

Study Title	Authors	Publication Year	Journal/Source	Study Design	Duration of Intervention	Follow-up Period
Breaking habits with mindful snacking? An email-based intervention targeting unwanted snacking habits in an Australian sample	Dibb-Smith, et al	2018	ScienceDirect	Pre-post Intervention Study	2 weeks	2 weeks
Videogames That Encourage Healthy Behavior Did Not Alter Fasting Insulin or Other Diabetes Risks in Children: Randomized Clinical Trial	Baranowski, et al	2019	PubMed	Randomized Controlled Trial	3 months (12 weeks)	3 months (12 weeks)
Image-Based Dietary Assessment and Tailored Feedback Using Mobile Technology: Mediating Behavior Change in Young Adults	Shoneye, et al	2018	Web of Science	Longitudinal Intervention Study	6 months	6 months
Effectiveness of information technology–enabled 'SMART Eating' health promotion intervention: A cluster randomized controlled trial	Kaur, et al	2020	PubMed	Randomized Controlled Trial	6 months	6 months
Impact on Dietary Intake of Two Levels of Technology-Assisted Personalized Nutrition: A Randomized Trial	Rollo, et al	2020	PubMed	Randomized Controlled Trial	12 weeks	12 weeks
Experiences with using persuasive technology in a diet trial for older adults	van der Lubbe, et al	2021	ACM	Quasi-experimental Design (with two conditions: the normal condition and the gamification condition)	200 days (but some had an extended period due to COVID-19)	200 days (but some had an extended period due to COVID-19)

Study Title	Age	Gender Distribution	Health Status	Sample Size	Type of Technology Intervention	Features of Intervention
Breaking habits with mindful snacking? An email-based intervention targeting unwanted snacking habits in an Australian sample	Mean age: 42.89	86% female, 14% male	No specific health status	78	E-mail based, intervention material attached to the mail	mindfull eating exercises, self-determined practice, recording of plans, online survey
Videogames That Encourage Healthy Behavior Did Not Alter Fasting Insulin or Other Diabetes Risks in Children: Randomized Clinical Trial	Mean age: 11.18	40% female, 60% male	Obese or overweight	145	Role-playing videogames	FV (fruit and vegetables) intake, PA (physical activity), SB (sedentary behavior) to decrease BMI %ile
Image-Based Dietary Assessment and Tailored Feedback Using Mobile Technology: Mediating Behavior Change in Young Adults	Mean age: 24	65,24% female, 35,76% male	Overweight: 23.2%, Obese: 10.4%	143	Image-based dietary assessment system, iPod Touch, text message feedback	self-monitoring (food intake), questionnaire, message feedback
Effectiveness of information technology-enabled 'SMART Eating' health promotion intervention: A cluster randomized controlled trial	Mean age: 53	76% female, 24% males	Overweight or obese: 85%, one or the other medical condition: 44% (with prevalence of diabetes and hypertension at 18% and 34%)	668	SMS, email, social networking app, and 'SMART Eating' website	Nutrition education for the indian population
Impact on Dietary Intake of Two Levels of Technology-Assisted Personalized Nutrition: A Randomized Trial	Mean age: 39.2	86% female, 14% male	Average BMI: 26.4 (overweight)	45	Video calls, text message feedback, dietary monitoring mobile app	Low (AES) food frequency questionnaire data) versus high personalization (AES) food frequency questionnaire data + video calls with a dietitian + self-monitoring + goal setting) nutrition support
Experiences with using persuasive technology in a diet trial for older adults	Mean age: 74	15 females, 21 males	Older adults with a relatively low protein intake.	36	Tablet application using persuasive communication techniques, foodbox with notification trigger	Self-monitoring, notification messages, gamification elements

Study Title	Mode of Delivery	Duration and Frequency of Intervention	Integration with Other Components	Type of Comparison
Breaking habits with mindful snacking? An email-based intervention targeting unwanted snacking habits in an Australian sample	E-mail	3 Weeks, first welcome email containing all the exercises, reminder mail after one week and after week 3 a new mail containing an electronic survey	Commonwealth Scientific and Industrial Research Organisation (CSIRO)	Within-subjects design
Videogames That Encourage Healthy Behavior Did Not Alter Fasting Insulin or Other Diabetes Risks in Children: Randomized Clinical Trial	Online (through the two videogames)	3-month intervention period, with the children being free to play the games whenever they want. There was a baseline, immediate post (3months) and a 2 months post (5 months).	/	Between-group comparison (treatment vs wait list control)
Image-Based Dietary Assessment and Tailored Feedback Using Mobile Technology: Mediating Behavior Change in Young Adults	Mixed-mode (in-person, online, telephone)	6-month randomized controlled trial and weekly text messaging support to improve diet	Australian Guide to Healthy Eating (AGHE),	
Effectiveness of information technology-enabled 'SMART Eating' health promotion intervention: A cluster randomized controlled trial	Mixed-Mode (online, telephone)	SMSs and emails were sent weekly, Whatsapp messages were sent weekly, fortnightly addition of new content to website	'SMART Eating' kit-kitchen calendar, dining table mat, and measuring spoons	Between-group comparison
Impact on Dietary Intake of Two Levels of Technology-Assisted Personalized Nutrition: A Randomized Trial	Mixed-Mode (online, telephone)	Low personalization group: received a personalized dietary intake feedback report based on their responses to the Australian Eating Survey® (AES) food frequency questionnaire (FFQ), in week six, LoP participants were asked to complete another AES FFQ, receiving the dietary feedback report following survey completion and asked to use the report to guide any further dietary changes; High personalization group: four video coaching calls (week one, three, six and nine); monitor dietary intake for a minimum of 3 days/week, feedback on the previous week's intake was provided to participants weekly, except for weeks one, four and ten.	Australian Eating Survey (AES)	Between-group comparison
Experiences with using persuasive technology in a diet trial for older adults	Online	For each eating moment	Personalized dietary advice to increase protein intake	Treatment comparison

Study Title	Description of Comparison Group	Primary Outcome	Secondary Outcomes	Effect Size	Confidence Intervals
Breaking habits with mindful snacking? An email-based intervention targeting unwanted snacking habits in an Australian sample	There was no comparison/control group	Increase in mindfull eating scores, less eating of snack food, lower self-compassion	/	MEQ: +0.31, Habit Strength: +0.75, Self-Compassion: +0.21	95%
Videogames That Encourage Healthy Behavior Did Not Alter Fasting Insulin or Other Diabetes Risks in Children: Randomized Clinical Trial	Control group consisted of children who would receive no video game based intervention and were measured after the 5-month post-baseline assessment	Child fasting insulin levels	BMI (Body Mass Index)	/	95%
Image-Based Dietary Assessment and Tailored Feedback Using Mobile Technology: Mediating Behavior Change in Young Adults	/	Changes in dietary intake	Experiences with the dietary feedback text messages		95%
Effectiveness of information technology–enabled 'SMART Eating' health promotion intervention: A cluster randomized controlled trial	The comparison group received a pictorial pamphlet in Hindi containing dietary recommendations from the National Institute of Nutrition. They were asked to read it, make dietary changes accordingly, and share the information with their families. The pamphlet included visuals and information on seasonal fruits and vegetables, recommended portion sizes of fat, sugar, and salt, and tips for reducing their intake. The comparison group served as a reference to evaluate the effectiveness of the intervention.	Changes in mean dietary intakes of fat, sugar, salt, and fruit and vegetables	changes in body mass index (BMI), blood pressure, haemoglobin, fasting plasma glucose (FPG), and serum lipids	fat: -12%, sugar: -23%, salt: -4%, fruit and vegetables: +20%, BMI: -1%, diastolic blood pressure: -4%, fasting plasma glucose: -5%, total cholesterol: +4%, triglycerides: 13%	95%
Impact on Dietary Intake of Two Levels of Technology-Assisted Personalized Nutrition: A Randomized Trial	The comparison group received low personalization. It did not have structured video calls with a dietitian or dietary self-monitoring with text message feedback.	Change in overall Australian Recommended Food Score (ARFS)	changes in macronutrient and micronutrient intake	ARFS: +5.6 points, energy intake from all energy-dense, nutrient-poor foods: -7.2%, core foods (fruits, vegetables, dairy, grains, meat and meat alternatives): +11.7%, takeaway foods sub-group: -3.4%	95%
Experiences with using persuasive technology in a diet trial for older adults	The comparison group involves participants who receive the app and the foodbox but without the gamification elements.	Adherence, proteine intake, experience diet	experience persuasive technology, proteine knowledge	/	95%

Study Title	Statistical Significance	Participant Adherence	Methodological Quality/Risk of Bias
Breaking habits with mindful snacking? An email-based intervention targeting unwanted snacking habits in an Australian sample	MEQ: not significant (after Bonferroni correction), Habit Strength: significant (p < .001), Self-Compassion: significant (p = .001), Habitual Snacking Behavior: insignificant, Practice as a Predictor: insignificant	49,36%	
Videogames That Encourage Healthy Behavior Did Not Alter Fasting Insulin or Other Diabetes Risks in Children: Randomized Clinical Trial	Child fasting insulin: not significant (p = 0.681), BMI: significant (p = 0.0008),	72%	
Image-Based Dietary Assessment and Tailored Feedback Using Mobile Technology: Mediating Behavior Change in Young Adults		87%	
Effectiveness of information technology-enabled 'SMART Eating' health promotion intervention: A cluster randomized controlled trial	Intake of fat: significant (p<0,001), intake of sugar: significant (p<0,001) , intake of salt: significant (p<0,001), intake of fruit and vegetables: significant (p<0,001), BMI: significant (p<0.01), diastolic blood pressure: significant (p<0.001), fasting plasma glucose: significant (p<0,05), total cholesterol: not significant, triglycerides: significant (p < 0.001)	91.3%	
Impact on Dietary Intake of Two Levels of Technology-Assisted Personalized Nutrition: A Randomized Trial	Total ARFS: significant (p < 0.05), Energy intake derived from energy-dense, nutrient-poor foods: significant	90%	
Experiences with using persuasive technology in a diet trial for older adults	Proteine intake: not significant (p-value = 0.621), number of days that a PT participant uses the app influences the protein intake: not significant (p-value = 0.285), correlation between the days with input and the number of profile visits for participants: not significant (p-value = 0.179), participants feel that they have a good understanding of the amount of protein in different types of products (Normal vs Gamefication): not significant (p-value = 0.391), correlation between the number of games played and the average score of participants: significant (p-value = 0.006)	76%	