

Supplementary File 3 Details of Interventions' Components

Interventions' components	Details of the Components [Articles]
Theoretical or Model Basis	<ul style="list-style-type: none"> <li>• PRECEDE-PROCEED model, Dick and Carey's Model of Instructional Design [18].</li> <li>• PRECEDE-PROCEED model and Social Ecological Model [23].</li> <li>• PRECEDE-PROCEED and HAPA models [24].</li> <li>• Social Cognitive Theory [36].</li> <li>• Social Cognitive Theory and Social Ecological Model [38].</li> <li>• Social Cognitive Theory framework is supplemented by motivational interviewing (MI) [32].</li> <li>• Social Cognitive Theory and Health Belief Model [30].</li> <li>• Transtheoretical Model [17].</li> <li>• The Transtheoretical Model of Behavioural Change (decisional balance and self-efficacy) and the construct of social support [33].</li> <li>• Behaviour Change Techniques [37].</li> <li>• Behavioural Change Theories [25].</li> <li>• Theory of Planned Behaviour [20].</li> <li>• Motivational Interviewing [29].</li> <li>• Extended Parallel Process Model [31].</li> <li>• "Coventry, Aberdeen &amp; London - Refined" (CALO-RE) taxonomy [21].</li> <li>• Social Ecological and Process-improvement Theories [22].</li> <li>• Social Identity Theory, Cognitive Dissonance Theory, and Social Influence Theory [35].</li> <li>• Self-determination theory, based on increasing individual competency, autonomy, and relatedness [27].</li> <li>• Diabetes Prevention Programme (DPP) and Look AHEAD trials [39].</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Trained facilitators [16].</li> <li>• Researcher [30].</li> <li>• A commercial provider [17].</li> <li>• Qualified nutritionist, professor of nutrigenomics and nutrigenetics, and doctor [31].</li> <li>• MI coaching by a trained registered dietitian nutritionist [32].</li> <li>• Counselling by trained research staff [33].</li> </ul>

	<ul style="list-style-type: none"> <li>• Health psychologist [21].</li> <li>• A public high school teacher who had previously served as the interventionist [22].</li> <li>• Peer educators [35].</li> <li>• Trained facilitators (university qualified nutritionists and dietitians) [36].</li> <li>• Trained teachers and researchers to deliver the intervention [24].</li> <li>• Coach [37].</li> <li>• Partnership with Grameenphone Bangladesh using a web-based programme capable of sending automated text messages to participants [25].</li> <li>• Junior Public Health Nurses (JPHNS) [26].</li> <li>• Staff in food stores, worksites, schools, and selected media outlets [38].</li> <li>• Clinician and staff [27].</li> <li>• Trained health educator [29].</li> <li>• Postdoctoral level clinicians supervised by a licensed clinical psychologist [39].</li> </ul>
When and How Much	<p><b>A month</b></p> <ul style="list-style-type: none"> <li>• A daily dose for 28 days [28].</li> <li>• 30-day dietary intervention [37]</li> <li>• 4 computer-tailored newsletters for 4 weeks [34].</li> <li>• 45 minutes sleep consultation session during 1 month [21].</li> </ul> <p><b>3 months</b></p> <ul style="list-style-type: none"> <li>• Eight weekly and two biweeklies 2.5-hour session for 3 months [16].</li> <li>• Seven dietary and lifestyle counselling hourly session, biweekly for 3 months [30].</li> <li>• 3-month mHealth programme [17].</li> <li>• 60–90 minutes of 9 group sessions delivered weekly for 6 weeks for 3 months [35].</li> </ul> <p><b>6 months</b></p> <ul style="list-style-type: none"> <li>• 6 months with telephone motivational interviewing up to two calls during months 3 through 5 of the intervention (15–20 minutes length) [33].</li> <li>• 90–120 minutes duration of 3-small-group educational classes at Weeks 1, 6, and 17, one live teach-back call, and 6.9 minutes of 11 interactive voice response telephone call weekly during the first 3 weeks, biweekly for 6 months [20].</li> <li>• 30 minutes duration of six face-to-face education session weekly for 6 months [22].</li> <li>• A theory-based text message a day total up to 90 messages for 6 months [25].</li> </ul>

	<ul style="list-style-type: none"> <li>• 15 minutes MI and a 30-minute video. Five minutes booster telephone call a week, two weeks, and six months post intervention [29]. <b>12 months</b></li> <li>• 12 months with 6 different communication sessions [31]. <b>15 months</b></li> <li>• 21 mini -educational online lessons, 3 tailored nudges each week plus 1 encouragement to view the lessons; visit the website weekly for 15 months [18]. <b>Others</b></li> <li>• Single home visit, fortnightly addition new content in website, text messages and emails weekly [23].</li> <li>• 15-hour guided public health nutrition programme in 6 weeks [36].</li> <li>• 3 times/week harvesting produce, biweekly 1-hour education classes for 4 months [32].</li> <li>• Weekly individualised goal setting, twice per week text messages and optional to access Facebook group [27].</li> <li>• A day training consists of 3 sessions on knowledge (1.5 h), attitude (2 h), and practice/skills (2.5 h) [26].</li> <li>• 6 months [39].</li> <li>• 14 months [38].</li> <li>• 15 months [40].</li> <li>• 24 months [24].</li> </ul>
Follow-up Duration	<ul style="list-style-type: none"> <li>• <b>Less than a month</b></li> <li>• A day prior to supplement consumption and day 28 or a close as practical [28].</li> <li>• <b>1-3 months</b></li> <li>• 1 month [21, 34, 37].</li> <li>• 1 month and 3 months [16].</li> <li>• 3 months [17, 30].</li> <li>• 6 weeks [36].</li> <li>• <b>3-6 months</b></li> <li>• 4 months [27, 32].</li> <li>• Weeks 1, 5, 11, 13 and 17 [39].</li> <li>• <b>6-12 months</b></li> <li>• 3 months and 6 months [22].</li> <li>• 6 months [20, 23, 25, 26, 33, 35]</li> <li>• 6 months and 10 months [29].</li> </ul>

	<p><b>12 months and over</b></p> <ul style="list-style-type: none"> <li>• 12 months [24, 38].</li> <li>• 10 weeks, 6 months, 12 months [31].</li> <li>• 10 weeks, 15 months [18].</li> <li>• 9 months, 15 months [40].</li> </ul>
Materials/ Equipment	<ul style="list-style-type: none"> <li>• CD-ROMs for home use to guide meditation practice 6 days/week [16].</li> <li>• A food consumption diary [30].</li> <li>• Booklet, 192 SMS text, e-mail messages, 4 smartphones applications, internet forums [17].</li> <li>• Lecture on healthy lifestyle and diet, gene-diet interaction, mail of personal apoE genotype [31].</li> <li>• Websites consist of mini-educational lessons and e-mail messages (called nudges) [18].</li> <li>• Telephone counselling, website, mobile phone app, and text messages [19].</li> <li>• Web-portal, the garden [32].</li> <li>• Binders consisting of the nine educational lessons. A Delta Body and Soul cookbook and monthly newsletter featured nutrition and physical activity [33].</li> <li>• Newsletter, Fruit/Vegetables Snacks provided, Pedometers (for physical activity) [34].</li> <li>• A personalised sleep diary [21].</li> <li>• Modules [35].</li> <li>• “SMART Eating” kit– kitchen calendar, dining table mat, and measuring spoons; and “SMART Eating” website [23].</li> <li>• Ozharvest’s Everyday (photo-based) Cookbook [36].</li> <li>• Simple, easy-to-read, and culturally adapted newsletters [24].</li> <li>• Help sheet which details a range of barriers and potential solutions [37].</li> <li>• Training module [26].</li> <li>• Educational posters, newsletter, brochures, flyers, and educational displays [38].</li> <li>• Fitness tracker and a diet tracking app and access to private Facebook group [27].</li> <li>• Food diaries, GOS/placebo supplement, and stool sampling kit [28].</li> <li>• Ecological momentary assessment (EMA) survey to be completed by participants [39].</li> <li>• Health education intervention package on lifestyle modification for adults with metabolic syndrome (MetS) [40].</li> </ul>
	<ul style="list-style-type: none"> <li>• Based on the personal goals [30].</li> </ul>

Tailoring	<ul style="list-style-type: none"> <li>• Tailored to the process of change identified [17].</li> <li>• Tailored messages based on genotype analysis [31].</li> <li>• A personalised website [18].</li> <li>• Tailored to health-related beliefs, barriers, and sociocultural norms [19].</li> <li>• Tailored educational newsletter based on baseline self-reports [34].</li> <li>• Personalised sleep consultation session [21].</li> <li>• Personalised email feedback on the participants' action and coping plans [37].</li> <li>• Individualised goal-setting and tailored advice from clinicians [27].</li> </ul>
Delivery Mechanism	<p><b>Technology-mediators</b></p> <ul style="list-style-type: none"> <li>• Technology-mediator (SMS text and e-mail messages, smartphone applications, and internet forums) [17].</li> <li>• Technology mediators (internet and e-mail) [18].</li> <li>• Technology mediators (Telephone counselling and website and mobile phone app use, text messages) [32].</li> </ul> <p><b>Face-to-face</b></p> <ul style="list-style-type: none"> <li>• Face-to-face [26, 28, 29, 31, 35, 36, 40].</li> <li>• Face-to-face in small groups of five [30].</li> <li>• Face-to-face group session [19, 22].</li> <li>• Community-driven approach: Food stores, worksites, and schools [38].</li> <li>• Technology mediators (diet tracking app: Healthwatch360) and social media peer support [27].</li> </ul> <p><b>Combination</b></p> <ul style="list-style-type: none"> <li>• Face-to face and Technology mediated [16, 21, 33].</li> <li>• Face-to-face and technology mediated (telephone) [34].</li> <li>• Face-to-face and technology mediators (computer) [20].</li> <li>• Face-to-face and technology mediated (internet-delivered) [37].</li> <li>• Face-to-face and technology mediated (smartphone application) [39].</li> <li>• Technology mediated and face-to-face assessment [25].</li> <li>• Face-to-face and technology mediated communication (e.g., short message service or SMS, email, social networking app and “SMART Eating” website) [23].</li> <li>• Face-to-face lifestyle counselling sessions during (first year), personalised SMS messages (second year) [24].</li> </ul>
	<p><b>Food Frequency Questionnaire (FFQ)</b></p> <ul style="list-style-type: none"> <li>• FFQ [24, 26, 27, 36, 38, 40]; The 158-item Delta FFQ [33].</li> </ul>

Assessment Tools	<ul style="list-style-type: none"> <li>• FFQ adapted for sugar consumption in the local context [37].</li> <li>• A single-item question added in a FFQ known as the Dietary Questionnaire for Epidemiological Studies version 2 (DQESv2) to determine consumption of sugar-sweetened beverages [19].</li> <li>• The valid 110-item Block 2005 FFQ (nutrition quest) [16].</li> <li>• Indian Migration Study FFQ [25].</li> <li>• <b>Food Diaries</b></li> <li>• Food diaries [28].</li> <li>• 7-day food diary [21].</li> <li>• <b>Dietary Recalls</b></li> <li>• 24-h dietary recalls [22, 34, 39]</li> <li>• 24-h dietary recalls (one weekend and two weekdays) [20].</li> <li>• A 3-day, 24-h recall (two consecutive weekdays and 1 weekend day) [30].</li> <li>• <b>Others</b></li> <li>• A 15-item version of a beverage intake questionnaire [29].</li> <li>• National Health Interview Survey (NHIS) 5-factor dietary screener by NHIS [23].</li> <li>• Validated, 26-item Dietary Screener Questionnaire [32].</li> <li>• Online short questions to assess the usual weekly intake of SSB [17].</li> <li>• Questionnaires to measure consumption of foods containing excessive fat and sugar [31].</li> <li>• 8-item questionnaire on how often in the past and in what amounts college students consumed soft, fruit drinks, non-diet energy drinks, and sugar-sweetened specialty coffee drinks [18].</li> <li>• Interview [35].</li> </ul>
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