

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

christina.gjestvang@gmail.com [Bytt konto](#)



Ikke delt



Utkastet er lagret

* indikerer at spørsmålet er obligatorisk

Your name *

First Last

Christina Gjestvang

Primary Affiliation (short), City, Country *

University of Toronto, Toronto, Canada

The Norwegian School of Sports Sciences, Osl

Your e-mail address *

abc@gmail.com

christina.gjestvang@nih.no

Title of your manuscript *

Provide the (draft) title of your manuscript.

Comparing in-person and online exercise coaching in obese women on psychosocial factors impacting exercise adherence: A 20-week 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.

ABEL Technologies.

Evaluated Version (if any)

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

Version 2.5.1

Language(s) *

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

Norwegian

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://play.google.com/store/apps/details?id=com.shridlife&hl=no&pli=1>

URL of an image/screenshot (optional)

Svaret ditt



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
- ☐ Andre:

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)"

Obesity

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Exercise adherence, aerobic capacity, and mus

Secondary/other outcomes

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

Exercise motivation, barriers to exercise, self-efficacy, social support, and health-related quality of life.



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"
- ☐ Andre:

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%
- ☐ Andre:



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
- ☒ Andre: We found no effects on motivation, barriers, self-efficacy, perceived sc

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
- ☐ Andre:



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
- ☐ Andre:

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
- ☐ Andre:



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

☐ Andre:

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

Opphev valget

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

Comparing in-person and mobile exercise coaching in obese women on psychosocial factors impacting exercise adherence: A 20-week randomized controlled trial.



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

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

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

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Does your paper address subitem 1a-ii?

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

Svaret ditt

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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Opphev valget

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

Comparing in-person and mobile exercise coaching in obese women on psychosocial factors impacting exercise adherence: A 20-week randomized controlled trial.



1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

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

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

subitem not at all important 1 2 3 4 5 essential

☒ ☐ ☐ ☐ ☐

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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

The app itself is not relevant; rather, it is the digital component (the coaching) that we aimed to investigate.



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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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

Those with in-person coaching twice and once monthly received online coaching of 15 minutes during weeks without in-person coaching.



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

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

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Does your paper address subitem 1b-iii?

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

Participants were invited through Facebook and Instagram advertisements posted by various fitness clubs across rural and urban locations in Norway (seven different counties and 12 different municipalities).



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

A total of 120 (64.0%) completed baseline and post-intervention assessments. A minor difference was observed in one item of the SF-36, where all intervention groups reported a greater "change in health last year" than the control group (mean diff: 14.2-17.1, $p \leq 0.01$). No other effects were found on selected psychosocial factors. It should be noted that controls reported higher intrinsic motivational regulation at baseline than intervention groups (mean diff: 0.43-0.93, $p \leq 0.05$). All intervention arms exercised more frequently than controls ($p \leq 0.001$), with no differences in weekly exercise frequency between the three intervention arms ($p = 0.300$).

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

We found no effects on motivation, barriers, self-efficacy, perceived social support, or other health domains compared with controls. All intervention groups reported a slight improvement in self-perceived health in one of the eight subscales of SF-36. Combined in-person and online coaching may give a minor improvement in self-perceived health in obese women. However, the lack of impact on motivation, barriers, and self-efficacy warrants further research.

INTRODUCTION

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

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

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

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Does your paper address subitem 2a-i? *

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

The study addresses the problem of low exercise adherence among obese women by investigating the impact of different coaching methods (in-person vs. hybrid) on psychosocial factors that influence exercise behavior. The intervention is designed as a stand-alone approach rather than being part of a broader healthcare program, targeting low-active obese women specifically (BMI ≥ 30). Its goal is to assess whether hybrid coaching models (a combination of in-person and online support) can be a more cost-effective alternative to traditional in-person coaching by enhancing adherence and accessibility for populations with economic and logistical constraints.

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

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

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Does your paper address subitem 2a-ii? *

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

The study addresses the challenge of low exercise adherence among obese women by exploring the potential of hybrid (in-person and online) coaching models. This population often faces barriers such as high costs, time constraints, and logistical challenges associated with traditional in-person coaching. Hybrid coaching offers a more flexible and potentially cost-effective alternative, integrating online support to increase accessibility while retaining the benefits of personal coaching interactions.

The study is motivated by evidence that regular exercise significantly reduces obesity-related health risks, but individuals with obesity, particularly women, often struggle with exercise adherence due to low motivation, lack of self-efficacy, and limited social support. By examining psychosocial factors (motivation, barriers, self-efficacy, social support, and health-related quality of life), the research aims to assess whether hybrid coaching can positively influence these determinants of exercise behavior, thus supporting long-term adherence and improved health outcomes.

The comparison between in-person, hybrid, and control groups is grounded in the rationale that hybrid coaching could serve as an effective, accessible option for populations with limited resources. The study's results may inform stakeholders, including healthcare providers and policymakers, on cost-effective models for obesity management, potentially impacting public health approaches.

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

Our 20-week pragmatic randomized controlled trial aimed to investigate the effect of weekly in-person coaching compared with two combinations of in-person and online coaching on five psychosocial factors in obese (BMI ≥ 30) women.

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 the "Methods" section of the manuscript, the study describes a four-armed, 20-week pragmatic randomized controlled trial (RCT) designed to investigate the effects of in-person and hybrid exercise coaching on psychosocial factors in obese women. The intervention included various coaching frequencies and combined in-person with digital sessions using a mobile app (ABEL).

Participants were recruited online, meeting specific inclusion criteria, and were allocated to one of four groups: weekly in-person coaching (IP100), bi-weekly in-person with online sessions (IP50), monthly in-person with online sessions (IP25), and a control group. Exercise professionals with relevant qualifications provided individualized coaching, including motivational support and lifestyle guidance, for each intervention group. Detailed information on the statistical analysis plan and ethical considerations, including adherence to Helsinki Declaration guidelines, was also documented .

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

Not applicable in this study.



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

Not applicable in this study.

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 inclusion criteria were BMI ≥ 30 , 18 to 65 years, no membership in a fitness club six months before recruitment, being classified as low-active (< 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity per week), Norwegian speaking, and having a smartphone. Exclusion criteria were chronic disease or injuries (e.g., severe hypertension 180/110 mm Hg, heart disease, lung disease, or functional impairment) that hindered participation in exercise and planned leave during the intervention period.



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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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

Not applicable.

 Your answer must have a minimum of 25 characters.

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

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

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Does your paper address subitem 4a-ii? *

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

The study recruited participants online through advertisements on Facebook and Instagram, posted by fitness clubs across various urban and rural locations in Norway, including seven counties and twelve municipalities. This recruitment method targeted low-active women with obesity (BMI ≥ 30) who met specific criteria. The study was not purely web-based, as it included both online and face-to-face components. Participants in hybrid coaching groups received both in-person and online sessions, allowing the study team to interact with participants directly.

4a-iii) Information giving during recruitment

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

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Does your paper address subitem 4a-iii?

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

During recruitment, participants were provided with study information, including details on the purpose, procedures, and expectations, as part of the informed consent process. This included general study information in line with the Declaration of Helsinki, ensuring participants understood the intervention's focus and requirements. All eligible participants signed informed consent before participation, which helped mitigate selection bias and set clear expectations about the intervention and study goals.

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

Participants in this study were recruited through online advertisements on social media platforms, specifically Facebook and Instagram, targeting low-active women with obesity. Recruitment was facilitated by various fitness clubs across both rural and urban regions in Norway, encompassing seven counties and twelve municipalities. This approach allowed the study to reach a diverse population while maintaining accessibility across different geographic settings.

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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| 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 4b-i? *

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

Participants' outcomes in this study were assessed using standardized electronic surveys. These surveys collected data on exercise motivation, barriers to exercise, self-efficacy, social support, health-related quality of life, and background variables. Participants self-reported this information at both baseline and post-intervention, allowing the study to evaluate psychosocial outcomes based on participant responses through online questionnaires.



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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| 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 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

The institutional affiliations of the study, including the Norwegian School of Sports Sciences and the involvement of fitness clubs across Norway, were visible to potential participants during the recruitment process. This affiliation with a reputable academic institution may have influenced participant interest and trust in the study.

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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| 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 5-i?

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

The intervention involved three groups receiving varying levels of coaching: (1) IP100 with weekly in-person coaching, (2) IP50 with bi-weekly in-person and online coaching, and (3) IP25 with monthly in-person and weekly online coaching. Each group had access to the ABEL app, which included individual exercise programs, progress tracking, nutritional advice, and motivational notices. A fourth control group received general health recommendations only. The intervention lasted 20 weeks, with the personal trainers (23 in total) providing exercise and lifestyle guidance. These trainers were experienced professionals with credentials in exercise science, physiotherapy, or health-related fields.

The ABEL app was provided by ABEL Technologies, which also assisted in recruitment. The study received funding from the Research Council of Norway and ABEL Technologies, as noted in the Conflict of Interest section.

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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| 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 5-ii?

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

The manuscript does not provide specific details on the history or development process of the application used in the study, because it is not applicable.



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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| 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 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

Not applicable for this study.

5-iv) Quality assurance methods

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

| | 1 | 2 | 3 | 4 | 5 | |
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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 5-iv?

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

The manuscript does not specifically detail quality assurance methods aimed at ensuring the accuracy and quality of information provided to participants.



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 type="radio"/> | essential |

Does your paper address subitem 5-v?

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

Not applicable for this study.

5-vi) Digital preservation

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

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| 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 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

Not applicable for this study.

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | essential |

Does your paper address subitem 5-vii? *

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

Participants accessed the ABEL app as part of the intervention provided in the study, which required no additional payment from them.



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 type="radio"/> | essential |

Does your paper address subitem 5-viii? *

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

The intervention in this study utilized a multi-component design, offering three levels of coaching intensity (weekly, bi-weekly, and monthly) combined with digital support via the ABEL app. Participants in the intervention groups received personalized exercise plans, progress tracking, motivational messages, and nutritional advice through the app, which was accessible on smartphones. The intervention was tailored to individual circumstances, as personal trainers adjusted exercise programs based on each participant's needs.

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 type="radio"/> | essential |



Does your paper address subitem 5-ix?

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

The intervention involved three groups with varied weekly doses of exercise coaching over a 20-week period. The intended "dose" was structured as follows:

1. IP100: Weekly in-person coaching sessions
2. IP50: Bi-weekly in-person coaching, supplemented with online sessions
3. IP25: Monthly in-person coaching, with weekly online support

Participants in the intervention groups were recommended to exercise regularly, and each participant's program was tailored to support consistent engagement. The control group, in contrast, received only general health advice without structured coaching.

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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| 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 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

To provide follow-up and coaching for study participants, the intervention involved **23 exercise professionals**, each with substantial experience and credentials. These trainers were employed as personal trainers and were required to have a minimum of three years of part-time experience, leading at least 80 sessions per month. Among these trainers, **10 held certifications as personal trainers**, **8 had relevant bachelor's or master's degrees** in fields like exercise science or physiotherapy, and **5 held bachelor's or master's degrees in health and social care education**. Trainers were tasked with creating weekly customized exercise programs, offering lifestyle advice, and coaching participants on maintaining a healthy diet.

For the intervention, each participant received support either through weekly, bi-weekly, or monthly in-person sessions, supplemented by asynchronous online coaching. This level of human involvement was specific to the study design and provided structured, personalized interaction to support adherence.

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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| 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 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

The study used automated prompts via the ABEL app to encourage participants to engage with their personalized exercise programs. These prompts were delivered as motivational notices within the app, reminding participants to maintain their exercise regimen according to their assigned frequency (weekly, bi-weekly, or monthly coaching sessions). The app notifications were asynchronous and aimed at enhancing adherence and motivation without requiring direct real-time interaction.

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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| 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 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

Not applicable for this study.

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 measures were assessed via electronic surveys, including exercise motivation, barriers to exercise, self-efficacy, social support, and health-related quality of life. These were captured at baseline and post-intervention (20 weeks). Exercise motivation was measured using the Behavioral Regulation in Exercise Questionnaire-2 (BREQ-2), barriers to exercise were assessed based on prior studies of Norwegian adults and fitness club members, and self-efficacy used an abbreviated Self-Efficacy Survey. Social support was evaluated using a survey from Sallis et al., and health-related quality of life was measured with the SF 36-Item Health Survey .

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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| 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 6a-i?

Copy and paste relevant sections from manuscript text

The study used validated online questionnaires to assess several psychosocial factors, including barriers to exercise, self-efficacy, social support, and health-related quality of life. Each questionnaire was adapted for electronic deployment. Specifically:

- Barriers to Exercise: The questionnaire used an adapted version of items validated in a large-scale study among Norwegian adults and fitness club members, rating barriers on a three-point scale
- Self-Efficacy: This was measured using an abbreviated version of the Self-Efficacy Survey with two subscales, designed to assess confidence in exercise under varying conditions
- Social Support: This was assessed using a survey developed by Sallis et al., which includes items on family and friend support for exercise, with responses on a five-point scale
- Health-Related Quality of Life: The SF 36-Item Health Survey was used to assess subjective health-related quality of life across eight subscales

These measures ensure data quality and reliability, aligned with the CHERRIES checklist for electronic data collection.

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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Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

The study monitored exercise participation and activity data using the ABEL app, where participants and personal trainers recorded details about the type of activity, intensity, duration, and frequency of each session. This approach enabled the tracking of “use” intensity and dosage, helping to capture adherence levels and activity engagement throughout the intervention .



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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| 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 6a-iii?

Copy and paste relevant sections from manuscript text

Not applicable for this study, but in-depth interviews are conducted on a subgroup this autumn.

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

Does your paper address CONSORT subitem 6b? *

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

Not applicable for this study,

7a) How sample size was determined

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



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

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

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| 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 7a-i?

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

In this study, targeting a specific population of low-active obese women presented challenges in accurately estimating attrition rates due to limited comparable data. Given the lack of reliable data on expected dropout rates within this demographic, the research group assumed recruitment of 200 participants as appropriate.

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *

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

Not applicable to this study.

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group



Does your paper address CONSORT subitem 8a? *

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

The random allocation sequence in this study was generated by a blinded statistician using a simple computer-based randomization program (R for Windows 4.2.2). This ensured that participants were randomly assigned to one of the four study groups, minimizing potential biases in the allocation process.

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

The study utilized simple randomization with no additional restrictions such as blocking or stratification. Participants were randomly assigned to one of the four groups using a computer-based randomization program (R for Windows 4.2.2), ensuring an equal and unbiased distribution among the intervention and control groups 【158+source】 .

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

The random allocation sequence was implemented by a blinded statistician who used a computer-based randomization program (R for Windows 4.2.2). The process ensured that the allocation sequence was concealed from the study team and participants until the interventions were assigned. This method maintained allocation concealment and minimized bias in the assignment of participants to the study groups.

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

The random allocation sequence was generated by a blinded statistician, ensuring impartiality in the process. Participants were enrolled by the research team, who conducted initial eligibility screenings and informed consent procedures. However, the actual assignment of participants to their respective intervention groups was based on the randomization performed by the statistician, keeping the assignment process unbiased and concealed from those enrolling the participants 【158†source】 .

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 type="radio"/> | essential |

Does your paper address subitem 11a-i? *

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

In this study, blinding after assignment to interventions was limited. Neither the participants nor the exercise professionals providing the coaching were blinded to group assignments, as the intervention required direct interaction between participants and trainers, making blinding impractical. Outcome assessors, however, were blinded to group assignments during data analysis to reduce bias in assessing the results. No co-interventions were administered, so there was no need for blinding related to additional interventions
【158†source】 .

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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| 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 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

During the informed consent process, participants were made aware that they would be assigned to one of four groups, including the control group, and that each group would receive varying levels of exercise coaching. However, they were not explicitly informed of any particular intervention being the "intervention of interest." This approach aimed to minimize biases and reduce expectations regarding which intervention might be more effective. By providing only general information about the study's purpose—to assess the impact of different coaching intensities on exercise adherence and psychosocial factors—the research team minimized the influence of preconceived notions or expectations among participants about the relative effectiveness of each intervention type.

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

In this study, the interventions varied in structure, with differences in the frequency of in-person coaching and the inclusion of online sessions. Each intervention group received some form of personalized coaching, either through in-person or a hybrid of in-person and online sessions, while the control group received only general health recommendations without coaching. Although the interventions differed in delivery format, all groups (except the control) had access to the ABEL app for tracking progress, providing a consistent digital component across intervention groups. This consistency in the app's usage contributed some similarity across groups but did not serve as a placebo or sham intervention, as each level of coaching was intended to be active and effective. Thus, a traditional "placebo" comparison was not applicable in this trial.



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

The study used a one-way ANOVA with Bonferroni post-hoc comparisons to analyze differences between the intervention groups and the control group for both primary and secondary outcomes. Descriptive statistics, including mean values and standard deviations, were calculated for all groups. Significance levels were set at $(p \leq 0.05)$ for primary comparisons and adjusted as needed for the post-hoc tests at $(p \leq 0.01)$. This statistical approach allowed for comparison across multiple groups while controlling for potential Type I error in post-hoc analyses.

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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| 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 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 to this 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

The study used a one-way ANOVA with Bonferroni post-hoc comparisons to analyze differences between the intervention groups and the control group for both primary and secondary outcomes. Descriptive statistics, including mean values and standard deviations, were calculated for all groups. Significance levels were set at $(p \leq 0.05)$ for primary comparisons and adjusted as needed for the post-hoc tests at $(p \leq 0.01)$. This statistical approach allowed for comparison across multiple groups while controlling for potential Type I error in post-hoc analyses.

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 type="radio"/> | essential |



Does your paper address subitem X26-i?

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

The project was reviewed and approved by the Regional Committee for Medical and Health Research Ethics (REK 2022/552476) in Norway. According to the Act on Medical and Health Research (the Health Research Act 2008), REK concluded that the study did not require full ethical review. Additionally, the project received approval from the Norwegian School of Sports Sciences Ethical Committee and was registered with the Norwegian Social Science Data Service (Sikt 104437) and ClinicalTrials.gov (NCT05792657) .

x26-ii) Outline informed consent procedures

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

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

Does your paper address subitem X26-ii?

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

Participants provided informed consent to participate in the study, with 188 participants signing consent forms. Informed consent was obtained before randomization, following the Helsinki Declaration, and included comprehensive study information. Participants were screened by general practitioners to ensure no contraindications for exercise before enrollment, ensuring informed decision-making about participation .



X26-iii) Safety and security procedures

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

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

Does your paper address subitem X26-iii?

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

Not applicable for this 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

Low-active women (n = 188, <150 minutes of moderate-intensity physical activity/week) were allocated into three groups of in-person coaching: weekly (n=47), twice weekly (n=47), once monthly (n=47), and as controls (n=47). A total of 120 (64.0%) completed baseline and post-intervention assessments.



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

Unfortunately, this was not obtained.

13b-i) Attrition diagram

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

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

Does your paper address subitem 13b-i?

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

Not applicable for this study.

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

The recruitment was ongoing in February 2023, with eligible participants enrolled continuously.

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


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

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

Does your paper address subitem 14a-i?

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

No secular event.

 Your answer must have a minimum of 25 characters.

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 for this study.

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

Background characteristics at baseline in the three intervention arms and the control group are shown in Table 1.

15-i) Report demographics associated with digital divide issues

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

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



Does your paper address subitem 15-i? *

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

Background characteristics at baseline in the three intervention arms and the control group are shown in Table 1.

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

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 type="radio"/> | essential |

Does your paper address subitem 16-i? *

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

A total of 120 (64.0%) completed baseline and post-intervention assessments (IP100 n = 35, IP50 n = 35, IP25 n = 24, Controls n = 26).



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

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

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

Does your paper address subitem 16-ii?

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

The study conducted secondary analysis

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

Table 2 in the result section.



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

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

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

Not applicable to this study.

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

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

Not applicable to this study.

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



Does your paper address CONSORT subitem 18? *

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

Not applicable to this study.

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | essential |

Does your paper address subitem 18-i?

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

We used appropriate statistical tests to compare baseline characteristics between the current sample and those who dropped out.

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

No harms in this study.

⚠ Your answer must have a minimum of 25 characters.

19-i) Include privacy breaches, technical problems

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

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

Does your paper address subitem 19-i?

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

No technical problems in this study.



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

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

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

Does your paper address subitem 19-ii?

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

Not applicable to this study.

DISCUSSION

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

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

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

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

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



Does your paper address subitem 22-i? *

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

While the coaching interventions did not significantly alter motivation, self-efficacy, or perceived barriers, they did lead to improvements in exercise adherence and self-perceived health in a specific domain. The findings suggest that integrating behavioral theories, such as Self-Determination Theory, into coaching practices may enhance exercise adherence and provide a more supportive environment for participants. Future research should explore these dimensions further, particularly regarding the effectiveness of online versus in-person coaching.

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

Highlight unanswered new questions, suggest future research.

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

Does your paper address subitem 22-ii?

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

The findings suggest the need for further exploration into effective coaching strategies, individual differences in response to interventions, and the dynamics of social support networks. There is also a call for more personalized approaches to overcoming barriers to exercise and enhancing motivation among obese women.

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses



20-i) Typical limitations in ehealth trials

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

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

Some study limitations should be considered when interpreting our results. We unfortunately had a notable dropout rate, with only 64.0% of participants completing both the baseline and post-intervention questionnaires. However, no significant differences were found between those who completed the study and those who dropped out in terms of baseline data. Further, the 20-week intervention period may be too short to fully assess the intervention's effects, particularly on psychosocial factors such as self-efficacy, motivation, and health-related quality of life, which often require longer durations to reveal changes or differences. Finally, while this study was conducted in Norway, limiting direct global generalizability, culture and societal similarities between Norway and other Western countries suggests that our findings could apply to similar populations and contexts.

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

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



21-i) Generalizability to other populations

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

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

Does your paper address subitem 21-i?

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

While this study was conducted in Norway, limiting direct global generalizability, culture and societal similarities between Norway and other Western countries suggests that our findings could apply to similar populations and contexts.

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 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

This RCT were conducted in a real-world setting.

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

ClinicalTrials.gov NCT05792657.

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

ClinicalTrials.gov NCT05792657.

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

Funding for this study was received by the Research Council of Norway and ABEL Technologies. ABEL Technologies was involved in planning of the study design and recruitment of participants.

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

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

Does your paper address subitem X27-i?

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

The authors declare that they have no competing interests. One author has previously worked part-time as a personal trainer and group exercise instructor in the fitness club industry.

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?

Svaret ditt

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

One hour.

! Your answer must have a minimum of 25 characters.

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

- ☐ yes
- ☒ no
- ☐ Andre:



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
- ☐ Andre:

Opphev valget

Any other comments or questions on CONSORT EHEALTH

Svaret ditt

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