Reviewer’s report

Title: A Technology-Assisted Health Coaching Intervention vs. Enhanced Usual Care for Primary Care-Based Obesity Treatment: A Randomized Controlled Trial

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Reviewer: Cynthia Thomson

Reviewer’s report:

This is an interesting manuscript that addresses an important issue that of implementing and evaluating a student-based coaching approach to weight loss among VA patients. The model, if feasible and eventually effective, would markedly expand the reach for services and overcome barriers related to developing a larger number of qualified health coaches to meet health behavior interventions in the primary care setting.

Overall the evaluation of performance, outcomes and process was well-described. Several recommendations are listed below:

1. Abstract -suggests a revision to assure the content of the abstract clearly defines the study objectives, related outcomes, results and conclusions as described in the paper. For exp the purpose was to determine the feasibility AND acceptance; Results- what is "high quality counseling" and wasn't it described as health coaching? ; results: "tended to lose more weight" is an interpretation and does not belong in results, rather simply stating the specific weight change differences.; Completing coach calls was associated with weight loss -but only in GEM group - please qualify; what were the results re: increasing participation in MOVE!? Conclusion: should add that process evaluation resulted in several changes in program methods/strategies.

Throughout the manuscript the authors should be consistent in reporting aims (line 77-82), methods of each aim, results of each aim, discuss each aim and pull together a conclusion that encompasses all study aims.

Line 103 - seems a large number of patients attend a single MOVE! session - were those that only attended 1 session of MOVE! also excluded? please qualify.

Describe the coaches in more detail - how many undergraduate? graduate? what programs? what was the attrition rate for coaches? on average, how many coaches did a patient work with? a table may be helpful in this regard.

Consider providing fidelity checklist to add clarity regarding components of coaching that were routinely evaluated.

In discussion- expand on the high rates of patient declining to participate and "not reached" - seems very high, do you think this introduced selection bias related to those who did participate?
In terms of coaching calls completed - was completion associated with any of your demographic or clinical data/variables presented in the table?

Discussion - qualify the feasibility - if such a large number do not even start the program is it feasible in addressing the obesity therapeutic needs of your population?

Discuss the clinical relevance (or lack thereof) of a 1 kg weight loss - unlikely to change metabolic indices but if it promotes enrollment in MOVE! that would be enough - the enrollment rate was 2-fold higher in GEM vs EUC participants - but overall only 6 enrolled.

Several times in document data are stated as singular rather than plural (data is versus data are), please correct.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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