

Study	Population level targeted (general population, groups, family, individual)	Nature of the contacts (groups session, telephone, face to face)	Other intervention components	No. of sessions	Duration/session	Intervention duration	Intensity score (minutes/week + other scores)
Anand 2007 <sup>80</sup>	Family – 3	Home visits – 3	Provision of water cooler, recipes; food preparations classes; grocery store tours; activity programme for children – 1	Regular visits	?	6 months	Medium
Andersen 2000 <sup>42,81,82</sup>	Individual and community – 4	Telephone calls and group sessions – 2	CA, such as video showings or mammography-themed bingo nights – 1	One telephone call (frequency of the message varied for the CA)	?	3 years	Low (though women in the IC arm were telephoned once in 3 years, some in the CA arm may have had more exposure)
Barlow 2000 <sup>83</sup>	Groups of people with chronic conditions – 2	Group sessions – 1	Handbook – 1	Six weekly sessions	Two hours	6 weeks	124
Bird 1998 <sup>84–87</sup>	General population – 1	Small group sessions – 1	Distribution of health education materials and promotional events (health fairs) – 1	232	10–15 minutes plus discussion (25 minutes)	30 months	Not all participants got intervention exposure – low
Griffiths 1998 <sup>101,102</sup>	Groups of people with chronic conditions – 2	Small group sessions – 1	Video cassette – 1	Six	Three hours	6 weeks	184
Emmons 2005 <sup>27,97</sup>	Individual – 4	Telephone calls – 2	NRT made available; tailored written materials – 1	Up to six	?	7 months	11
Dennis 2002 <sup>88</sup>	Individual – 4	Telephone calls – 2	Referrals to other professionals – 1	Five or more	Mean 16.2 minutes	3 months	14
*Dickson-Gomez 2003 <sup>89,90</sup>	Individual – 4	Small group sessions – 1	0	10	90 minutes	6 months	43
Earp 2002 <sup>16,63,93,94</sup>	Individual and Community – 4	Face to face and presentations to local community groups – 3	Brochures, posters, holiday cards promoting mammography – 1	Two face to face per week and two presentations per month/health advisor	?	32 months	Not all participants got intervention exposure – low
Elder 2006 <sup>95,96</sup>	Individual – 4	Face to face or telephone – 3	Twelve tailored newsletters – 1	14	?	14 weeks	33

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Gary 2003 <sup>98-100</sup>	Individual – 4	Face to face or telephone – 3	0	Aimed for six visits (but fell short of that)	45–60 minutes	24 months	10
Ireys 2001 <sup>103</sup>	Individual – 4	Face to face and telephone – 3	Bowling parties or small group lunches – 1	Seven visits, two weekly telephone calls and three community events	60–90 minutes face to face and at least five-minute telephone calls	15 months	22
Kennedy 2002 <sup>104-107</sup>	Group of people with chronic conditions – 2	Group sessions – 1	0	Six	2 hours 30 minutes	6 weeks	153
Keyserling 2002 <sup>108,109</sup>	Individual – 4	Telephone calls – 2	0	12 telephone calls	20 minutes	12 months	12
Lujan 2007 <sup>110</sup>	Groups of people with diabetes – 2	Group sessions + telephone follow-up – 2	Inspirational faith-based postcards mailed twice a week for 16 weeks – 1	8 + 16 telephone calls	2 hours/group session	8 weeks	125
Lorig 1999 <sup>110</sup>	Groups of people with chronic conditions – 2	Group sessions – 1	A textbook detailing the content of the course – 1	Seven weekly sessions	2.5 hours/group session	7 weeks	154
Lorig 2003 <sup>111</sup>	Groups of people with chronic conditions – 2	Group sessions – 1	A book, an audio exercise tape, an illustrated booklet and an audio relaxation tape – 1	Six weekly sessions	2.5 hours/ group session	6 weeks	154
May 2006 <sup>113</sup>	Individual – 4	Telephone calls – 2	NRT or Zyban was provided to four of the buddy groups; smoking cessation group – 1	1.4 times (on average)	?	4 weeks	
Morrow 1999 <sup>114,115</sup>	Individual – 4	Face to face – 3	Additional support on demand – 1	Six	?	8 weeks	31
Paskett 2006 <sup>116,117</sup>	Individual – 4	Face to face – 3	Educational material follow-up telephone calls and mailing after each visit – 1	Three	45 minutes	9–12 months	11
Resnicow 2004 <sup>118</sup>	Group and individual – 4	Telephone calls – 2	Self-help materials – 1	Two	?	6 months	Nine

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Staten 2004 <sup>119</sup>	Individual – 4	Telephone calls – 2	Two HE classes + 12 newsletters + reminder telephone calls to women who had missed a session – 1	24 (average)	?	12 months	17
West 1998 <sup>30</sup>	Individual – 4	Telephone calls – 2	One-to-one smoking cessation intervention – 1	1.5 times (on average)	?	4 weeks	14
Woodruff 2002 <sup>120</sup>	Individual – 4	Home visits and telephone calls – 3	Video, booklet, 'quit kit' – 1	Four face-to-face, three telephone calls	1–2 hours face to face, 15–30 minutes' telephone call	3 months	43
Young 2005 <sup>121–123</sup>	Individual – 4	Telephone calls – 3	0	Tailored four to 12 (eight average)	20 minutes	12 months	10

HE, health education.

a Studies in which the population for which results reported focus on the LAs themselves.

Population targeted: general population – rating 1; small groups of people – 2; family – 3; and individual – 4. The intervention was considered as targeting the individual as long as one intervention component was doing so.

Nature of sessions: face to face – 3; telephone calls – 2; small groups – 1; general population – 0.

If the intervention comprised several components, either the component most used was rated, or the one associated with the greatest intensity was considered for calculations.

When the number of sessions varied between participants, numbers were averaged for calculations – the same thing applies to session duration.

Home visits were estimated to last 30 minutes on average.

Telephone calls were estimated to last 20 minutes on average.

Overall ratings were rounded to the nearest decimal.

Scores below 15 are considered as a low-intervention intensity; 16–69, medium-intervention intensity and > 70 high-intervention intensity.

For all dimensions, studies were rated according to the intervention component that would bring the highest rating, i.e. if a study described two intervention arms, one being face to face and the other involving small groups, only the face to face components would be taken into account in this rating.

Anand *et al.*<sup>80</sup> in which there was no description of number or duration of sessions, was rated as medium intensity intervention. For studies such as Bird *et al.*,<sup>84,87</sup> Earp *et al.*,<sup>63,93</sup> Earp and Flax,<sup>16</sup> Flax and Ear,<sup>94</sup> and McPhee *et al.*<sup>85,86</sup> in which the general population was targeted, and in which not all surveyed participants were exposed to the intervention were rated as having a low intervention level.

In Elder *et al.*,<sup>95,96</sup> the intervention was delivered by a mixture of face to face and telephone contacts – the average contact duration was estimated at 25 minutes.

In Anderson *et al.*,<sup>42,81,82</sup> women in the individual counseling arm were telephoned once, but there is a lack of details about the intensity and duration of intervention in the community activity arm. Pre and post interviews took place 3 years apart.

In Batts *et al.*,<sup>99</sup> Gary<sup>98</sup> and Gary *et al.*<sup>100</sup> the authors expected that participants would complete six intervention visits before the 24 months follow-up, but the participation fell short of that because of insufficient staff support and participants non compliance. Home visits were an average of 45–60 minutes, but some of the contacts were by telephone. The overall intervention intensity has therefore been overestimated in our calculations, but it still places the study in a low intensity category.