

# 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

**adrimateo4@gmail.com** [Cambiar de cuenta](#)

 No compartido

 Borrador guardado

**\* Indica que la pregunta es obligatoria**

**Your name \***

First Last

Adrián Mateo-Orcajada

**Primary Affiliation (short), City, Country \***

University of Toronto, Toronto, Canada

UCAM Universidad Católica de Murcia, Murcia,

**Your e-mail address \***

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amateo5@ucam.edu

**Title of your manuscript \***

Provide the (draft) title of your manuscript.

The loss of achieved effects on physical activity, body composition and fitness variables in adolescents after a period of mandatory use of step tracker mobile apps: a 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.

Pokémon Go; Strava, Pacer, MapMyWalk

**Evaluated Version (if any)**

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

Tu respuesta

**Language(s) \***

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

Spanish, 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.

Tu respuesta

**URL of an image/screenshot (optional)**

Tu respuesta



**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
- Otro:

**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)"

It has not been used for specific pathologies

**Primary Outcomes measured in trial \***

comma-separated list of primary outcomes reported in the trial

Physical activity level, body composition, phys

**Secondary/other outcomes**

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

Tu respuesta



**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"
- Otro: 3 times a week

**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%
- Otro:



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
- Otro:

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
- Otro:



**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
- Otro:

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
- Otro: JMU ms#51206



## 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 Otro:

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.

subitem not at all important

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essential





Does your paper address subitem 1a-i? \*

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

after a period of mandatory use of step tracker mobile apps

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").

subitem not at all important

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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

after a period of mandatory use of step tracker mobile apps



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

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

subitem not at all important

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**Does your paper address subitem 1a-iii? \***

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

The loss of achieved effects on physical activity, body composition and fitness variables in adolescents

**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

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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

A total of 376 students in compulsory secondary education (mean age: 13.92±1.91 years old) participated in the study. A randomized controlled trial was carried out in which an experimental group performed physical activity for 10 weeks using a step tracker mobile app after school hours. Both the App and control groups attended physical education classes normally. After the first 10 weeks, the App group stopped using the step tracker mobile app for another 10-weeks. Their physical activity level, body composition and fitness were measured at baseline (T1), after ten weeks of mandatory use of the apps (T2), and ten weeks after the end of the intervention (T3).



**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)

subitem not at all important

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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

Tu respuesta



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)

subitem not at all important

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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

Tu respuesta



**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)

subitem not at all important

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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

The results showed a decrease in body fat ( $p=0.022$ ), as well as an improvement in the level of physical activity ( $p<0.001$ ), VO2 max ( $p<0.001$ ), countermovement jump ( $p=0.039$ ), curl-up ( $p<0.001$ ), and push-up ( $p<0.001$ ) in the App group between T1-T2. However, of the benefits obtained, only the improvements in countermovement jump ( $p=0.028$ ), curl-up ( $p<0.001$ ), and push-up ( $p=0.013$ ) were maintained at T3.



### 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

Therefore, it can be concluded that when the use of apps is no longer mandatory, the effect achieved on the level of physical activity, fat mass and cardiorespiratory fitness of adolescents seems to be lost.

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)

subitem not at all important

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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

Previous research has not analyzed whether the effects achieved through the mandatory use of step tracker mobile apps are maintained over time, when their use is no longer mandatory or promoted by the physical education subject, and there are holiday periods in the school calendar in which it is not possible to track the training done with the apps. Consequently, the aim of this study is to investigate whether the positive effects observed in physical activity levels, body composition, and fitness variables, resulting from a compulsory period of utilizing step-tracking mobile apps, and where adolescents are instructed on their proper usage within the physical education curriculum, diminish once the mobile apps are no longer employed





## 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.

subitem not at all important

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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

Therefore, mobile apps appear to be effective tools for improving the health status of adolescents and for preventing future risks. Thus, It is crucial to emphasize that the effectiveness of increasing adolescents' physical activity levels through mobile applications was evident only in studies where the usage of these applications was compulsory. Specifically, the promotion of app usage as an assignment for physical education classes played a significant role in achieving positive outcomes 9,17. Therefore, the mandatory use of apps seems to be effective in this population, although it should be considered that previous research has shown that the first weeks of the intervention were the most effective in the adolescent population due to the novelty of the intervention, but as the intervention progresses, the effects are reduced 18. This is a relevant aspect, because after the first weeks of the intervention, there is a considerable loss of adherence 8, which could negatively influence the overall benefits obtained with the intervention.

## 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

The aim of this study is to investigate whether the positive effects observed in physical activity levels, body composition, and fitness variables, resulting from a compulsory period of utilizing step-tracking mobile apps, and where adolescents are instructed on their proper usage within the physical education curriculum, diminish once the mobile apps are no longer employed.

Based on the aim set for the research and the lack of previous research in this field, it is not possible to state a research hypothesis supported by previous scientific literature, but it is proposed that adolescents will return to baseline levels after a period in which step-tracking mobile apps are not used in a mandatory way or promoted from the physical education subject (H1).

**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

The present study was a randomized controlled trial with three data collection periods (T1: pre; T2: post; T3: post-2) and a total length of 26 weeks. The research study followed the Consolidated Standards of Reporting Trials (CONSORT) guidelines 21 and was pre-registered on ClinicalTrials.gov (registration code: hidden for peer review). The sampling approach employed convenience sampling, where adolescents from accessible educational institutions were recruited. The research design received approval from the institutional ethics committee of the (hidden for peer review), adhering to the guidelines set forth by the World Medical Association and the Helsinki Declaration (approval code: hidden for peer review).

The minimum sample size necessary for the study's development was calculated using Rstudio 3.15.0 software (Rstudio Inc., USA), and followed the methodology employed in previous studies 22, in which the standard deviation (SD) from previous studies that presented a similar design with three data points to measure changes in physical activity among the adolescents was used (SD=0.64) 23. With an estimated error (d) of 0.067 and a confidence interval of 95%, the required sample size was determined to be 350 adolescents.

**3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons****Does your paper address CONSORT subitem 3b? \***

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

In case the mobile applications do not work, they had selected other mobile applications to be able to use them.



### 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].

subitem not at all important

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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

Tu respuesta

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 for the study were as follows a) enrolment in one of the selected educational centers; b) age comprised between 12-16 years old; c) completion of all questionnaires and physical tests during the three measurement periods (T1, T2 and T3); d) attending the kinanthropometric and body composition measurement periods; and e) absence of any pathology or injury that would hinder participation in the tests or measurements conducted. With respect to the exclusion criteria, these were: a) missing more than 20% of the compulsory physical education sessions throughout the academic year; b) lack of mobile phone; c) failure to meet the minimum mandatory weekly distance requirement in the App group when app usage was obligatory; d) changing schools or class group during the course of the intervention; e) starting or ending any form of physical activity during the intervention that could alter the level of physical activity practiced for reasons unrelated to the study; and f) having presented any illness during the follow-up period that would have prevented them from engaging in their usual physical activity.

**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

Tu respuesta

### 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.

subitem not at all important

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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 from two compulsory secondary schools located in (hidden for peer review). These schools were chosen due to their high student population in secondary education within their respective localities. Initially, the research team contacted the schools to provide a detailed explanation of the study's procedure and objectives. If a particular school declined to participate, the next school with the largest number of students in the locality was approached. Once the school's approval was obtained, the physical education department heads were contacted. Subsequently, a face-to-face meeting was arranged with interested students and their parents to discuss the study further. Those who expressed willingness to participate in the research were required to sign the informed consent form, with both adolescents and their parents acknowledging their understanding of the research aims and procedures.

**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.

subitem not at all important

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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

The study recruited participants from two compulsory secondary schools located in (hidden for peer review). These schools were chosen due to their high student population in secondary education within their respective localities. Initially, the research team contacted the schools to provide a detailed explanation of the study's procedure and objectives. If a particular school declined to participate, the next school with the largest number of students in the locality was approached. Once the school's approval was obtained, the physical education department heads were contacted. Subsequently, a face-to-face meeting was arranged with interested students and their parents to discuss the study further. Those who expressed willingness to participate in the research were required to sign the informed consent form, with both adolescents and their parents acknowledging their understanding of the research aims and procedures.

**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

To reduce bias in the measurements, these were carried out under the same conditions for all students. The physical education hour was used to carry out the measurements. The questionnaires were completed in a reserved space in which the adolescents did not have any distractions that may condition their answers. In addition, the researchers resolved any possible doubts, but in no case did they condition the adolescents' responses. For the anthropometric measurements, the locker rooms of the sports pavilion were used. To conduct the physical tests, the indoor sports pavilion of the education centers was utilized, specifically chosen to eliminate the influence of atmospheric variables that could potentially affect the results and introduce bias.





**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.

subitem not at all important

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**Does your paper address subitem 4b-i? \***

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

The adolescents completed the questionnaires in the school, in front of the researchers.



**4b-ii) Report how institutional affiliations are displayed**

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

subitem not at all important

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**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

Tu respuesta

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).

subitem not at all important

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**Does your paper address subitem 5-i?**

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

Tu respuesta



### 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.

subitem not at all important

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### Does your paper address subitem 5-ii?

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

a face-to-face meeting was arranged with interested students and their parents to discuss the study further. Those who expressed willingness to participate in the research were required to sign the informed consent form, with both adolescents and their parents acknowledging their understanding of the research aims and procedures.



### 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).

subitem not at all important

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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

Tu respuesta



#### 5-iv) Quality assurance methods

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

subitem not at all important

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#### Does your paper address subitem 5-iv?

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

Following the recruitment and selection of the adolescents, meetings were held with the teachers to provide them with a clear understanding of the trial's purpose and the randomization process. Parents or legal guardians of potentially participating classes in each school were notified through a letter explaining the study's objectives and procedures. The principal investigator, along with other uninvolved investigators, carried out the randomization process using a computer-generated random number table. The randomization assigned all students within the same class at each school center to the same mobile application group. School classes were randomly assigned to participate as App or control classes. The control classes were instructed to continue their regular physical education classes, while the intervention was offered to them after the final data collection. Baseline measurements were taken after the randomization process. All meters were blinded to the group to which each individual belonged, as well as to the individual's ratings in the previous measurement.



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.

subitem not at all important

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Does your paper address subitem 5-v?

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

Tu respuesta



### 5-vi) Digital preservation

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

subitem not at all important

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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

Tu respuesta





### 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).

subitem not at all important

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**Does your paper address subitem 5-vii? \***

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

Prior to commencing the mandatory intervention, the adolescents were provided with instructions on the proper utilization of mobile step tracker apps. The aim of the first phase was that the students, after receiving instruction on their correct use, could use the apps in a guided way from the physical education classes, so that they could become familiar with their use and interface. For this purpose, after randomization, a meeting was held with each of the class groups that were assigned to the App group, in which the students installed the application corresponding to their class group and its functioning was explained to them. Any doubts were resolved by the researchers and the physical education teachers. Researchers in charge of explaining how the apps worked were not involved in the measurements or subsequent analysis, as they knew which student belonged to each App and control group. Once each app had been described and its use explained, a training plan was drawn up to be followed during the period of mandatory use. During the initial week, the adolescents were instructed to achieve a minimum of 5000 steps or cover a distance of at least 3.19 kilometers each time they utilized the app. It was established that approximately 1565 steps equated to one kilometer 37. This minimum distance was defined to ensure that the adolescents surpassed the sedentary threshold 38. The initial distance was progressively increased weekly until reaching a distance of 15,520 steps or 8 km each time they used the app in the last week. In addition, the researchers followed up with the physical education teachers to ensure that the distance was completed by the students every week.



### 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].

subitem not at all important

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### Does your paper address subitem 5-viii? \*

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

The adolescents were motivated to utilize the app for a duration of ten weeks, aiming for a minimum usage of three times per week. This frequency aligned with the physical activity recommendations set forth by the World Health Organization (WHO) 39. The chosen apps were selected based on their implementation of a substantial number of behavior change techniques 40 specifically designed to effectively enhance the level of physical activity among users. The duration of ten weeks was justified based on previous research with adolescents, in which a short or moderate duration (6-12 weeks) was more effective for producing changes than a longer duration 18, and to be able to adjust it to the duration of the academic year.



### 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.

subitem not at all important

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### Does your paper address subitem 5-ix?

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

a training plan was drawn up to be followed during the period of mandatory use. During the initial week, the adolescents were instructed to achieve a minimum of 5000 steps or cover a distance of at least 3.19 kilometers each time they utilized the app. It was established that approximately 1565 steps equated to one kilometer 37. This minimum distance was defined to ensure that the adolescents surpassed the sedentary threshold 38. The initial distance was progressively increased weekly until reaching a distance of 15,520 steps or 8 km each time they used the app in the last week. In addition, the researchers followed up with the physical education teachers to ensure that the distance was completed by the students every week.

The adolescents were motivated to utilize the app for a duration of ten weeks, aiming for a minimum usage of three times per week. This frequency aligned with the physical activity recommendations set forth by the World Health Organization (WHO)



### 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).

subitem not at all important

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### Does your paper address subitem 5-x?

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

Any doubts were resolved by the researchers and the physical education teachers. Researchers in charge of explaining how the apps worked were not involved in the measurements or subsequent analysis, as they knew which student belonged to each App and control group



### 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).

subitem not at all important

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### Does your paper address subitem 5-xi? \*

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

In addition, the researchers followed up with the physical education teachers to ensure that the distance was completed by the students every week.



**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).

subitem not at all important

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**Does your paper address subitem 5-xii? \***

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

No extra training or support was provided for the use of the application 3 times a week.

**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

**Questionnaire measurement**

Physical activity level was measured using the "Physical Activity Questionnaire for Adolescents" (PAQ-A) 25. This questionnaire was previously validated in Spanish and demonstrated a satisfactory level of reliability, with an intraclass correlation coefficient of 0.71 for the final score

**Kinanthropometrics and body composition measurement**

The anthropometric measurement included three basic measurements (body mass, height, and sitting height), three skinfolds (triceps, thigh, and calf), and five girths (arm relaxed, waist, hips, thigh, and calf) 27.

**Physical fitness measurement**

Cardiorespiratory fitness was evaluated using the 20-meter shuttle run test. Lower limb explosive strength was assessed by means of the countermovement jump (CMJ). For the measurement of abdominal strength and endurance, the curl-up test was used. The push-up test was employed to evaluate upper body strength.

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].

subitem not at all important

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Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

This questionnaire was previously validated in Spanish and demonstrated a satisfactory level of reliability, with an intraclass correlation coefficient of 0.71 for the final score

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.

subitem not at all important

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Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

During the initial week, the adolescents were instructed to achieve a minimum of 5000 steps or cover a distance of at least 3.19 kilometers each time they utilized the app. It was established that approximately 1565 steps equated to one kilometer 37. This minimum distance was defined to ensure that the adolescents surpassed the sedentary threshold 38. The initial distance was progressively increased weekly until reaching a distance of 15,520 steps or 8 km each time they used the app in the last week. In addition, the researchers followed up with the physical education teachers to ensure that the distance was completed by the students every week.



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).

subitem not at all important

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Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

Tu respuesta

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

Table 2 shows the differences in the measurements taken in the App and the control groups at different time points (T1, T2 and T3).

Table 3 shows the differences between the groups studied (App and control groups) with respect to the study variables at the three time points (T1-T2-T3).

Table 4 shows the differences in the change produced between the App and control groups when comparing the different time points (T1-T2, T1-T3, T2-T3).



**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.

subitem not at all important

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**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

Tu respuesta

**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

The minimum sample size necessary for the study's development was calculated using Rstudio 3.15.0 software (Rstudio Inc., USA), and followed the methodology employed in previous studies 22, in which the standard deviation (SD) from previous studies that presented a similar design with three data points to measure changes in physical activity among the adolescents was used (SD=0.64) 23. With an estimated error (d) of 0.067 and a confidence interval of 95%, the required sample size was determined to be 350 adolescents.

**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 principal investigator, along with other uninvolved investigators, carried out the randomization process using a computer-generated random number table

**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 randomization assigned all students within the same class at each school center to the same mobile application group. School classes were randomly assigned to participate as App or control classes. The control classes were instructed to continue their regular physical education classes, while the intervention was offered to them after the final data collection. Baseline measurements were taken after the randomization process. All meters were blinded to the group to which each individual belonged, as well as to the individual's ratings in the previous measurement.

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

using a computer-generated random number table

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 principal investigator, along with other uninvolved investigators, carried out the randomization process using a computer-generated random number table.  
All meters were blinded to the group to which each individual belonged, as well as to the individual's ratings in the previous measurement.

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).

subitem not at all important

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Does your paper address subitem 11a-i? \*

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

All the researchers who measured the students were blinded. The researchers in charge of randomization also did not know which students belonged to each group since they were assigned a numerical code.

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".

subitem not at all important

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Does your paper address subitem 11a-ii?

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

No, the participants were totally blinded in this regard.



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

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

**Does your paper address CONSORT subitem 11b? \***

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

The intervention group used the applications, while the control group did not. The only similarity was that they continued to attend PE classes as normal.

**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 normality of the data was assessed using the Kolmogorov-Smirnov test and the analysis of skewness, kurtosis, and variance. Since the variables exhibited a normal distribution, parametric tests were employed for their analysis. Three repeated measures ANOVAs were performed. On the first one, the group factor was used as the grouping variable; on the second one, the time point factor was used; and on the third one, the differences in the change between control and App groups in the different time points were assessed. In this way, intra- and inter-group differences were found for each of the study variables. A subsequent Bonferroni analysis made it possible to determine the statistical differences between each of the pairs compared. Effect size was analyzed using partial eta squared ( $\eta^2$ ), and was defined as small ( $ES \geq 0.10$ ), moderate ( $ES \geq 0.30$ ), large ( $ES \geq 1.2$ ), or very large ( $ES \geq 2.0$ ), with an error of  $p < 0.05$  41. A significance level of  $p < 0.05$  was used to establish statistical significance. The data analysis was conducted using the SPSS statistical package (v.25.0, SPSS Inc., IL).





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

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

subitem not at all important

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Does your paper address subitem 12a-i? \*

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

Adolescents who did not complete the intervention were excluded from the analysis. Thus, of the initial 421 subjects, 357 completed the intervention.

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

Three repeated measures ANOVAs were performed. On the first one, the group factor was used as the grouping variable; on the second one, the time point factor was used; and on the third one, the differences in the change between control and App groups in the different time points were assessed. In this way, intra- and inter-group differences were found for each of the study variables.

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

X26-i) Comment on ethics committee approval

subitem not at all important

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### 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 research design received approval from the institutional ethics committee of the (hidden for peer review), adhering to the guidelines set forth by the World Medical Association and the Helsinki Declaration (approval code: hidden for peer review)

### x26-ii) Outline informed consent procedures

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

subitem not at all important

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### 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

Those who expressed willingness to participate in the research were required to sign the informed consent form, with both adolescents and their parents acknowledging their understanding of the research aims and procedures.



### 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)

subitem not at all important

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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

Tu respuesta

## 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

Before starting the intervention, a total of 465 adolescents participated in pretest measurements (T1) (Figure 1). The mandatory intervention lasted ten weeks, during which the adolescents were required to use one of the four selected apps: Pokémon Go®, Pacer®, Strava®, and MapMyWalk®. The assignment to each of the App groups was randomized by class group. Thus, the initial sample per app was equal (Pokémon Go: n=75; MapMyWalk: n=75; Pacer: n=75; Strava: n=75; Control: n=165).

After the mandatory intervention with the mobile apps, post-test measurements were carried out (T2). Then, a period of 10 weeks was provided in which the use of the app was neither mandatory nor promoted from the physical education subject, after which the post-test 2 measurements (T3) were taken. A total of 357 adolescents participated in the final measurements (Pokémon Go: n=47; MapMyWalk: n=45; Pacer: n=53; Strava: n=71; Control: 141), a total of 108 dropped out of the program (Pokémon Go: n=28; MapMyWalk: n=30; Pacer: n=22; Strava: n=4; Control: 24) (Figure 1).

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

A total of 357 adolescents participated in the final measurements (Pokémon Go: n=47; MapMyWalk: n=45; Pacer: n=53; Strava: n=71; Control: 141), a total of 108 dropped out of the program (Pokémon Go: n=28; MapMyWalk: n=30; Pacer: n=22; Strava: n=4; Control: 24) (Figure 1). Figure 1 full explain the exclusion reasons.



### 13b-i) Attrition diagram

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

subitem not at all important

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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

Tu respuesta

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 present study was a randomized controlled trial with three data collection periods (T1: pre; T2: post; T3: post-2) and a total length of 26 weeks.



**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"

subitem not at all important

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**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

Tu respuesta

**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

The trial ended when the duration of the intervention was completed, not before.



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

The text describes the characteristics of the sample and the dependent variables are included in the tables.

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.

subitem not at all important

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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

All the participants were adolescents who had access to mobile devices and to whom the correct functioning of the apps was explained.

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.

subitem not at all important

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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

Figure 1 shows the participants who dropped out during the intervention, as well as those who were part of the control and intervention groups as the final sample of all analyses.

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).

subitem not at all important

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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

Tu respuesta

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

All tables include the p-value, effect sizes and mean differences.

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).

subitem not at all important

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Does your paper address subitem 17a-i?

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

Tu respuesta



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

binary outcomes are not included.

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 for the present investigation.



### 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).

subitem not at all important

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#### 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

An inter-group and intra-group analysis has been included, therefore, we have analyzed what happens in the group that used the applications exclusively.

### 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

Subjects who dropped out of the research were asked why they made such a decision.



### 19-i) Include privacy breaches, technical problems

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

subitem not at all important

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### 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

Tu respuesta



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.

subitem not at all important

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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

Tu respuesta

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).

subitem not at all important

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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

The results obtained showed an increase in the physical activity level of the App group during the mandatory intervention, with this change being significantly higher than that of the control group, but it should be noted that the benefits obtained with the apps were not maintained over time.

Regarding the kinanthropometric and body composition variables, it was observed that height and body mass significantly increased in all groups during the study period, and without significant differences between groups.

With respect to the fat variables, the sum of 3 skinfolds decreased significantly in the App group between T1 and T2, but this change was not maintained at T3, as it returned to baseline values

In hip girth, a significant increase was found in both groups between T1 and T2, and T1 and T3.

Regarding the fitness tests, a significant increase in VO2 max was only found in the App group between T1 and T2, but there was a significant decrease between T2 and T3.

In the CMJ, curl-up and push-up tests, it was observed that in the App group, performance improved between T1 and T2, and remained elevated in T3, while in the control group, adolescents showed an improvement at T3 as compared to T1, and no differences were found in the push-up test.

Considering the results obtained in this study, the research hypothesis (H1) suggesting that adolescents will return to baseline levels after a period in which step-tracking mobile apps are not used in a mandatory way or promoted from the physical education subject, can be partially accepted

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

Highlight unanswered new questions, suggest future research.

subitem not at all important

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Does your paper address subitem 22-ii?

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

Future research along these lines should try to analyze the most influential aspects to be considered in order to achieve autonomous use and greater adherence of adolescents to mobile apps.

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

20-i) Typical limitations in ehealth trials

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

subitem not at all important

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**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

Considering the limitations of the present research, a practical application derived from it is that if mobile step tracker apps are intended to be used to increase daily steps and the level of physical activity of the adolescent population, as promoted from the physical education class, their use must be maintained over time, or must be accompanied by other types of complementary programs that allow the improvements obtained to be maintained, so that these improvements will not be lost. On the contrary, the occasional use of these tools is meaningless; once the period of mandatory use is over, adolescents who have used the mobile step tracker apps will return to baseline levels similar to those of adolescents who did not use them.

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

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

**21-i) Generalizability to other populations**

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

subitem not at all important

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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

Tu respuesta

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.

subitem not at all important

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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

Tu respuesta

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

code: NCT04860128. New Technologies as a Tool for Health Promotion in Schoolchildren of Compulsory Secondary Education

**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

<https://clinicaltrials.gov/study/NCT04860128?cond=NCT04860128&rank=1>

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

**Does your paper address CONSORT subitem 25? \***

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

Adrián Mateo-Orcajada's participation in this research study was funded by the Seneca Foundation – 21409/FPI/20. Fundación Séneca. Región de Murcia (Spain).

This research has been financed by grants for knowledge generation projects (Title: fomento de la actividad física diaria recomendada para la salud en adolescentes mediante apps móviles, wearables y una tac gamificada / Call: 2022 / Reference code: PID2022-1402450A-I00).

This work is part of the doctoral thesis of Adrián Mateo-Orcajada.

**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.

subitem not at all important

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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

Tu respuesta

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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?

Tu respuesta

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

Between 60 and 90 minutes



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

- yes
- no
- Otro:

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
- Otro:

Borrar selección

Any other comments or questions on CONSORT EHEALTH

Tu respuesta

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