

Credibility Checklist

Assesses the degree to which the product / developers can be trusted. The information related to the Credibility criteria should be easily accessible (e.g., on the program's website or mobile app) and not require a comprehensive search (not known=no).

Suggested interpretation of the checklist:

Accumulate points and add +1

1 = Can't be accounted for; 2 = Poor; 3-4 = Fair; 5 = Good; 6-7 = Very good; 8 = Excellent

1. Owners' Credibility; Does the app come from a legitimate source?

- Yes (=1), if both conditions are satisfied:**
 - Registered company/institute with more than 5 years of specific experience in the eHealth field OR academic institution (e.g., university) OR health care system (or large health providers' organization). *Note: Can't be an individual (must be a registered entity).*
 - Contact details of the company are available, easy to find, and include office address, email, and team.
- No (=0).** One of the above is not true.

2. Maintenance*

Frequency of update, Maintenance of site.

Last update – less than 6 months.

- Yes (=1)
- No (=0)

* Without data from a third party this item cannot be examined for websites (in that case add 1 point for websites)

3. Strong Advisory Support

Strong advisory support with clinical/design/development team able to lead the product design (not known=no; cannot be just a licensed clinician; must be someone with established experience in designing such products for the relevant clinical aim).

Notes: Beware of self-appointed experts. Identification process: preferably on site or on a mother website, but has to be people who take ownership of the specific program; it is possible to identify the developers/owners in research literature.

- 2= A leading expert is part of the team OR more than one leading expert are part of its advisory board (e.g., associate professors who specifically develop these kinds of products in their career)
- 1= Clinical and design experts are part of the team/advisory board (e.g., junior researchers in the field, certified clinicians with experience in the field)
- 0= No

4. Third-Party Endorsement

Product has been verified, given a good review, and endorsed by a legitimate/reliable source (e.g., APA; FDA; SAMSHA; NIH; NHS in the UK; NICE in the UK).

Notes: Blog/paper publishing is not an endorsement; funding of research is not an endorsement; the source has to recommend that its members/affiliates use the product or ask their physicians to provide referrals to this program. Legitimate/Reliable Source: Must be a source with acknowledged core expertise in health (in most cases NASA would not be considered a reliable source).

- Yes (=2)
- No (=0)

5. Evidence of Successful Implementation

- Yes (=1) if one of the following is true:
 - Mobile: more than 100,000 downloads. Website: monthly average > 50,000 unique users (calculated over the last 4–12 months; desired examination period is based on available data but has to be consistent across programs).
 - Mobile: Between 20,000-100,000 downloads; Website > 10,000 unique monthly users. AND high user engagement with low retention rates examined by a third party (desired period of use and number of users can be changed based on the program's clinical aim).
 - Implemented within: health system under usual care OR large group of clinicians (>1,000) officially refers patients to utilize it.
 - Over 1,000 reviews > 4.0
- No (=0).

Evidence-Based Program

Assesses the quality of empirical research supporting program's efficacy.

1. **Very poor.** There is no research on the program OR poor (#2) research was done only by the developers (who are NOT active researchers working within a not-for-profit institute).
2. **Poor.** The research conducted is of low quality, for example, relying on users' attitudes toward using the program, or not conducted within this technology zeitgeist.
3. **Fair.** The research is of fair quality and was conducted within this technology zeitgeist. For example, it involved at least two pilots with the right outcome measurement OR one RCT, but did not utilize the most reliable/valid outcome measurement (e.g., not a pre-registered clinical trial, not a validated outcome tool).
4. **Good.** Some good research shows evidence of efficacy. For example, there have been several published pilot studies + one pre-registered RCT with sufficient power done by a credible source showing it is superior to wait list control condition OR one pre-registered RCT at the level of RCTs described in 5. Related research was conducted within this technology zeitgeist.
5. **Very good.** The program boasts strong research support, with at least two pre-registered RCTs with adequate statistical power conducted by at least two different credible sources, in which: the program was found to be superior to an appropriate placebo (wait list is not a placebo) or equivalent to acceptable evidence-based treatment groups. Related research was conducted within this technology zeitgeist.

Note: RCT – Randomized Controlled Trial