Supplementary File 1: Adherence checklists

**SNaCK Study Control Checklist**  **Participant ID/ Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 |
| How much of the $100 supermarket voucher did you use to purchase food? | ❑ None❑ Some❑ All | ❑ None❑ Some❑ All | ❑ None❑ Some❑ All | ❑ None❑ Some❑ All |
| If you purchased food items, what did you purchase*?**(Select all that apply)* | ❑ Ingredients or food items to prepare meals at home❑ Fresh/frozen preprepared meals for reheating in the microwave❑Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Ingredients or food items to prepare meals at home❑ Fresh/frozen preprepared meals for reheating the microwave❑ Other\_\_\_\_\_\_ | ❑ Ingredients or food items to prepare meals at home❑ Fresh/frozen preprepared meals for reheating the microwave❑ Other\_\_\_\_\_\_\_\_\_\_\_ | ❑ Ingredients or food items to prepare meals at home❑ Fresh/frozen preprepared meals for reheating the microwave❑ Other\_\_\_\_\_\_\_\_\_\_ |
| Did you eat all/finish your meals this week?  | ❑ *Yes* ❑ *No**If not, what happened to the leftovers/waste? (Select all that apply)*❑ *Someone else ate it*❑ *It went in the bin*❑ *I saved it for later*❑ Other\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ *Yes* ❑ *No**If not, what happened to the leftovers/waste? (Select all that apply)*❑ *Someone else ate it*❑ *It went in the bin*❑ *I saved it for later*❑ Other\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ *Yes* ❑ *No**If not, what happened to the leftovers/waste? (Select all that apply)*❑ *Someone else ate it*❑ *It went in the bin*❑ *I saved it for later*❑ Other\_\_\_\_\_\_\_\_\_\_\_ | ❑ *Yes* ❑ *No**If not, what happened to the leftovers/waste? (Select all that apply)*❑ *Someone else ate it*❑ *It went in the bin*❑ *I saved it for later*❑ Other\_\_\_\_\_\_\_\_\_\_\_\_ |
| How difficult was meal preparation this week? | ❑ Easy ❑ Moderate❑ Hard  | ❑ Easy ❑ Moderate❑ Hard | ❑ Easy ❑ Moderate❑ Hard | ❑ Easy ❑ Moderate❑ Hard |
| Did anyone help you prepare your food? | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No |

**SNaCK Study Meal Kit Checklist**  Participant ID/ Name: Week: One/Two/Three/Four

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Meal *(on recipe card)* | **Recipe 1** | **Recipe 2** | **Recipe 3** | **Recipe 4** |
| Did you follow the recipe exactly? | ❑ Yes ❑ No*If not, what did you do different?* | ❑ Yes ❑ No*If not, what did you do different?* | ❑ Yes ❑ No*If not, what did you do different?* | ❑ Yes ❑ No*If not, what did you do different?* |
| How difficult was the meal preparation? | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard |
| Did anyone help you make the recipe? | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No |
| Did you split the recipe into 2 serves? | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No |
| Days meal kit meals eaten | 1st serve***Day:*** ***Date:*** | 2nd serve***Day:*** ***Date:*** | 1st serve***Day:*** ***Date:*** | 2nd serve***Day:*** ***Date:*** | 1st serve***Day:*** ***Date:*** | 2nd serve***Day:*** ***Date:*** | 1st serve***Day:*** ***Date:*** | 2nd serve***Day:*** ***Date:*** |
| Did you eat any of the provided meal kit today? (Tick amount eaten of the meal served.) | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? | ❑ None❑ Some❑ All*If some, how much*? |

**SNaCK Study Preprepared Meals Adherence Checklist**  Participant ID/ Name: Week: One/Two/Three/Four

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Meal 1***Day:* *Date:* | **Meal 2***Day:* *Date:* | **Meal 3***Day:* *Date:* | **Meal 4***Day:* *Date:* | **Meal 5***Day:* *Date:* | **Meal 6***Day:* *Date:* | **Meal 7***Day:* *Date:* |
| Did you consume any of the preprepared meals today? | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ | ❑ Yes Entrée❑ Yes Main meal❑ No, if not why\_\_\_\_\_\_\_\_\_ |
| Name of Entrée and Meal- as per menu | *e.g. Hearty Beef Casserole (450g* |  |  |  |  |  |  |
| How much of your meal did you eat? |  Entrée  ❑None ❑Some ❑ All *If some,*  *how much? \_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how much?**\_\_\_\_\_\_\_* |  Entrée  ❑None ❑ Some ❑ All *If some, how*  *much?* *\_\_\_\_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how much? \_\_\_\_\_\_\_\_\_* |  Entrée  ❑None ❑ Some ❑ All *If some, how*  *much?* *\_\_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how much? \_\_\_\_\_­­­\_\_\_\_* |  Entrée  ❑None ❑ Some ❑ All *If some,*  *how much? \_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how much? \_\_\_\_\_\_\_\_* | Entrée  ❑None ❑ Some ❑ All *If some,*  *how*  *much? \_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how much? \_\_\_\_\_\_\_\_* |  Entrée  ❑None ❑ Some ❑ All *If some,*  *how*  *much? \_\_\_\_\_­­­\_\_\_*  |  Main ❑None ❑Some ❑ All *If some,*  *how*  *much? \_\_\_\_\_\_\_\_* |  Entrée  ❑None ❑ Some ❑ All *If some,*  *how*  *much? \_\_\_\_\_\_\_\_* |  Main ❑None ❑Some ❑ All *If some,*  *how*  *much? \_\_\_\_\_\_\_\_* |
| If you didn’t eat ***all*** of your entrée or meal, what happened to the leftovers?  | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Someone else ate it❑ I saved it for later❑ It went in the bin or remained uneaten ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| How difficult was the meal preparation? | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard | ❑ Easy ❑ Moderate ❑ Hard |
| Did anyone help you prepare your meal? | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No | ❑ Yes❑ No |