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Title:
Effect of a consumer-focused website for low back pain on health literacy, Treatment choices, and clinical outcomes: Randomized controlled trial

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

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

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

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

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

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

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

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

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

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

caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

* Required

Your name *

First Last

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The University of Queensland, Brisbane, Austra

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Title of your manuscript *

Provide the (draft) title of your manuscript.

Can access to a consumer-focused website for low back pain change health literacy, treatment choices and clinical outcomes?: A Randomised Controlled Trial

Name of your App/Software/Intervention *

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

MyBackPain

Evaluated Version (if any)

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

N/A

Language(s) *

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

English

URL of your Intervention Website or App

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

https://mybackpain.org.au

URL of an image/screenshot (optional)

Your answer

Accessibility *

Can an enduser access the intervention presently?

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

Primary Medical Indication/Disease/Condition *

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

Low back pain

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Dimensions of the Health Literacy Questionnai

Secondary/other outcomes

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

other HLQ dimensions, quality of treatment choices, clinical outcomes (pain, disability, 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"
- ○ Other:

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

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

Overall, was the app/intervention effective? *

- ○ yes: all primary outcomes were significantly better in intervention group vs control
- ○ partly: SOME primary outcomes were significantly better in intervention group vs control
- ○ no statistically significant difference between control and intervention
- ○ potentially harmful: control was significantly better than intervention in one or more outcomes
- ○ inconclusive: more research is needed
- ◉ Other: no statistically significant difference between control and intervention

Article Preparation Status/Stage *

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

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

Journal *

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

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

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

- ○ Pilot/feasibility
- ◉ Fully powered

Manuscript tracking number *

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

- (●) no ms number (yet) / not (yet) submitted to / published in JMIR
- ( ) Other:

TITLE AND ABSTRACT

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

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

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

- (●) yes
- ( ) Other:

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 1a-i? *

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

"Can access to a consumer-focused website for low back pain change... "

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 1a-ii?

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

N/A

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

Mention primary condition or target group in the title, if any (e.g., “for children with Type I Diabetes”) Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

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

Does your paper address subitem 1a-iii? *

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

"Can access to a consumer-focused website for low back pain change health literacy, treatment choices and clinical outcomes?"

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

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 1b-i? *

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

"Participants were randomly allocated to have access to the evidence-based MyBackPain website which was designed with input from consumers and expert consensus, or unguided internet use. "

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

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

	1	2	3	4	5	
subitem not at all important	○	◉	○	○	○	essential

Clear selection

Does your paper address subitem 1b-ii?

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

"allocated to have access to the evidence-based MyBackPain website which was designed with input from consumers and expert consensus"

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

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

	1	2	3	4	5	
subitem not at all important	○	◉	○	○	○	essential

Clear selection

Does your paper address subitem 1b-iii?

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

"online"

1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 1b-iv?

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

"453 participants were recruited and 321 (71%) completed primary outcomes"

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Clear selection

Does your paper address subitem 1b-v?

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

"MyBackPain was not superior to unguided internet use for health literacy but may empower users to make better treatment choices in the short-term."

INTRODUCTION

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

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

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

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

Does your paper address subitem 2a-i? *

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

"Access to an evidence-based consumer-focussed tool to enhance health literacy and empower active participation in self-management and treatment selection could reduce burden. Although tools are available, evaluation of their effectiveness has been limited."

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 2a-ii? *

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

"Although systematic reviews provide modest evidence of efficacy of internet-delivered interventions (e.g., cognitive behavioural therapy[18, 19]), whether information resources improve outcomes and behaviours is unknown. "

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

"We hypothesized that the MyBackPain website more effectively improves health literacy (primary outcome), choice of evidence-based treatments and clinical outcomes in people with LBP than unguided use of internet resources."

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

"We conducted a 2-arm pragmatic, online, superiority randomized controlled trial."

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

N/A

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 3b-i?

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

N/A

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

"Inclusion criteria were: current LBP of any duration, aged 18 years and above (no upper age limit), current residence in Australia, adequate English to use the MyBackPain website, and internet access. Participants were excluded if they reported a previous or existing serious spinal pathology (fracture, cancer, infection) or specific diagnosis including sciatica, lumbar spinal stenosis or nerve root compromise."

4a-i) Computer / Internet literacy

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 4a-i?

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

"and internet access"

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 4a-ii? *

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

"online"

4a-iii) Information giving during recruitment

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

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Clear selection

Does your paper address subitem 4a-iii?

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

"All participants were advised that the study aimed to investigate the impact of internet use on their LBP. To maintain blinding, all participants recorded the address of any websites visited for information regarding LBP over 12 months. The intervention group were given access to the password protected MyBackPain website. The control group were not aware of this website and were unable to access it until the website was launched to the public on 30/07/2019 after the primary endpoint had passed for all participants. "

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

"We recruited community participants with current LBP...current residence in Australia,"

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 4b-i? *

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

"online""all outcome measures were self-reported"

4b-ii) Report how institutional affiliations are displayed

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 4b-ii?

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

"Potential participants were provided with a web-link to the participant information sheet and consent form. " Institution placed on information and consent forms

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

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

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

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

Does your paper address subitem 5-i?

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

Process for development of website and role of host (arthritis Australia) is described in detail in another paper in a JMIR sister journal. Website is freely accessible and developed with funds from Research grants which are listed.

5-ii) Describe the history/development process

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 5-ii?

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

"The evidence-based content and framework of the MyBackPain website were developed according to consultation and collaboration with individuals with LBP, clinicians, and an international expert team[20].
Website development involved distillation of the highest quality information for acute and chronic LBP into easily understood resources in multiple formats. Table 1 presents overarching principles. "

5-iii) Revisions and updating

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 5-iii?

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

MyBackPain was locked and period of data collection is specified

5-iv) Quality assurance methods

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 5-iv?

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

""The evidence-based content and framework of the MyBackPain website were developed according to consultation and collaboration with individuals with LBP, clinicians, and an international expert team[20]. "

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 5-v?

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

Algorithms are described and referenced "Participants could use the website in multiple ways: self-directed browsing; automated guided content tailored to the features of their presentation (Evidence-based algorithms based on Pick-up tool for acute LBP[24] or STarT Back for chronic LBP[25]); "

5-vi) Digital preservation

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

	1	2	3	4	5	
subitem not at all important	○	◉	○	○	○	essential

Clear selection

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

Detail and links are provided in publication of process evaluation published in JMIR sister journal

5-vii) Access

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

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

"Website access required a unique username/password provided to intervention group participants. As we intended to study the natural use of the website, participants were free to determine how and when they accessed it, and which content they used...Participants randomised to the control group were asked to use the internet to obtain information about LBP in a self-directed manner and record the address of any relevant websites in weekly (weeks 1–12) and monthly (months 3–12) online diaries. They did not have access to, or knowledge of, the MyBackPain website at least until after the primary endpoint."

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 5-viii? *

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

"The evidence-based content and framework of the MyBackPain website were developed according to consultation and collaboration with individuals with LBP, clinicians, and an international expert team[20].
Website development involved distillation of the highest quality information for acute and chronic LBP into easily understood resources in multiple formats. Table 1 presents overarching principles.
Website access required a unique username/password provided to intervention group participants. As we intended to study the natural use of the website, participants were free to determine how and when they accessed it, and which content they used. Participants could use the website in multiple ways: self-directed browsing; automated guided content tailored to the features of their presentation (Evidence-based algorithms based on Pick-up tool for acute LBP[24] or STarT Back for chronic LBP[25]); and to 'opt-in' for emails of key messages about LBP."

5-ix) Describe use parameters

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

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

"participants were free to determine how and when they accessed it, and which content they used"

5-x) Clarify the level of human involvement

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

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

"Participants randomized to the intervention group were given access to the MyBackPain website and encouraged to use it" and there was no other engagement

5-xi) Report any prompts/reminders used

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 5-xi? *

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

"As we intended to study the natural use of the website, participants were free to determine how and when they accessed it, and which content they used" and they could " 'opt-in' for emails of key messages about LBP"

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 5-xii? *

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

N/A

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

"Primary outcome
We used Dimensions 2 and 3 of the Health Literacy Questionnaire (HLQ)[26] as co-primary outcomes to determine the extent to which participants considered 'having sufficient information to manage my health' and 'actively managing my health', respectively, at 3 months after randomization. The validated HLQ includes 44 items in nine dimensions, with each dimension intended to be considered individually[26]. Dimensions 2 and 3 include four items assessed using 4-point Likert scales (1-strongly disagree; 4-strongly agree), converted to a 0–100 score for analysis. The survey's preamble asked participants to consider their LBP when answering.
Secondary outcomes
Secondary outcomes were; (i) other HLQ dimensions, (ii) quality of treatment choices, and (iii) clinical outcomes. Secondary measures from the HLQ were dimensions; 1 ('feeling understood and supported by healthcare providers'), and 4–9 ('social support for health'; 'appraisal of health information'; 'ability to actively engage with healthcare providers'; 'navigating the healthcare system'; 'ability to find good health information' and 'understand health information well enough to know what to do', respectively), assessed using 4-point (dimensions 1, 4-5) or 5-point (dimensions 6-9) Likert scales.
"

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

All outcome measures are routinely used in this manner

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

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

	1	2	3	4	5	
subitem not at all important	○	◉	○	○	○	essential

Clear selection

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

"We were unable to track individual use of MyBackPain because of privacy concerns of the sites host (Arthritis Australia). We tracked overall use of the site (number of sessions; new/returning users) using Opentracker software"

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

This is the topic of a separate paper outlined in the publication in the JMIR sister journal - Hodges PW, Setchell J, Nielsen M. An Internet-Based Consumer Resource for People with Low Back Pain (MyBackPain): Development and Evaluation. JMIR Rehabil Assist Technol. 2020 Mar 31;7(1):e16101. doi: 10.2196/16101. PMID: 32229467; PMCID: PMC7157509.

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

Does your paper address CONSORT subitem 6b? *

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

N/A

7a) How sample size was determined

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 7a-i?

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

"Sample size calculation was based on an effect size of 0.30, for the co-primary outcomes. A sample size of 440 participants (minimum of 25% with acute LBP) was required to achieve 80% power to detect the desired effect size, type 1 error of 0.05 and allowing for a 20% loss to follow-up at 3 months."

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

Does your paper address CONSORT subitem 7b? *

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

N/A

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 study biostatistician prepared the randomization schedule using stratification permuted block randomization, with block sizes 6-12 stratified by symptom duration (acute LBP: <6 weeks duration with at least 4 weeks interval from a preceding episode; chronic LBP: all other presentations). After completion of baseline data, participants were randomized sequentially according to the schedule and provided with information regarding their mode of internet access."

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 biostatistician prepared the randomization schedule using stratification permuted block randomization, with block sizes 6-12 stratified by symptom duration (acute LBP: <6 weeks duration with at least 4 weeks interval from a preceding episode; chronic LBP: all other presentations).

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

"After completion of baseline data, participants were randomized sequentially according to the schedule and provided with information regarding their mode of internet access."

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 study biostatistician prepared the randomization schedule"

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

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 11a-i? *

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

"Participants and investigators (except the project manager) were blinded to treatment allocation. All participants were advised that the study aimed to investigate the impact of internet use on their LBP. To maintain blinding, all participants recorded the address of any websites visited for information regarding LBP over 12 months. The intervention group were given access to the password protected MyBackPain website. The control group were not aware of this website and were unable to access it until the website was launched to the public on 30/07/2019 after the primary endpoint had passed for all participants. Given all outcome measures were self-reported, outcome assessments were also blinded. A blinded biostatistician conducted data analyses."

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 11a-ii?

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

"All participants were advised that the study aimed to investigate the impact of internet use on their LBP. To maintain blinding, all participants recorded the address of any websites visited for information regarding LBP over 12 months. The intervention group were given access to the password protected MyBackPain website. The control group were not aware of this website and were unable to access it until the website was launched to the public on 30/07/2019 after the primary endpoint had passed for all participants."

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

Does your paper address CONSORT subitem 11b? *

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

N/A

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

"Data were analyzed using Stata v16.0 (StataCorp, TX) and included all participants in their randomized groups (intention-to-treat). Baseline characteristics of participants who did and did not provide primary outcomes were compared using t-tests or chi-squared tests. Missing continuous outcomes were imputed using chained equations with predictive mean matching and five nearest neighbours, and missing binary outcomes were imputed using logistic regression imputation models with chained equations. Data were imputed for each randomized group separately. Imputation models for continuous outcomes included all baseline variables and all outcome variables where possible. Imputation models for binary variables omitted binary baseline variables and outcome variables due to the potential for perfect prediction, including only continuous baseline variables. Estimates from 40 imputed datasets were combined using Rubin's rules[28].
For the primary outcomes and continuous secondary outcomes, mean differences between groups were estimated at each timepoint using longitudinal linear mixed-effects models. These models included all data from 1, 3 (primary endpoint), 6, and 12 months as outcomes for each participant. Models included an interaction between month and randomised group as a fixed effect, and random intercepts for participants. Models were adjusted for baseline values of the outcome and the stratification variable (symptom duration). Similar longitudinal logistic regression models were used for secondary binary outcomes, with results presented as odds ratios and risk ratios at each timepoint. Model assumptions and validity of imputed datasets were assessed using standard diagnostic plots. No statistical adjustment was made for multiple testing. Complete-case analyses were also conducted.
"

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 12a-i? *

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

"Missing continuous outcomes were imputed using chained equations with predictive mean matching and five nearest neighbours, and missing binary outcomes were imputed using logistic regression imputation models with chained equations. Data were imputed for each randomized group separately. Imputation models for continuous outcomes included all baseline variables and all outcome variables where possible. Imputation models for binary variables omitted binary baseline variables and outcome variables due to the potential for perfect prediction, including only continuous baseline variables. Estimates from 40 imputed datasets were combined using Rubin's rules[28]. "

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

N/A

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

X26-i) Comment on ethics committee approval

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem X26-i?

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

"Ethical approval was obtained from the University of Queensland Ethics Committee (#2017000995). Participants provided written informed consent. "

x26-ii) Outline informed consent procedures

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem X26-ii?

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

"Potential participants were provided with a web-link to the participant information sheet and consent form. Those who consented completed an eligibility screening form, and if eligible, invited to complete baseline questionnaires. Data were recorded into REDCap (electronic data capture tool hosted at The University of Queensland)[22, 23]. Participants were sent two reminders to complete baseline data. "

X26-iii) Safety and security procedures

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

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Clear selection

Does your paper address subitem X26-iii?

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

Privacy was a major element of our adherence tracking "We were unable to track individual use of MyBackPain because of privacy concerns of the sites host (Arthritis Australia). We tracked overall use of the site (number of sessions; new/returning users) using Opentracker software. "

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

"We enrolled 453 participants who completed the baseline assessment (Figure 1). Thirteen withdrew (different timepoints) and their data were excluded from analysis. Groups were similar at baseline (Table 2). Loss to follow-up at the primary endpoint (3 months) was 35.3% (59/226) in the control group and 39.0% (60/214) in the MyBackPain group. "

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

"We enrolled 453 participants who completed the baseline assessment (Figure 1). Thirteen withdrew (different timepoints) and their data were excluded from analysis. Groups were similar at baseline (Table 2). Loss to follow-up at the primary endpoint (3 months) was 35.3% (59/226) in the control group and 39.0% (60/214) in the MyBackPain group. "

13b-i) Attrition diagram

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 13b-i?

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

"Figure 1"

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

Does your paper address CONSORT subitem 14a? *

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

"Recruitment occurred 06/12/2017 to 16/01/2019 with follow-up completed on 16/01/2020."

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

Does your paper address subitem 14a-i?

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

"The control group were not aware of this website and were unable to access it until the website was launched to the public on 30/07/2019 after the primary endpoint had passed for all participants. Given all outcome measures were self-reported, outcome assessments were also blinded. "

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

Does your paper address CONSORT subitem 14b? *

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

N/A

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

"Table 2"

15-i) Report demographics associated with digital divide issues

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 15-i? *

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

"Table 2"

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

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

Figure 1; Table 4

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

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

model is conducted as intent-to-treat "For the primary outcomes and continuous secondary outcomes, mean differences between groups were estimated at each timepoint using longitudinal linear mixed-effects models. These models included all data from 1, 3 (primary endpoint), 6, and 12 months as outcomes for each participant. Models included an interaction between month and randomised group as a fixed effect, and random intercepts for participants."

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 3 and all values in results

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

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

	1	2	3	4	5	
subitem not at all important	○	○	◉	○	○	essential

Clear selection

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

"Up to the launch date (after the primary endpoint for all participants), the MyBackPain website was accessed an average of 3.4 times each by 183 unique users. This represents 85.5% of those allocated to the MyBackPain group. "

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

"Similar longitudinal logistic regression models were used for secondary binary outcomes, with results presented as odds ratios and risk ratios at each timepoint. "

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

N/A

18-i) Subgroup analysis of comparing only users

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 18-i?

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

Not undertaken

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

This topic is addressed for use of the website, but not in the context of this RCT. described in paper in JMIR sister journal. Setchell J, Turpin M, Costa N, Hodges P. Web-Based Consumer Health Education About Back Pain: Findings of Potential Tensions From a Photo-Elicitation and Observational Study. JMIR Rehabil Assist Technol. 2020 Jun 1;7(1):e17130. doi: 10.2196/17130. PMID: 32478663; PMCID: PMC7296418.

19-i) Include privacy breaches, technical problems

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 19-i?

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

N/A

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 19-ii?

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

This is addressed in publication in sister journal: Hodges PW, Setchell J, Nielsen M. An Internet-Based Consumer Resource for People with Low Back Pain (MyBackPain): Development and Evaluation. JMIR Rehabil Assist Technol. 2020 Mar 31;7(1):e16101. doi: 10.2196/16101. PMID: 32229467; PMCID: PMC7157509.

DISCUSSION

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

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

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

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 22-i? *

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

"The results of this study showed that natural use of a web-based information-only resource (MyBackPain) did not improve two dimensions of health literacy more than self-guided access of online LBP information. "

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

Highlight unanswered new questions, suggest future research.

	1	2	3	4	5	
subitem not at all important	○	○	○	◉	○	essential

Clear selection

Does your paper address subitem 22-ii?

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

"There is some indication that access to the MyBackPain website achieved improvement in stated (multiple imputation/complete case analyses) and observed (complete case analysis only) selection of recommended treatments, however, these improvements might be due to chance."

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

20-i) Typical limitations in ehealth trials

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 20-i? *

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

"Several limitations require consideration. First, there was a large loss to follow-up, which is common in online trials[34, 41]. Although multiple imputation was implemented, if participants were lost to follow-up due to worsening of their condition, this analysis may not be appropriate. Second, individual use of MyBackPain could not be tracked. That 14.5% of the treatment group did not access MyBackPain is disappointing, but it is important to note the trial was pragmatic and designed to evaluate natural use. "

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

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

21-i) Generalizability to other populations

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

	1	2	3	4	5	
subitem not at all important	○	○	○	○	◉	essential

Clear selection

Does your paper address subitem 21-i?

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

"Based on population data for the HLQ domains from the Australian Bureau of Statistics (ABS) our sample had similar health literacy at baseline (Dimension 2: our data = mean (SD) 3.12 (0.6) vs. ABS data for individuals who report a “back problem” = mean (relative standard error) 3.13 (0.5); Dimension 3: 3.23 (0.6) vs. 3.03 (0.6). However, our sample had low quality of life utility scores compared to Australian norms (our data: mean (SD) 0.55 (0.22) vs. mean (95% confidence interval) 0.799 (0.792-0.806)[30]). Despite co-design of MyBackPain with individuals with LBP, the presentation of information might not be optimal for those with low quality of life[31]."

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem 21-ii?

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

"Second, individual use of MyBackPain could not be tracked. That 14.5% of the treatment group did not access MyBackPain is disappointing, but it is important to note the trial was pragmatic and designed to evaluate natural use. "

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

Australian New Zealand Clinical Trials Registry ACTRN12617001292369

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

"... and the protocol is published[21]."

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 information: This work was supported by grants from the National Health and Medical Research Council (NHMRC; Australia; APP1079078 and APP1091302) and the Medibank Health Research Fund. PWH (APP1102905), MLF (APP1143593) DJH (APP1194737), KLB (APP1174431) and JS (APP1157179) are supported by fellowships from the NHMRC. The National Health and Medical Research Council (Australia) and Medibank Health Research Fund had no role in study design, collection, analysis, interpretation of data or the decision to publish."

X27) Conflicts of Interest (not a CONSORT item)

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

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

	1	2	3	4	5	
subitem not at all important	◉	○	○	○	○	essential

Clear selection

Does your paper address subitem X27-i?

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

"Conflicts of interest
DJH is on advisory boards for Merck Serono, Tissuegene, TLC Bio and Flexion, outside of the submitted work."

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?

addition of detail of some minor elements

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

1.5 hours

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

- ◉ yes
- ○ no
- ○ Other:

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

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

- ○ yes
- ◉ no
- ○ Other:

Clear selection

Any other comments or questions on CONSORT EHEALTH

Your answer

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