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

* Indicates required question

Your name *

First Last

Amani Mahroug

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University of Toronto, Toronto, Canada

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Your e-mail address *

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amani.mahroug@umontreal.ca

Title of your manuscript *

Provide the (draft) title of your manuscript.

Correlates of Engagement and Associations with Outcomes in a Cannabis Harm Reduction Mobile App for Youth with First-Episode Psychosis: Exploratory Findings from the CHAMPS Pilot Randomized Controlled Trial

Name of your App/Software/Intervention *

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

Cannabis Harm–reducing Application to Mana

Evaluated Version (if any)

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

Version 1.0

Language(s) *

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

English, French

URL of your Intervention Website or App

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

Your answer

URL of an image/screenshot (optional)

Your answer

Accessibility *

Can an enduser access the intervention presently?

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

Primary Medical Indication/Disease/Condition *

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

Young adults with FEP who use cannabis

Primary Outcomes measured in trial *

comma-separated list of primary outcomes reported in the trial

Marijuana Problems Scale (MPS), Protective B

Secondary/other outcomes

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

No other outcomes is expected to be affected by the intervention

Recommended "Dose" *

What do the instructions for users say on how often the app should be used?

- ○ Approximately Daily
- ◉ Approximately Weekly
- ○ Approximately Monthly
- ○ Approximately Yearly
- ○ "as needed"
- ○ Other:

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

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

Overall, was the app/intervention effective? *

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

Article Preparation Status/Stage *

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

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

Journal *

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

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

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

- (●) Pilot/feasibility
- ( ) Fully powered

Manuscript tracking number *

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

- ( ) no ms number (yet) / not (yet) submitted to / published in JMIR
- (●) Other: #84836

TITLE AND ABSTRACT

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

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

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

- (●) yes
- ( ) Other:

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

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

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

Clear selection

Does your paper address subitem 1a-i? *

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

The paper address this subitem such as : "(...)in a Cannabis Harm Reduction Mobile App"

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

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

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

Clear selection

Does your paper address subitem 1a-ii?

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

Not relevant to our study since it's a mobile health app

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

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

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

Clear selection

Does your paper address subitem 1a-iii? *

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

The title included the primary condition/target group such as : "for Youth with First-Episode Psychosis"

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

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

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

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

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

Clear selection

Does your paper address subitem 1b-i? *

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

The abstract mentions it : "Data from 96 participants including 46 in the CHAMPS+EIS arm and 50 from the EIS only arm were analyzed under a modified intention-to-treat principle."

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

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

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

Clear selection

Does your paper address subitem 1b-ii?

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

We adress this by indicating that the outcomes were self-assessed : "(...) were self-assessed at baseline and at weeks 6 (primary endpoint), 12, and 18 post-randomization." Item has been described in protocol paper, more detailed : https://www.researchprotocols.org/2023/1/e53094

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

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

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

Clear selection

Does your paper address subitem 1b-iii?

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

Recruited from EIS, outcomes were assessed by questionnaires and were blinded. Quote from the abstract : "Cannabis-related outcomes (Marijuana Problems Scale (MPS), Protective Behavioral Strategies for Marijuana (PBSM) scores, and days of cannabis use) were self-assessed at baseline and at weeks 6 (primary endpoint), 12, and 18 post-randomization."

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

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

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

Clear selection

Does your paper address subitem 1b-iv?

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

Yes it does such as : "Data from 96 participants including 46 in the CHAMPS+EIS arm and 50 from the EIS only arm (1:1 ratio) were analyzed under a modified intention-to-treat principle and "Individuals in the high engagement group reported higher baseline social support and higher educational level (P=.005 and P=.01). "

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

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

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

Clear selection

Does your paper address subitem 1b-v?

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

Yes, like this :"Participants with higher social support and higher education were more likely to engage with CHAMPS. Although descriptive analyses indicated a potential gradient of improvement with increasing module completion, no specific completion threshold was robustly associated with improvements in outcomes. Given the multifactorial nature of engagement, supporting subgroups at risk of lower app use and examining metrics beyond module completion may enhance CHAMPS' impact. Findings are hypothesis-generating given their exploratory nature, and require replication in a future efficacy trial."

INTRODUCTION

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

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

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

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

Clear selection

Does your paper address subitem 2a-i? *

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

Yes such as : "Given these frameworks and research gap, our team developed the Cannabis Harm-reducing App to Manage Practices Safely (CHAMPS). CHAMPS is a self-guided, digital psychosocial intervention designed for young adults with FEP that integrates motivational interviewing approaches, harm reduction principles, and skills training and was designed to be incorporated within EIS (33). Engagement features embedded in CHAMPS included push notifications to complete unfinished modules, personalized reflective questions related to chosen SMART goals, links to video content and an automated booster session four weeks post-intervention."

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

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

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

Clear selection

Does your paper address subitem 2a-ii? *

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

We do with more extent in the manuscript like this : "Continued cannabis use while receiving Early Intervention Services (EIS) for psychosis is associated with increased symptom severity, higher relapse rates, more frequent hospitalizations, and reduced functional outcomes (1), (5). (3)." (motivation of the pilot study overral)

(what is little known about digital harm reduction interventions) : "The Lower-Risk Cannabis Use Guidelines (LRCUG), recently adapted to address psychosis-related risks (LRCUG-PSYCH), provide a foundation for evidence-based harm reduction but have yet to be operationalized into scalable interventions (13), (14). Digital health interventions may help address this gap by offering flexible and accessible support that can be integrated into user's daily lives (15), (16), (17), (18)"

Some studies also suggest that individual-level factors such as gender, education, digital literacy may influence how users interact with and benefit from digital tools (25), (26). Particularly, baseline social support might be relevant to engagement, as individuals with higher interpersonal (relational and peer) support may have more resources, incentives and/or stability to initiate and sustain their participation in digital interventions (27). Conversely, supportive features embedded within digital interventions (peer interaction, built-in buddy features, e-coaching etc.) were also described as strategies associated with greater use and engagement (28). (motivation of this particular analysis exploring engagement)

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

Yes, we do such as : "Therefore, to address these gaps, our objective was to assess engagement by examining associations between selected sociodemographic factors (gender, ethnicity, education, social support) and module completion, and to determine whether achieving specific completion thresholds was associated with improvements in cannabis-related outcomes."

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

Yes we do such as : "Our study presents a secondary analysis of the CHAMPS trial (40), a multicenter, two-arm, parallel-group, pilot RCT. This pilot trial compared the cannabis harm reduction e-intervention CHAMPS, in conjunction with EIS (CHAMPS+EIS) to the stand-alone EIS in young adults with FEP who use cannabis (34). "

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

No major changes happened : "The study started in December 2021 and was completed in October 2023. No major changes were made to the protocol after trial initiation other than adding two new sites."

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

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

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

Clear selection

Does your paper address subitem 3b-i?

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

No bugs or fixes after trial started.

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

Yes we adress this subitem 4a such as : "Inclusion criteria included: being 18 to 35 years old, having a diagnosis of any psychotic disorder according to DSM-5 criteria, being followed for a minimum of 3 months at an early psychosis clinic, using cannabis (at least one time in the past month), being interested in changing cannabis-related practices and understanding French or English. Exclusion criteria were concurrent enrollment in another cannabis-related intervention, or current pursuit of treatment for CUD aimed at reducing or ceasing cannabis consumption. Participants identified as seeking treatment for CUD were instead directed to a concurrent clinical trial (42) or usual clinical care "

4a-i) Computer / Internet literacy

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

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

Clear selection

Does your paper address subitem 4a-i?

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

Yes, we adress this item : "Digital literacy was not assessed"

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

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

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

Clear selection

Does your paper address subitem 4a-ii? *

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

Yes it does : "Because of the nature of the intervention, research staff and clinicians involved in data collection were unblinded; however, the research staff conducting the analyses remained blinded (40)."

4a-iii) Information giving during recruitment

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

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

Clear selection

Does your paper address subitem 4a-iii?

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

This paper doesn't adress this component because it's a secondary analysis. Details about this can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

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

Briefly, such as : "Young adults with FEP using cannabis and open to changing their cannabis use practices (N=101) were recruited in the study through referrals from EIS psychiatrists or case managers. Recruitment took place in six specialized EIS sites for treatment of early psychosis in Canada and is described in Coronado-Montoya et al., 2023 (40)."

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

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

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

Clear selection

Does your paper address subitem 4b-i? *

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

Yes, self-assessments questionnaires were used : "Use of evidence-based strategies that promote safer cannabis experiences was assessed with the Short Form Protective Behavioral Strategies-Marijuana measure (PBSM), a 17-item self-report questionnaire with strong psychometric properties [46]. Increases in PBSM scores reflect improvements in protective behavioral strategies related to cannabis use. Changes in problems related to cannabis use over time was measured through The Marijuana Problems Scale (MPS), a 19-item self-report instrument [47], [48]. Decreases in MPS scores indicate lesser problems related to cannabis use over time. Number of days of cannabis use were in the past two weeks assessed with the Timeline Follow-back (TLFB), a self-reported measure with high test-retest reliability that has been validated using other measures of drug-related problems or in clinical populations [49]. "

4b-ii) Report how institutional affiliations are displayed

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

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

Clear selection

Does your paper address subitem 4b-ii?

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

It was not adressed, since participants "were recruited in the study through referrals from EIS psychiatrists or case managers."

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

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

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

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

Clear selection

Does your paper address subitem 5-i?

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

No, details about this can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

5-ii) Describe the history/development process

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

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

Clear selection

Does your paper address subitem 5-ii?

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

No, details about this can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

5-iii) Revisions and updating

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

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

Clear selection

Does your paper address subitem 5-iii?

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

Only one version of this mobile health intervention was used.

5-iv) Quality assurance methods

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

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

Clear selection

Does your paper address subitem 5-iv?

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

No information was provided on this since it's a secondary analysis.

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

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

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

Clear selection

Does your paper address subitem 5-v?

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

No information was provided on this here since it's a secondary analysis. Screenshot of the app can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

5-vi) Digital preservation

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

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

Clear selection

Does your paper address subitem 5-vi?

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

No, it was a pilot trial hence the mobile health app is going to be optimized for an efficacy trial. It is not longer accessible.

5-vii) Access

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

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

Clear selection

Does your paper address subitem 5-vii? *

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

Yes, such as : "Participants accessed CHAMPS e-intervention through a mobile health application and completed six psychotherapeutic, fully automated online modules within six weeks, followed by an automated booster session four weeks after the final module. Each module was designed to be completed under 10 minutes (45)." and "Participants were compensated CAD $30 per visit and CAD $150 in total for completing the study."

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

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

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

Clear selection

Does your paper address subitem 5-viii? *

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

Yes we do such as the description of the modules : "Participants accessed CHAMPS e-intervention through a mobile health application and completed six psychotherapeutic, fully automated online modules within six weeks, followed by an automated booster session four weeks after the final module. Each module was designed to be completed under 10 minutes (45). Participants were guided to reflect on their cannabis use practices and the impact it had on their lives (modules 1 and 2). Module 3 provided information on harm reduction strategies while module 4 taught goalsetting skills. Modules 4 to 6 helped participants to set personalized harm reduction-related goals. Additional resources were available, including evidence-based articles and videos cocreated with individuals with lived experience. All participants received EIS. The complete study procedures including detailed module content have been reported elsewhere (40). The pilot RCT duration was up to 22 weeks total including a 14-day screening period, an additional 14-day window for baseline assessments, a 6-week intervention period plus a 4-week period to complete the booster module, and a 4-week follow-up period."

We also have information regarding the theoritical framework and engagement features: "Several frameworks guide digital health tools' development to foster engagement (29). One of them, The Behavior Change Wheel (BCW) address key psychosocial determinants (capability, opportunity and motivation) while The Person-Based (30) model emphasizes designs that reflects the most lived experience by incorporating users' feedback (31),(32). Given these frameworks and research gap, our team developed the Cannabis Harm-reducing App to Manage Practices Safely (CHAMPS). CHAMPS is a self-guided, digital psychosocial intervention designed for young adults with FEP that integrates motivational interviewing approaches, harm reduction principles, and skills training and was designed to be incorporated within EIS (33). Engagement features embedded in CHAMPS included push notifications to complete unfinished modules, personalized reflective questions related to chosen SMART goals, links to video content and an automated booster session four weeks post-intervention. Findings from the pilot RCT demonstrated its acceptability and feasibility within this context (34). "

5-ix) Describe use parameters

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

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

Clear selection

Does your paper address subitem 5-ix?

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

The mobile app was designed to conduct 6 modules :"Participants accessed CHAMPS eintervention through a mobile health application and completed six psychotherapeutic, fully automated online modules within six weeks, followed by an automated booster session four weeks after the final module. Each module was designed to be completed under 10 minutes (36). Participants were guided to reflect on their cannabis use practices and the impact it had on their lives (modules 1 and 2). Module 3 provided information on harm reduction strategies while module 4 taught goal-setting skills. Modules 4 to 6 helped participants to set personalized harm reduction-related goals.Additional resources were available, including evidence-based articles and videos cocreated with individuals with lived experience."

5-x) Clarify the level of human involvement

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

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

Clear selection

Does your paper address subitem 5-x?

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

"Follow-up assessments were conducted at weeks 12 and 18 either in person, over the phone, or using videoconferencing platforms by research assistants." More detailed on this can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

5-xi) Report any prompts/reminders used

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

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

Clear selection

Does your paper address subitem 5-xi? *

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

Yes such as : "Engagement features embedded in CHAMPS included push notifications to complete unfinished modules, personalized reflective questions related to chosen SMART goals, links to video content and an automated booster session four weeks post-intervention."

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

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

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

Clear selection

Does your paper address subitem 5-xii? *

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

Yes, CHAMPS was designed to be embedded in EIS. Also "Follow-up assessments were conducted at weeks 12 and 18 either in person, over the phone, or using videoconferencing platforms by research assistants."

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

Yes, we do : "Use of evidence-based strategies that promote safer cannabis experiences was assessed with the Short Form Protective Behavioral Strategies-Marijuana measure (PBSM), a 17-item self-report questionnaire with strong psychometric properties (45). Increases in PBSM scores reflect improvements in protective behavioral strategies related to cannabis use. Changes in problems related to cannabis use over time was measured through the Marijuana Problems Scale (MPS), a 19-item self-report instrument (46), (47). Decreases in MPS scores indicate lesser problems related to cannabis use over time. Number of days of cannabis use in the past two weeks were assessed with the Timeline Follow-back (TLFB), a self-reported measure with high test-retest reliability that has been validated using other measures of drug-related problems or in clinical populations (48)."

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

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

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

Clear selection

Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

Not related here since the questionnaires were not modified for online use.

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

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

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

Clear selection

Does your paper address subitem 6a-ii?

Copy and paste relevant sections from manuscript text

In this secondary analysis "Module completion was summarized descriptively into two engagement groups: “low to moderate” (0-4 modules) and “high” (5-6 modules). To evaluate how many modules were needed to observe an impact on the changes in outcomes in the CHAMPS + EIS arm, we used module completion threshold (i.e., completion of at least one module to at least six modules) as predictor in linear regression. Module completion was chosen as it is a pragmatic, objective proxy of engagement that reflects quantitatively the extent to which participants completed the intervention (51),(52),(53)."

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

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

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

Clear selection

Does your paper address subitem 6a-iii?

Copy and paste relevant sections from manuscript text

Was obtained but is not relevant to this analysis, more detail can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094

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

No changes were reported after trial commenced.

7a) How sample size was determined

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

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

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

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

Clear selection

Does your paper address subitem 7a-i?

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

No, it was described in the protocol paper :
https://www.researchprotocols.org/2023/1/e53094

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

Does your paper address CONSORT subitem 7b? *

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

No interim analyses were planned.

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

No, it was described in the protocol paper :
https://www.researchprotocols.org/2023/1/e53094

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

Yes, such as : "Consenting participants were randomly allocated with a 1:1 ratio to the intervention or control groups using a digital stratified, permuted block design with blocks of varying size by CRCHUM's data management team. Randomization was stratified by CUD status and sex. "

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

Not described here as it is a secondary analysis. More information on random allocation can be found in the protocol paper https://www.researchprotocols.org/2023/1/e53094

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

Not described here as it is a secondary analysis. More information on random allocation can be found in the protocol paper https://www.researchprotocols.org/2023/1/e53094

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

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

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

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

Clear selection

Does your paper address subitem 11a-i? *

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

It was not a blinded randomized controlled trial.

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

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

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

Clear selection

Does your paper address subitem 11a-ii?

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

Not described here as it is a secondary analysis. More information on the randomization can be found in the protocol paper https://www.researchprotocols.org/2023/1/e53094

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

Not relevant here in this analysis

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

Yes we conducted descriptive and univaritate analysis and multivariate analysis between the two groups : "Data from 96 participants including 46 in the CHAMPS+EIS arm and 50 from the EIS only arm were analyzed under a modified intention-to-treat principle".

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

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

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

Clear selection

Does your paper address subitem 12a-i? *

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

Exploratory analysis so no imputation of missing data, it's written in the manuscript : "All available observations were included in our analyses with maximum likelihood. No imputation method was performed given the exploratory nature of the analyses, with the assumption that data were missing at random (MAR)."

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

Does your paper address CONSORT subitem 12b? *

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

The statistical analysis of the Methods section describes this in the Statistical Analysis subsection.

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

X26-i) Comment on ethics committee approval

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

Clear selection

Does your paper address subitem X26-i?

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

We added an Ethical considerations section such as :"Ethical Considerations

The study trial is reported in accordance with the CONSORT (Consolidated Standards of Reporting Trials) guidelines and was registered prospectively at ClinicalTrials.gov (NCT04968275) in July 2021 (41). The detailed protocol was described by Coronado-Montoya et al., 2023 (40) and the pilot feasibility and acceptability analysis was published by our team (34). CHAMPS was conducted following the Good Clinical Practice Guidelines (GCP) established by Declaration of Helsinki, alongside Canadian standards (Tri-Council Policy Statement and Health Canada Division 5) and applicable provincial and institutional ethical guidelines (20.433). Approval for the protocol was obtained from the local ethics review board (REB(s)) at each participating site. The study started in December 2021 and was completed in October 2023. No major changes were made to the protocol after trial initiation other than adding two new sites.

Informed consent was obtained from each participant prior to enrollment and the informed consent form was approved by each REB(s), allowing for secondary analysis without additional consent. All participant-related information including case report forms, assessments, reports were kept strictly confidential, and participants were identified only by means of a numeric study identifier specific to each participant. All computerized databases identified participants by numeric codes and were password-protected. The link between participants' identification number and their names was kept in a password-protected document accessible only by research staff and this document is stored on the CRCHUM secure server for a duration of 10 years. No identification of individual participants is possible in any figure or supplementary material presented in this manuscript. Participants were compensated CAD $30 per visit and CAD $150 in total for completing the study."

x26-ii) Outline informed consent procedures

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

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

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

No, it was described in the protocol paper :
https://www.researchprotocols.org/2023/1/e53094

X26-iii) Safety and security procedures

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

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

Clear selection

Does your paper address subitem X26-iii?

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

"All participant-related information including case report forms, assessments, reports were kept strictly confidential, and participants were identified only by means of a numeric study identifier specific to each participant. All computerized databases identified participants by numeric codes and were password protected. The link between participants' identification number and their names was kept in a password-protected document accessible only by research staff and this document is stored on the CRCHUM secure server for a duration of 10 years."
Also, for the detection of harms, it was described in the protocol paper :
https://www.researchprotocols.org/2023/1/e53094

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

Yes it was adressed such as : Yes : "Eligible participants were randomly assigned (1:1 ratio) to either the intervention arm (n=51) or the EIS-only arm (n=50). In this exploratory analysis, given that 5 participants (intervention arm, n = 5) never started the intervention, data from remaining 96 participants were used in a modified intention-to-treat (mITT) analysis. Participants accessed CHAMPS e-intervention through a mobile health application and completed six psychotherapeutic, fully automated online modules within six weeks, followed by an automated booster session four weeks after the final module

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

Yes, it can be seen in a CONSORT flow diagram in the manuscript, according to the CONSORT 2025 guidelines for randomized controlled trials.

13b-i) Attrition diagram

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

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

Clear selection

Does your paper address subitem 13b-i?

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

Yes it can be seen in Table 2.

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

Yes, such as "approval for the protocol was obtained from the local ethics review board (REB(s)) at each participating site. The study started on December 2021 and was completed on October 2023."

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

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

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

Clear selection

Does your paper address subitem 14a-i?

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

Not applicable in the study

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 did not ended early or stopped

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

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

Does your paper address CONSORT subitem 15? *

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

Yes, it can be found in Table 1.

15-i) Report demographics associated with digital divide issues

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

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

Clear selection

Does your paper address subitem 15-i? *

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

All of these were reported excepted social economic status and computer/internet/ehealth literacy.

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

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

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

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

Clear selection

Does your paper address subitem 16-i? *

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

Yes, for example : "Table 1 summarizes baseline demographics and clinical characteristics of participants. On average, participants were 25.2 years old (SD 3.9) and most had completed at least a secondary high school diploma (n= 69, 71%). Participants were predominantly men (n= 70, 72%), white (n= 60, 59.4%) and reported using cannabis at least 5 days per week (n=74, 77.1%). While most baseline characteristics were balanced across study arms, the overall sample distribution was asymmetric for few variables with a greater proportion of participants reporting postsecondary education, white background, higher frequency of cannabis use, and male gender."

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

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

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

Clear selection

Does your paper address subitem 16-ii?

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

Yes : "In this exploratory analysis, given that 5 participants (intervention arm, n=5) never started the intervention, data from remaining 96 participants were used in a modified intention-to-treat (mITT) analysis since participants who did not initiate the intervention could not contribute to post-initiation data needed to estimate changes in outcomes over time (43)." and "This differential attrition could have introduced retention bias as those who remained in the study may have differed from dropouts, potentially underestimating or overestimating engagement and related outcomes. Finally, additional bias may stem from data missing not at random (MNAR), if participants who responded more poorly may have been more likely to not complete some assessments and/or to disengage from the digital intervention."

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

Yes we do such as : "For instance, at week 6, the adjusted mean difference in MPS between CHAMPS+EIS arm and the control arm was 1,4 (95% CI -3.8-1) with similar trends at week 12 and week 18."

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

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

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

Clear selection

Does your paper address subitem 17a-i?

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

More information about modules length can be found in the protocol paper : https://www.researchprotocols.org/2023/1/e53094 but we defined engagement :Module completion was summarized descriptively into two engagement groups: “low to moderate” (0-4 modules) and “high” (5-6 modules). To evaluate how many modules were needed to observe an impact on the changes in outcomes in the CHAMPS + EIS arm, we used module completion threshold (i.e., completion of at least one module to at least six modules) as predictor in linear regression. Module completion was chosen as it is a pragmatic, objective proxy of engagement that reflects quantitatively the extent to which participants completed the intervention (51),(52),(53)."

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

We did not have binary outcomes per se.

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

Since it is an exploratory study, all the analyses are reported here as exploratory and can be found in the section Results such as : "Participant characteristics, Changes in main outcomes across study timepoints and Impact of module completion on main outcomes in the CHAMPS+EIS arm"

18-i) Subgroup analysis of comparing only users

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

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

Clear selection

Does your paper address subitem 18-i?

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

We did mostly investigate in the only users group : "Table 2. Participant baseline profiles by engagement level in CHAMPS+EIS arm only."

19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *

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

No important harms or unintend effects happened : "Information on adverse events was collected electronically by study staff and was assessed systematically. No serious adverse events were reported."

19-i) Include privacy breaches, technical problems

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

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

Clear selection

Does your paper address subitem 19-i?

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

It's not relevant because it didn't happened in the study.

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

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

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

Clear selection

Does your paper address subitem 19-ii?

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

Not used or discussed in this paper, could be used for larger efficacy trial.

DISCUSSION

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

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

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

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

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

Clear selection

Does your paper address subitem 22-i? *

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

We do with the following : "In this exploratory pilot study, we examined which sociodemographic factors were related to engagement and whether specific engagement thresholds were associated with improved cannabis-related outcomes in our digital health intervention CHAMPS in young individuals with FEP. Overall, participants within CHAMPS+EIS that completed more than 5 modules were more likely to have higher social support and higher educational levels at baseline level than those completing fewer modules. Interestingly, while descriptive analyses indicated a potential gradient of improvement with increasing module completion, no specific module threshold was found to be significantly associated with improved cannabis outcomes at study endpoint. Taken together, these findings suggest that engagement with CHAMPS occurs across diverse profiles, but is likely to be influenced by social support and education, and that setting a specific minimum of modules completed may not capture the variability in how individuals may derive benefit or not."

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

Highlight unanswered new questions, suggest future research.

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

Clear selection

Does your paper address subitem 22-ii?

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

We do : "While the present study was underpowered to fully test complex three-way interactions, findings suggest that some subgroups could require higher levels of exposure to achieve comparable outcomes, but this may only capture a facet of a more complex engagement process. Qualitative interviews conducted in our pilot trial are expected to provide more nuanced insights into engagement motives, facilitators, and barriers that cannot be captured through objective usage data by itself (68). Together, these points extend further the growing call in the literature for personalizing digital interventions and avoiding “one-size-fits-all” delivery models (69)."

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

20-i) Typical limitations in ehealth trials

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

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

Clear selection

Does your paper address subitem 20-i? *

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

We adress the limitations : "Several limitations should be considered. First, the modest sample size limited the generalizability of the findings and did not allow for a formal efficacy analysis. Second, the mixed models analyses yielded mostly nonsignificant values which possibly be due limited power rather than absence of an effect. Third, as expected for a pilot trial, some attrition occurred, with progressively fewer participants completing each follow-up assessments. This loss-to-follow-up may reflect diverse factors, including low cannabis problem severity at baseline (participants with low MPS/high PBSM scores at baseline may perceive limited relevance of the intervention), digital fatigue, technical barriers and app usability issues, etc. This differential attrition could have introduced retention bias as those who remained in the study may have differed from dropouts, potentially underestimating or overestimating engagement and related outcomes. Finally, additional bias may stem from data missing not at random (MNAR), if participants who responded more poorly may have been more likely to not complete some assessments and/or to disengage from the digital intervention."

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

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

21-i) Generalizability to other populations

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

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

Clear selection

Does your paper address subitem 21-i?

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

CHAMPS was designed for a specific population (Young adults with FEP using cannabis and open to changing their cannabis use practices) : "These differences, although not statistically significant, warrant further investigation in a properly-powered efficacy trial to formally test CHAMPS's potential benefits in this population."

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

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

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

Clear selection

Does your paper address subitem 21-ii?

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

We did by opening the other future optimization of CHAMPS, like this : "Further research, including a large-scale efficacy trial, could evaluate and qualitative methods, could explore whether refinements such as social support features (e.g., family or peer prompts and/or in-app reminders, adapted and flexible support form clinicians) engagement boosting strategies (e.g., closer clinician follow-up, motivating content, etc.) and literacy-tailored supports (e.g., guided journal prompts, clinician support, etc.) would improve intervention uptake through engagement and result in more favorable cannabis related outcomes."

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

Yes, it can be found in the manuscript : "The study trial is reported in accordance with CONSORT (Consolidated Standards of Reporting Trials) guidelines and was registered prospectively at ClinicalTrials.gov (NCT04968275) (41)."

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

Yes, we do such as : "The detailed protocol was described by Coronado-Montoya et al., 2023 (40). "

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

We adress fundings by this statement : "This work was supported by funds received from the Quebec Ministry of Health and Social Services (Public Health Division) and CHUM Foundation. AM is the recipient of a doctoral scholarship from the Faculty of Medicine of Université de Montréal. DJA is supported by a Fonds de recherche Québec – Santé senior clinical scientist career award. The funding sources had no role in the study design, data collection, analysis and interpretation of data."

X27) Conflicts of Interest (not a CONSORT item)

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

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

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

Clear selection

Does your paper address subitem X27-i?

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

We do not have any relation to declare of the study teams towards the system since they were distinct from developers. However, we have submitted a declaration of conflicts of interest such as :DJA received study materials from Cardiol Therapeutics for a publicly funded clinical trial by the Québec Ministry of Health and Social Services (2022-2023). All other authors report no conflict of interest."

About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? *

- ○ yes, major changes
- ◉ yes, minor changes
- ○ no

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

Flagging the NA and writing the justification

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

approximately 1 hour to make the changes

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

- (●) yes
- ( ) no
- ( ) Other:

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

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

- ( ) yes
- (●) no
- ( ) Other:

Clear selection

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Your answer

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