<table>
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<th>Source (Purpose)</th>
<th>Main Outcomes</th>
<th>Other Outcomes</th>
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<td><strong>Lopez et al. [42]</strong>&lt;br&gt;(Risk behavior)</td>
<td>Non-regular sex partners, baseline (first survey) vs. 6 mon f/u (second survey), n (%):&lt;br&gt;• Men: 12/27 (44%) vs. 13/27 (48%), NS&lt;br&gt;• Women: 8/31 (26%) vs. 9/31 (29%), NS&lt;br&gt;Condom use with non-regular partner during last sexual intercourse, baseline vs. 6 mon f/u, n (%): 7/58 (12%) vs. 6/58 (10%), NS&lt;br&gt;Sexually transmitted disease (STD) knowledge, baseline vs. 6 mon f/u, % (n):&lt;br&gt;A. Foul-smelling discharge is a symptom that can affect, ( p = .04 ):&lt;br&gt;• Both men and women: 69% (40/58) vs. 86% (50/58)&lt;br&gt;• Only men or only women: 26% (15/58) vs. 9% (5/58)&lt;br&gt;• Neither: 5% (3/58) vs. 5% (3/58)&lt;br&gt;B. Anal irritation or discharge as a symptom of STDs:&lt;br&gt;• Not true: 41% (24/58) vs. 31% (18/58), NS&lt;br&gt;• True but only in men or only women: 19% (11/58) vs. 12% (7/58), NS&lt;br&gt;C. HIV transmission:&lt;br&gt;• Sharing food: 12% (7/58) vs. 7% (4/58), NS&lt;br&gt;• Mother to newborn by breastfeeding: 19% (11/58) vs. 17% (10/58), NS</td>
<td>Alcohol use ≥1/week in 6 months, baseline vs. 6 mon f/u, % (n): 26% (15/58) vs. 31% (18/58), NS&lt;br&gt;Psychoactive substance use ≥1 time, baseline vs. 6 mon f/u, % (n): 41% (24/58) vs. 38% (22/58), NS&lt;br&gt;Number of consultations, n (%):&lt;br&gt;• 1 to 3 times: 48/58 (83%)&lt;br&gt;• 4 or more: 9/58 (16%)&lt;br&gt;• 29 times: 1 (2%)&lt;br&gt;Satisfaction with DoctorChat Mobile app:&lt;br&gt;• Overall experiences:&lt;br&gt; 0 Excellent (26.8%)&lt;br&gt; 0 Good (50.0%)&lt;br&gt; 0 Fair (15.5%)&lt;br&gt; 0 Bad, (7.7%)&lt;br&gt;• Ease of use:&lt;br&gt; 0 Easy or very easy (69.7%)&lt;br&gt; 0 Difficult or not so easy (30.3%)&lt;br&gt;• Having access to a mobile-based tele-consultation tool on sexual health to be important or very important (92.3%)</td>
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<td><strong>Zotti et al. [46]</strong>&lt;br&gt;(Oral hygiene)</td>
<td>Every 3 months, participants in both groups were examined in-person and evaluated for GI and PI scores, and number of WS&lt;br&gt;GI, Intervention vs. Control, mean (SD):&lt;br&gt;• T0: 1.2±0.7 vs. 1.2±0.7, NS&lt;br&gt;• T1: 1.1±0.5 vs. 1.4±0.6, NS&lt;br&gt;• T2: 0.99±0.5 vs. 1.3±0.6, ( p &lt; .05 )&lt;br&gt;• T3: 0.87±0.4 vs. 1.4±0.6, ( p &lt; .001 )&lt;br&gt;• T4: 0.67±0.4 vs. 1.4±0.6, ( p &lt; .0001 )&lt;br&gt;PI, Intervention vs. Control, mean (SD):&lt;br&gt;• T0: 0.4±0.3 vs. 0.5±0.3, NS</td>
<td>No statistically significant difference observed in the frequency of new caries across intervention and control groups during study period of 12-month&lt;br&gt;All participants in intervention group uploaded their selfies every week throughout the study&lt;br&gt;Some participants uploaded additional content, including pictures and video tutorials related to oral hygiene and orthodontic treatment&lt;br&gt;A community of peers sharing their experience was successfully created among the intervention participants</td>
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| Pretlow et al. [50] (Weight management) | Change in % over-BMI:  
- Weight loss average was 7.1 \% over-BMI (baseline to end of study), 0.051 per day (p < .01)  
- More weight loss was seen in: males (standardized estimate = 0.71; p < .01), younger patients (standardized estimate = 0.42; p = .04)  
Self-management/Adherence:  
- Improvement in the following (baseline vs. end of the study): better control of eating (p < .01), higher self-esteem (p < .01), and less turning to food at stress (p < .01)  
- Participants with better weight loss:  
  - Addiction model did not affect their guilt about their weight (standardized estimate = 0.59; p < .01)  
  - Had high program compliance as reported by their mentors (standardized estimate = 0.68; p < .01)  
  - 48.1\% indicated that calling obesity an addiction made their guilt about their weight worse, more in girls (66.7 vs. 11.1\%, p < .01)  
| Direito et al. [51] (Physical activity) | In pre-specified per-protocol analyses with the app being used 3 times/week, Time to complete 1-mile walk/run, adjusted mean difference in seconds (95\% CI):  
- Non-immersive app vs. control: –79.39 (–133.01, –25.77), \( p = .003 \)  
- Immersive app vs. control: –55.29 (–111.46, 0.88), \( p = .06 \)  
Intervention “immersive” vs. Control, adjusted difference (95\% CI):  
- Time to complete 1-mile walk/run (sec): –28.36 (–66.54, 9.82)  
- PAQ-A: 0.14 (–0.26, 0.54)  
- PACES: –0.10 (–0.33, 0.13)  
- PNSES: –0.06 (–0.46, 0.31)  
- PASES: –0.02 (–0.24, 0.19)  
| Usability/Acceptability:  
- Average satisfaction 3.1 (5 being most helpful)  
- 25/27 (89\%) completed the program were able to identify one or more specific problem foods  
- 70\% completely eliminated and 30\% reduced frequency of their snacking  
- 26/27 (96\%) reduced amounts of home meals, average 51.1\% less from baseline  
No adverse events were deemed related to the study intervention  
Intervention apps use:  
- 2 times per week in 10/32 (31\%)  
- 3 times per week in 10/32 (31\%)  
- 1 time per week in 8/32 (25\%)  
No differences were evident on timing of use (i.e., weekday, weekend, morning, afternoon, evening)  
Intervention apps were used:  
- Mostly outdoors (e.g., street, park vs. gym, home treadmill) |
| • Daily time spent in sedentary activities (min): −10.94 (−69.83, 48)  |
| • Daily time spent in MVPA (min): 1.74 (−11.45, 14.93)  |

**Intervention “non-immersive” vs. Control, adjusted difference (95% CI):**
| • Time to complete 1-mile walk/run (sec): −24.67 (−63.51, 14.18)  |
| • PAQ-A: 0.23 (−0.18, 0.64)  |
| • PACES: −0.17 (−0.40, 0.06)  |
| • PNSES: 0.01 (−0.38, 0.40)  |
| • PASES: 0.04 (−0.18, 0.26)  |
| • Daily time spent in sedentary activities (min): 3.95 (−56.26, 64.16)  |
| • Daily time spent in MVPA (min): −1.82 (−16.00, 12.36)  |

- With friend (n=7), family (n=9), or alone (n=13)

The majority of participants (21/32, 66%) had no prior experience of using their smartphone for PA purposes

Overall, 81% (26/32) were interested in trying different PA-promoting apps in the future