ no
- ☒ Other: It helps a lot.

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:

Clear selection

Any other comments or questions on CONSORT EHEALTH

Your answer

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