Appendix 1. GREET 2015 checklist,[34] based upon the TIDieR guidance*

BRIEF NAME
1. INTERVENTION: We conducted a parallel group randomised trial to compare the critical appraisal skills of parents who listened to the Informed Health Choices (IHC) podcast to parents who listened to typical public service announcements in Uganda.
WHY - this educational process
2. THEORY: The IHC podcast was developed by the investigators between 2013 and 2015 employing user-centred design methods. This included idea generation and prototyping, piloting with observation, user-testing with parents, and collecting feedback from a network of Ugandan journalists. The aim of the design process was to ensure the target audience (parents of primary school children in Uganda) found the podcast engaging and useful. 3. LEARNING OBJECTIVES: The objectives were for listeners to understand and be able to apply key concepts[25] for assessing claims about the effects of treatments (any action intended to improve the health of individuals or communities) and making informed health choices. 4. EBP CONTENT: The learning resources focused on nine concepts essential to appraising claims about treatment effects and making informed health choices.
WHAT
5. MATERIALS: The Informed Health Choices podcast was designed to help parents of primary school children in Uganda to assess claims about treatment effects and make informed health choices. It includes 10 episodes: an introduction, eight main episodes, and a summary of the key messages. Each of the eight main episodes includes a short story with: an example of a treatment claim: an explanation of a key concept by applying the concept to the claim; and a second explanation of the same concept by applying it to a different claim. All episodes were introduced and concluded by two announcers. The importance of the concept is emphasised in the conclusion. The first main episode covered two concepts, making nine concepts covered in total. The example claims in the podcast are about health conditions of interest to the target audience, such as malaria, diarrhoea and HIV/AIDS, which we identified by scanning mass media reports and interviewing parents. We also included claims about common practices of interest, such as contraception. There were recaps episode for the first six main episodes. We produced English and Luganda versions of the entire podcast. We also produced a two-sided printed checklist (one side for each language) and a theme song to reinforce understanding of the concepts. The song is in a mix of English and Luganda. The podcast and song were preloaded onto MP3 players. The podcast, song, and checklist can be accessed from the Informed Health Choices website. 6. EDUCATIONAL STRATEGIES: We designed the podcast to appeal to our target audience. Educational strategies that we used included repetition of key concepts, examples that were of interest to the audience for each concept, narrative, and plain language with simple definitions of terms that might not be familiar to listeners. 7. INCENTIVES: Participants were not paid and there were otherwise no financial incentives.
WHO PROVIDED
8. INSTRUCTORS: There were no instructors, other than the actors in the podcast. The research assistants who visited the participants did not answer questions about the content of the podcast or provide explanations or additional information.

HOW
9. DELIVERY: The podcast was given to participants on MP3 players that they kept. In addition, a research assistant visited each participant six times over a seven to ten-week period and observed the participants while they listened to one or two episodes and a recap of the previous two episodes. Because of a problem with the production of two of the recaps, the research assistants played the previous episodes over again for those episodes. Before every visit, the research assistants called the parents and agreed on an appropriate time and place to meet. To ensure that the parents listened to the podcast, they listened to each episode in the presence of a research assistant. After completion of the last episode of the podcast, parents completed an evaluation tool to assess their knowledge and ability to apply what they learned.
WHERE
10. ENVIRONMENT: The participants lived in the central region of Uganda. Most (68%) were in an urban area. They listened to the podcast in their homes or at their workplaces. The highest level of education for half of the participants was primary school.
WHEN and HOW MUCH
11. SCHEDULE: Participants listened to the podcast over seven to ten weeks. The research assistants visited the participants about once per week for six weeks to play them episodes of the podcast, and once after to administer the test that was used as the primary outcome measure. Each episode was about five to ten minutes. 12. The total amount time required to listen to the entire podcast was about 1.5 hours. The amount of time that participants spent listening to the podcast more than once varied, and will be reported in a process evaluation.[37]
PLANNED CHANGES
13. Participants were encouraged to listen to the podcast episodes more than once, but this was left up to them. The research assistants tried to visit the participants when it was convenient for the participants, rather than on a fixed schedule.
UNPLANNED CHANGES
14. There were no unplanned changes.
HOW WELL
15. ATTENDANCE: Except for parents who dropped out, all the participants were visited at least six times. Apart from the visits by the research assistants, the intervention did not include other efforts to ensure that the participants listened to the podcast episodes more than once or that they concentrated and were not distracted when they were listening. 16. Fidelity will be reported in detail in a process evaluation. We trained the research assistants at the beginning of the trial. They kept a log, including observations and how many times participants listened to the podcast on their own. Analysis of these data has not been completed. 17. With the exception of those who dropped out, most of the participants listened to the entire podcast.

* Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ 2014; 348: g1687.