**SUPPLEMENTARY MATERIAL 1**

**Table 1 - Variables obtained at each follow-up time.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-intervention (baseline)** | **Post-intervention: T1** | **12 months post-intervention: T2** | **36 months post-intervention: T3** |
| Age | - | - | - |
| Education | - | - | - |
| Gender | - | - | - |
| Income | Income | Income | Income |
| Marital status | - | - | - |
| Occupation | - | - | - |
| Self-health perceptions | - | - | - |
| Recent weight loss attempt | Recent weight loss attempt | Recent weight loss attempt | Recent weight loss attempt |
| Physical activity | - | - | - |
| Weight measured | Weight measured | Self-reported weight | Self-reported weight |
| Height measured | - | - | - |

Note: T0, Pre-intervention (baseline); T1, Post-intervention; T2, 12 months after intervention T3, 36 months after intervention; M1, weight loss maintenance at T2 compared to T1; M2, weight loss maintenance at T3 compared to T2; M3, weight loss maintenance at T3 compared to T1.

**Table 2 - Interview form questions.**

|  |  |
| --- | --- |
| **Variable** | **Question** |
| Age | I.8) *Age:\_\_\_\_\_\_\_\_\_\_\_\_ full years (Interviewer, calculate age from date of birth)* |
| Education | II.4) Until what grade did you study? \_\_\_\_\_\_\_\_\_ years of study |
| Gender | I.6) Sex:  (0) Female (1) Male (Interviewer do not ask this question, just select one option) |
| Income | II.9) What is your family’s total monthly income per month?  R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (7) Don’t know |
| Marital status | I.9) What is your marital status:  (0) Married/consensual union (2) Single  (1) Separated/divorced/broken up (3) Widowed |
| Occupation | II.7) What is your main occupation (Occupation that generates the most income)?  (0) Homemaker (2) Unemployed (1) Retired (3) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Self-health perceptions | III.5) How would you classify your health status? (Interviewer read the alternatives)  (1) Very bad (2) Bad (3) Fair (4) Good (5) Very good |
| Recent weight loss attempt | III.8) Are you currently trying to:  III.8.1) Gain weight? (0) No (1) Yes  III.8.2) Lose weight? (0) No (1) Yes |
| Physical activity | XII.1.1) How many days a week do you usually practice physical exercise or sport? \_\_\_\_\_\_\_\_\_ days  XII.1.2) On the day you practice exercise or sport, how long does this activity last? \_\_\_\_\_\_\_\_ minutes |
| Self-reported weight | IIII.1) What is your current weight? (Filling format: XXX,X) \_\_\_\_\_\_\_\_\_kg (777.7) Don't know |