

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

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