**Reviewer’s report**

**Title:** Feasibility, user experiences, and preliminary effect of Conversation Cards for Adolescents© on collaborative goal-setting and behavior change: Protocol for a pilot randomized controlled trial

**Version:** 0  **Date:** 16 Aug 2019

**Reviewer:** Silvana Mengoni

**Reviewer's report:**

This is a protocol describing a pilot RCT of the use of Conversation Cards for adolescents with obesity. The protocol is generally well-written, clearly structured and with the appropriate information. I do have some comments and suggestions for clarification that the authors may wish to consider:

1. It is not clear in the title what the preliminary impact of Conversation Cards for Adolescents (CCA) might be on

2. P2, line 41 - please state which country the national guideline recommendations refer to

3. P3, line 36 onwards - the abstract states that this is a theory-driven tool. Please could you provide some information about the theoretical background for the CCA

4. P5 Methods - further information about study timings would be helpful, for example when will recruitment end and finish, when will the study be expected to report?

5. P5, lines 56-58 - please could you provide a reference for the statement about the benefits of using a pragmatic RCT approach

6. P6, line 51 - It is stated earlier in text that the population is adolescents with obesity. Please could you clarify the rationale for including participants at or above 85th percentile? CDC states that obesity in children and teens is considered at or above 95th percentile, whilst overweight is at or above 85th percentile

7. P7, line 21 - please could you provide a justification for 0.2 as an appropriate effect size e.g. is this found in previous studies?
8. P8, line 22 - does each member of staff involved in facilitating the study receive one $25 gift card, or is it related to the number of participants they see?

9. P8, randomisation - please clarify whether the person undertaking assessments is aware of each participant's group allocation

10. P11/12 - Is this study considering what the primary outcome for the full-scale trial might be? The questions under 'Scientific Assessment' on P15 suggest it might be but this is not clear to me.

11. P13-14 - there is an ambitious range of questions to be answered. How will the information not addressed by the questionnaires be captured?

12. P16 - providers are asked their opinion on the CCA. However, I had understood that the researcher is using the CCA with the adolescents and then keeps the CCA pack (p9, lines 56-58), so the provider would not be using the CCA. If this is the case, what exposure will the providers have to the CCA to enable them to complete the questionnaires?

13. P16, lines 44-51 - will the telephone interview be audio-recorded? Also, looking at the interview schedule and from my own experiences, I think it may be unlikely to complete this in 15 minutes.

14. P17, line 12 - when do the assessments take place for the providers?

15. P18, lines 53-56 - please could you clarify how adverse events are being recorded and monitored?

16. P18, lines 56-58 - please could you explain the consent procedures in more detail? E.g. who will provide assent vs consent?

17. P19, line 34 - this states that "Our primary aim in evaluating the feasibility of CCAs is to improve adolescent-provider communication related to shared decision-making and goal-setting for pediatric obesity". Please clarify if this refers to your aim for this pilot RCT or for the potential full-scale RCT.
18. P21, lines 7-34 - the authors may wish to consider if this would be better placed in the introduction section.

19. Spirit checklist - this states that item 5d about the committees etc can be found on p22. I cannot locate information about the different committees or management groups involved.

20. Spirit checklist - this states that item 29 about who will have access to the final dataset is n/a. It is not clear to me why this wouldn't apply to this study.

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