16M

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

Sign in to Google to save your progress. Learn more

* is required

Your name *

First Last

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Renmin Hospital of Wuhan University, Wuhan, (

Your e-mail address *

abc@gmail.com

2022283020087@whu.edu.cn

Title of your manuscript *

Provide the (draft) title of your manuscript.

Efficacy of Digital Animation-based Multistage Education for Patients with Atrial Fibrillation Catheter Ablation: A Randomized Clinical 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.

Animation

Evaluated Version (if any)

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

Your answer

Language(s) *

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

Chinese

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
○ 其他:
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)" Atrial Fibrillation
Primary Outcomes measured in trial * comma-separated list of primary outcomes reported in the trial
AF-QoL-18; MARS-5; SAS; SDS
Secondary/other outcomes
Are there any other outcomes the intervention is expected to affect?
您的回答

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"
其他:
Approx. Percentage of Users (starters) still using the app as recommended after * 3 months
unknown / not evaluated
0-10%
O 11-20%
21-30%
31-40%
O 41-50%
51-60%
61-70%
71%-80%
81-90%
91-100%
● 其他: The intervention lasted for three months, with no long-term evaluation

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
on statistically significant difference between control and intervention
outcomes potentially harmful: control was significantly better than intervention in one or more
inconclusive: more research is needed
其他:
Article Preparation Status/Stage *
Article Preparation Status/Stage * At which stage in your article preparation are you currently (at the time you fill in this form)
At which stage in your article preparation are you currently (at the time you fill in this form)
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
At which stage in your article preparation are you currently (at the time you fill in this form) one of submitted yet - in early draft status not submitted yet - in late draft status, just before submission
At which stage in your article preparation are you currently (at the time you fill in this form) onot submitted yet - in early draft status not submitted yet - in late draft status, just before submission submitted to a journal but not reviewed yet
At which stage in your article preparation are you currently (at the time you fill in this form) onot 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
At which stage in your article preparation are you currently (at the time you fill in this form) onot 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

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")
onot 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
○ 其他:
Is this a full powered effectiveness trial or a pilot/feasibility trial? *
O Pilot/feasibility
Pilot/feasibilityFully powered

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
其他:

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

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

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subitem not at all important O O O essential

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Does your paper address subitem 1a-i? *

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

like this "Efficacy of Digital Animation-based Multistage Education for Patients with Atrial Fibrillation Catheter Ablation"

1a-ii) Non-web-based components or important co-interventions in title Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").									
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subitem not at all important	0	0	0	0	•	essential 清除所选内容			
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 like this "Efficacy of Digital Animation-based Multistage Education for Patients with Atrial Fibrillation Catheter Ablation"									
1a-iii) Primary condition or ta	aet aroi	up 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									
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subitem not at all important	0	0	0	0	•	essential			
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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

like this "Efficacy of Digital Animation-based Multistage Education for Patients with Atrial Fibrillation Catheter Ablation"

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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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

like this "Efficacy of Digital Animation-based Multistage Education for Patients with Atrial Fibrillation Catheter Ablation"

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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						清除所选内容			
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 您的回答									
1b-iii) Open vs. closed, web-lin the METHODS section of the Mention how participants were website or from a clinic or a close this was a purely web-based trial intervention or for assessment) questionnaires (as common in with trial (open-label trial) is a type of participants know which treatm "blinded" or "unblinded" to indict web-based trials usually refers to Only report in the abstract what from the main body of text, constitutions.	he ABS recruited sed onling al, or there web-based felinical ent is be ated the to "open the main	TRACT I (online was end trials). trial in was ing admituded trials). I trial in was ing admituded trials in was ing admituded of the control	vs. offline roup (clos ace-to-fac tcomes v Note: In hich both nistered. linding in	e), e.g., fr sed user ce compo were self tradition the reso To avoic nstead o	om an opgroup triangle onents (assessed al offline earchers I confusion of the confusion of	pen access al), and clarify if as part of the ed through trials, an open and on, use as "open" in enrol). (Note:			

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Does your paper address subitem 1b-iii?

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

This randomized controlled clinical trial included 208 patients with AF who underwent catheter ablation in the Department of Cardiology at Renmin Hospital of Wuhan University between January 2022 and August 2023.

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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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

This randomized controlled clinical trial included 208 patients with AF who underwent catheter ablation in the Department of Cardiology at Renmin Hospital of Wuhan University between January 2022 and August 2023.

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

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

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

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Does your paper address subitem 2a-i? *

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

Popular science interventions, such as animations and comics, are a non-invasive, entertaining, emerging approach to disease intervention employed to ameliorate patient emotions, sleep, lifestyle, and disease prognosis [11-13]. Patients can vividly comprehend various aspects of AF, including etiology, pathology, surgical procedures, and complications, using vivid and engaging animation content, thereby enhancing their interest and engagement in health management. A recent study suggested that employing animation education can enhance patients' understanding of AF and increase their satisfaction with clinical care .

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 appropiate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

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Does your paper address subitem 2a-ii? *

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

Studies have indicated that negative emotions, alcohol consumption, smoking, obesity, and sleep disorders, among other high-risk factors, can expedite AF progression and prognosis, potentially directly impacting the efficacy of AFCA and postoperative recovery [6]. Additionally, anticoagulation therapy significantly reduces the stroke risk in patients with AF and is emerging as a crucial factor affecting treatment efficacy [7, 8]. Therefore, alongside enhancing the safety and efficacy of AFCA, strategies focusing on risk factor management and medication adherence to improve ablation outcomes are essential in patients with AF [9, 10].

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

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 this prospective, randomized, controlled clinical trial, we aimed to evaluate the efficacy of multistage education based on digital animation for patients with AF undergoing catheter ablation.

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

The primary inclusion criteria were as follows: (1) age between 18 and 90 years, (2) confirmed diagnosis of AF via surface electrocardiogram or ambulatory electrocardiogram examination, and (3) patients with AF who underwent successful AFCA during hospitalization at Wuhan University People's Hospital.

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].

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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

您的回答

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

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

The primary inclusion criteria were as follows: (1) age between 18 and 90 years, (2) confirmed diagnosis of AF via surface electrocardiogram or ambulatory electrocardiogram examination, and (3) patients with AF who underwent successful AFCA during hospitalization at Wuhan University People's Hospital.

4a-i) Computer / Internet literacy Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.									
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subitem not at all important	0	0	0	•	0	essential 清除所选内容			
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 您的回答									
4a-ii) Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.									
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Does your paper address subitem 4a-ii? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study										
Participants were assessed at baseline (upon admission) and three months post-discharge.										
4a-iii) Information giving durin	ıg recrui	itment								
Information given during recruitre recruitment and in the informed documentation as appendix, see user self-selection, user expecta	consent also ite	procedu m X26),	ıres (e.g. as this ir	, publish Iformatio	the inforr	ned consent				
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Does your paper address sub										
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study										
您的回答										
4b) Settings and locations wh	ere the	data we	ere colle	cted						

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

Patient characteristics and outcomes were collected by reviewing medical records of trained clinical physicians and participant self-reports

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.

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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

Standardized questionnaire surveys were conducted, including the quality of life in patients with atrial fibrillation (AF-QoL-18) [17, 18], self-rating anxiety scale (SAS) [19], self-rating depression scale (SDS) [20] and medication adherence report scale (MARS-5) [21, 22].

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)									
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Does your paper address sub	item 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									
This randomized controlled trial included 208 patients with AF who underwent AFCA in the Department of Cardiology at Renmin Hospital of Wuhan University from January 2022 to August 2023.									
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).									
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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

您的回答

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.

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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

5-iii) Revisions and updating								
Revisions and updating. Clearly application/intervention (and continued intervention underwent major of development and/or content was such as news feeds or changing the intervention (for unexpected).	omparato hanges d as "frozer g content	or, if appli luring the n" during which m	cable) ev evaluati the trial. nay have	/aluated, on proce Describe	or descr ss, or wl dynami	ribe whether the hether the ic components		
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Copy and paste relevant section "like this" to indicate direct quo providing additional information applicable/relevant for your stude 您的回答	tes from not in th	your mai	nuscript)	, or elabo	orate on	this item by		
5-iv) Quality assurance meth Provide information on quality a information provided [1], if appli	ssurance	e method	ls to ens	ure accu	racy and	quality of		
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Does your paper address subitem 5-iv?

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

All animation contents were directed and produced under the guidance of multiple cardiologists with extensive expertise. This ensured that the animations included important information about the diagnosis and treatment of diseases, surgeries, and crucial aspects of home-based rehabilitation, including improvements in sleep, emotional care, dietary adjustments, medication adherence, and activity recommendations.

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

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

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Does your paper address subitem 5-v?

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

5-vi) Digital preservation Digital preservation: Provide the change or disappear over the coarchived (Internet Archive, webc screenshots/videos alongside tharchived, consider creating dem	urse of t itation.o ne article	he years rg, and/o e). As pag	; also ma r publish ges behir	ake sure t ning the s nd login s	the intervource co screens o	vention is ode or cannot be
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subitem not at all important	•	0	0	0	0	essential
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Does your paper address sub	oitem 5-v	vi?				
Copy and paste relevant section "like this" to indicate direct quot providing additional information applicable/relevant for your students.	es from not in th	your mai	nuscript)	, or elabo	rate on 1	this item by
您的回答						

5-vii) Access

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

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subitem not at all important	0	0	0	•	0	essential
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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 the first phase, doctors provided a standardized iPad (Apple) playback device and guided the digital animation intervention group patients to watch four digital animations related to AF at admission, preoperatively, postoperatively, and upon discharge.

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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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

These animations included the following: (1) disseminating knowledge on cardiac anatomy, the mechanisms behind the occurrence of AF, and related risk factors, and explaining the necessary examinations required before catheter ablation and their importance; (2) discussing the purpose, process, and precautions during catheter ablation surgery; (3) outlining the postoperative care needed during the hospital stay after catheter ablation; (4) emphasizing the importance of medication adherence upon discharge, lifestyle recommendations, and the plan for regular follow-up visits. Additionally, doctors responded to the patients' questions after viewing the animations to enhance their understanding of the content. Patients in the control group received only routine preoperative talk and did not watch digital animated educational videos at different stages. All patients completed the full study scale on admission.

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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Does your paper address subitem 5-ix?

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

5-x) Clarify the level of human involvement

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

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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

您的回答

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).

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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

In the second phase, patients in the intervention and control groups were followed up three months after discharge by telephone to complete the study questionnaire. Appendix 1 provides a detailed description of the intervention activities and their implementations.

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.

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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

doctors responded to the patients' questions after viewing the animations to enhance their understanding of the content. Patients in the control group received only routine preoperative talk and did not watch digital animated educational videos at different stages. All patients completed the full study scale on admission.

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

The primary outcome was the difference in AF-QoL-18 scores at three months, while the secondary outcomes included differences in MARS-5, SAS, and SDS scores.

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

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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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).									
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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

您的回答

7a) How sample size was determined
NPT: When applicable, details of whether and how the clustering by care provides or

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

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

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Does your paper address subitem 7a-i?

centers was addressed

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

您的回答

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

您的回答



此问题必须填写

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

Determination of unexpected, significant or unacceptable risks to participants Identify patients who may be at risk for an Serious Adverse Events(SAE) Inadequate compliance with protocol requirements by the investigator

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

An online randomization tool was used to allocate 208 patients undergoing radiofrequency ablation to either the digital animation intervention group or the standard treatment group, with equal probability.

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

An online randomization tool was used to allocate 208 patients undergoing radiofrequency ablation to either the digital animation intervention group or the standard treatment group, with equal probability.

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

YW generated the random allocation sequence

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 cointerventions (if any).									
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Does your paper address subitem 11a-i? *									
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study									
Blinding of participants was impossible due to the nature of the intervention.									
11a-ii) Discuss e.g., whether	participa	ants kne	w which	interver	ntion wa	is the			
"intervention of interest" and which one was the "comparator"									
Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".									
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Does your paper address subitem 11a-ii?

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

XS, Yijun W, Yuhong W and JW performed the clinical study and wrote the manuscript.

11b) If relevant, description of the similarity of interventions (this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

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

The project does not apply

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

Statistical analyses were conducted using Statistical Package for the Social Sciences (version 23.0; SPSS) and R (version 4.2.2.) software. Data with normal distribution are presented as mean ± standard deviation (SD). The two groups were compared using the independent sample t-test. Data with non-normal distributions are presented as medians and interquartile ranges. The Mann–Whitney U test was used to analyze the differences between the groups. Categorical data are expressed as numbers and percentages and compared using the chi-square test or Fisher's exact test, as appropriate. To assess the effectiveness of the intervention, the differences between the two groups were calculated by subtracting the change from baseline to three months in the control group from that in the intervention group. Then, an independent t-test was used to compare differences between groups before and after the intervention. A P < 0.05 was considered statistically significant.

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

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

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Does your paper address subitem 12a-i? *

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

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

Statistical analyses were conducted using Statistical Package for the Social Sciences (version 23.0; SPSS) and R (version 4.2.2.) software. Data with normal distribution are presented as mean ± standard deviation (SD). The two groups were compared using the independent sample t-test. Data with non-normal distributions are presented as medians and interquartile ranges. The Mann–Whitney U test was used to analyze the differences between the groups. Categorical data are expressed as numbers and percentages and compared using the chi-square test or Fisher's exact test, as appropriate. To assess the effectiveness of the intervention, the differences between the two groups were calculated by subtracting the change from baseline to three months in the control group from that in the intervention group. Then, an independent t-test was used to compare differences between groups before and after the intervention. A P < 0.05 was considered statistically significant.

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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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study								
x26-ii) Outline informed cons Outline informed consent proce Checkbox, etc.?), and what info be included in informed consen	dures e.q rmation v	g., if cons				•		
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X26-iii) Safety and security procedures Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)								
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Does your paper address subitem X26-i?

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

您的回答

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

An online randomization tool was used to allocate 208 patients undergoing radiofrequency ablation to either the digital animation intervention group or the standard treatment group, with equal probability. Stratification based on gender and age (> 60 or \leq 60 years) was conducted to ensure a balance in baseline characteristics between the two groups. Blinding of participants was impossible due to the nature of the intervention.

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 Mainly include loss of contact and refusal to follow-up 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 subitem not at all important essential 清除所选内容 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 您的回答

14a) Dates defining the periods of recruitment and follow-up

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	Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study														
This randomized controlled trial included 208 patients with AF who underwent AFCA in the Department of Cardiology at Renmin Hospital of Wuhan University from January 2022 to August 2023.															
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	14a-i) Indicate if critical "secul Indicate if critical "secular events Internet resources available or "c resources"	s" fell int	o the stu	dy perio	d, e.g., si	gnificant	•								
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	14b) Why the trial ended or wa	as stopp	oed (ear	ly)											

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

The project does not apply

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

Figure 2 illustrates participant recruitment and retention. Among 208 patients undergoing catheter ablation (average age 60.9 years), 68 were female (32.7%) and 140 were male (67.3%).

15-i) Report demographics associated with digital divide issues

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

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Does your paper address subitem 15-i? *

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

Figure 2 illustrates participant recruitment and retention. Among 208 patients undergoing catheter ablation (average age 60.9 years), 68 were female (32.7%) and 140 were male (67.3%).

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

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

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

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Does your paper address subitem 16-i? *

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

16-ii) Primary analysis should Primary analysis should be inter only "users", with the appropriat 18-i).	nt-to-trea	t, second	dary anal	-		
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Does your paper address sub Copy and paste relevant section "like this" to indicate direct quot providing additional information applicable/relevant for your stud	s from th tes from not in th	ne manu your ma	nuscript)	, or elabo	orate on t	his item by

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

Appendix 2 reveals significant statistical improvements in the AF-QoL-18, MARS-5, SAS, and SDS scores (all P < 0.001) at three months compared to baseline. In the digital animation intervention group, the AF-QoL-18 score increased from 38.02 ± 6.52 to 47.77 ± 5.74 (P < 0.001, Figure 3A), the MARS-5 score increased from 17.04 \pm 3.03 to 20.13 \pm 2.12 (P < 0.001, Figure 3B), the SAS score decreased from 52.82 ± 8.08 to 45.39 ± 6.13 (P < 0.001, Figure 4A), and the SDS score decreased from 54.12 ± 6.13) to 45.47 ± 5.94 (P < 0.001, Figure 4B). In the conventional treatment group, the AF-QoL-18 score increased from 36.97 ± 7.00 to 45.31 ± 5.71 (P < 0.001), the MARS-5 score increased from 17.14 ± 3.01 to 18.47 ± 2.79 (P < 0.001), the SAS score decreased from 51.83 ± 7.74 to 47.31 ± 5.87 (P < 0.001), and the SDS score decreased from 52.78 ± 5.21 to 45.37 ± 6.18 (P < 0.001, eTable 1 in Appendix 2). The AF-QoL-18 (P = 0.006), MARS-5 (P < 0.001), and SAS (P = 0.022) scores of the digital animation intervention and conventional treatment groups were significantly different at three months. However, the SDS score (P = 0.900) did not exhibit a statistically significant difference (eTable 2 in Appendix 2). Additionally, the mean difference in AF-QoL-18 score change between the two groups was 1.41 (95% confidence interval [CI]: 2.42 to 0.40) at three months (P = 0.006, eTable 3 in Appendix 2). The mean difference in MARS-5 score change was 1.76 (95% CI: 2.42 to 1.10, P < 0.001, eTable 3 in Appendix 2). The mean difference in SAS score was -2.91 (95% CI: -3.88 to -1.95, P < 0.001, eTable 3 in Appendix 2). Furthermore, the mean difference in SDS score was -1.23 (95% CI: -0.02 to -2.44), indicating an estimated difference between the digital animation intervention and conventional treatment groups at three months (P = 0.047, eTable 3 in Appendix 2).

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).

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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

您的回答

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

The project does not apply

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

18-i) Subgroup analysis of co A subgroup analysis of compar- done, it must be stressed that the sample from a randomized trial	ing only unis is a se	users is r elf-select	ot uncor			
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19) All important harms or un (for specific guidance see CONS			in each	group		
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19-i) Include privacy breache	s, techn	ical prob	olems			
Include privacy breaches, technical participants, but also incidents a problems, and other unexpected unintended positive effects [2].	such as p	perceived	l or real p	orivacy b	reaches [1], technical
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19-ii) Include qualitative feed staff/researchers Include qualitative feedback fro available, on strengths and shor unintended/unexpected effects did or did not use the applicatio	m partici tcoming or uses.	ipants or s of the a This incl	observa applicatio	tions fror on, espec available)	n staff/re	esearchers, if ey point to
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您的回答

DISCUSSION						
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22-ii) Highlight unanswered n Highlight unanswered new ques	•				search	
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Does your paper address subitem 22-ii?

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

您的回答

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.

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subitem not at all important O O O O 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

This study has several limitations to consider when interpreting the results. First, the sample size was relatively small (208 patients), and the study was conducted in a single hospital. Therefore, the generalizability of the results to larger populations or different healthcare settings is limited and requires further investigation. Second, the follow-up period was only three months, which may not capture the long-term educational effects and stability of the digital animation intervention. A longer follow-up may provide a more comprehensive understanding of the sustained impact of educational interventions. Third, the conclusions of this study were based on self-reported measurement tools, which are subject to potential biases, such as subjectivity and memory recall. Objective measures or additional assessment methods can enhance the reliability and validity of findings.

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

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subitem not at all important O O O O essential

Does your paper address subitem 21-i?

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This study has several limitations to consider when interpreting the results. First, the sample size was relatively small (208 patients), and the study was conducted in a single hospital. Therefore, the generalizability of the results to larger populations or different healthcare settings is limited and requires further investigation. Second, the follow-up period was only three months, which may not capture the long-term educational effects and stability of the digital animation intervention. A longer follow-up may provide a more comprehensive understanding of the sustained impact of educational interventions. Third, the conclusions of this study were based on self-reported measurement tools, which are subject to potential biases, such as subjectivity and memory recall. Objective measures or additional assessment methods can enhance the reliability and validity of findings.

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 cointerventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting. subitem not at all important 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 您的回答 OTHER INFORMATION 23) Registration number and name of trial registry Does your paper address CONSORT subitem 23? * Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study This trial was registered in the Chinese Clinical Trial Registry (ChiCTR2400081673). 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

The full trial protocol can be accessed in Appendix 1

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

Does your paper address CONSORT subitem 25? *

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

This work was supported by grants from the National Natural Science Foundation of China(82270532, 82241057), Foundation for Innovative Research Groups of Natural Science Foundation of Hubei Province, China(2021CFA010), Chutian Talent Program Science and Technology Innovation Team Project, Central University Basic Scientific Research Business Expenses Special Funds(2042024kf0041, 2042022kf1211), Taikang Life Medicine Central PI Program of Wuhan University and Talent Program of Renmin Hospital, Wuhan University(JCRCYG-2022-001). The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

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.

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subitem not at all important

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Does your paper address subitem X27-i?

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The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

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yes, major changes

yes, minor changes

no

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

您的回答

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

*

We spend 200 min on going through the checklist INCLUDING making changes in your manuscript

As a result of using this checklist, do you think your manuscript has improved? *
yes
no
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