

Table S1. Embase search strategy.

| # | Searches | Results |
|---|---|------------------|
| 1 | technology OR computer OR tablet OR mobile phone OR smartphone OR internet OR app | <u>180,175</u> |
| 2 | disease OR illness OR sickness OR condition OR disorder OR health | <u>2,206,213</u> |
| 3 | monitoring OR tracking OR evaluation OR tool | <u>890,260</u> |
| 4 | 1 AND 2 AND 3 | <u>1022</u> |
| 5 | Limit 4 to January 2010 to September 2020 publication duration | <u>690</u> |
| 6 | Limit 5 to controlled clinical trial and randomized controlled trial | <u>60</u> |

Table S2. Study objectives and outcomes.

| Articles | Objective | Result(s) | Outcome(s) |
|-----------------------|---------------------------------|--|--|
| Pavic, 2020 [44] | To monitor vital signs. | <ul style="list-style-type: none"> • A moderate positive correlation ($r=0.6, p<0.0001$) between health features extracted from sensor signals and daily VAS ratings. • No significant correlation between mobile health features and individual QLQ-C30 scores. | <ul style="list-style-type: none"> • 76% positive response for continuous health monitoring using wearables. • The monitoring of palliative cancer patients using wearables is feasible. • Mobile health features might be promising biomarkers to predict unplanned hospital readmissions. |
| Tregarthen, 2019 [45] | To assist in healthy eating. | <ul style="list-style-type: none"> • EDE-Q outcome improvement: Tailored group (61.6%) & Standard group (55.4%). • Tailored group: > rate of remission on the EDE-Q at 8 weeks ($d=0.22; p\leq 0.001$). | <ul style="list-style-type: none"> • Individuals with eating disorder symptoms may benefit clinically from a self-help app. • Personalised self-help may be more effective in promoting symptomatic remission than a generic app. |
| Siriwoen, 2018 [46] | To assist in weight management. | <ul style="list-style-type: none"> • Significant decrease in mean weight and waist circumference from baseline to post-intervention (week 6) and follow-up (week 12; $72.2 \pm 10.4, 71.6 \pm 10.8, 71.4 \pm 11.0$ kg, $p=0.008$, and $92.1 \pm 10.1, 89.9 \pm 9.9, 87.8 \pm 10.7$ cm, $p<0.001$, respectively). • Significant increase in self-efficacy for healthy eating and physical activity, eating behaviours, and | <ul style="list-style-type: none"> • The app-based weight management program was useful for the prevention and control of overweight and obesity. |

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| | | <p>dietary intake pattern of the participants ($p=0.002$, $p<0.001$, and $p<0.001$), respectively.</p> |
| Lin, 2018 [47] | To monitor vital signs. | <ul style="list-style-type: none"> The accuracy rate of up to 96% for predicting abnormality of cardiac functions. <ul style="list-style-type: none"> TAM responses found that eight out of ten response criteria supported favourably to the use of wearable sensors. Smart clothing was capable of predicting the abnormality of cardiac functions. |
| Prada, 2017 [48] | To monitor & regulate stress. | <ul style="list-style-type: none"> Decrease in the average aversive tension measured (Initial: $M = 5.95$ ($SD=3.13$) points, Final: $M = 2.83$ ($SD=2.36$) points, (paired t-test = 3.18; $p<0.05$)). <p>The app was mainly used during the day between 10 and 11 a.m. and between 8 and 10 p.m.</p> <ul style="list-style-type: none"> App-based interventions assisted in reducing aversion tension and was user-friendly. |
| <p>QLQ-C30: Quality of Life Questionnaire-Core 30; EDE-Q: Eating Disorder Examination Questionnaire; TAM: Technology Acceptance Model.</p> | | |