	UPF intake quartiles	No. of cases (%)		OR (95% CI)	P trend	OR per 10% kcal increase
Percent body fat						
T3 vs. T1	Q1 (n=2,780)	957 (35.7)		1.00 (reference)	0.02	1.04 (1.00–1.08)
	Q2 (n=2,781)	895 (31.0)		0.73 (0.62–0.87)		
	Q3 (n=2,782)	954 (35.0)		0.97 (0.82–1.15)		
	Q4 (n=2,780)	976 (34.7)		1.07 (0.89–1.28)		
Percent ASM						
T1 vs. T3	Q1 (n=2,780)	977 (34.7)		1.00 (reference)	0.02	1.05 (1.01–1.09)
	Q2 (n=2,781)	911 (30.6)		0.79 (0.67–0.93)		
	Q3 (n=2,782)	910 (31.8)		0.92 (0.78–1.09)		
	Q4 (n=2,780)	934 (32.8)		1.12 (0.94–1.33)		
Body mass index						
T3 vs. T1	Q1 (n=2,780)	954 (34.9)		1.00 (reference)	0.72	1.01 (0.97–1.05)
	Q2 (n=2,781)	905 (32.9)		0.84 (0.71–1.00)		
	Q3 (n=2,782)	946 (36.1)		0.98 (0.82–1.17)		
	Q4 (n=2,780)	977 (35.9)		0.95 (0.80–1.13)		
Waist circumference						
T3 vs. T1	Q1 (n=2,780)	1,017 (35.1)		1.00 (reference)	0.88	1.00 (0.97–1.04)
	Q2 (n=2,781)	924 (30.7)		0.73 (0.62–0.86)		
	Q3 (n=2,782)	947 (33.9)		0.86 (0.72–1.02)		
	Q4 (n=2,780)	908 (32.0)		0.87 (0.73–1.03)		

0.00   1.00   2.00
OR (95% CI)

Supplementary Fig. 3. Comparison of the associations of ultra-processed food (UPF) intake with dual-energy X-ray absorptiometry measured adiposity indicators and anthropometric adiposity indicators. Multinomial logistic regression models were used to estimate odds ratios (ORs) and their corresponding 95% confidence intervals (CIs) for the tertile (T) 3 of percent body fat and the T1 of percent appendicular skeletal muscle mass (ASM) comparing quartile (Q) 2, 3, and 4 to Q1 of UPF intake as the exposure variables (T3 of percent body fat: ≥24.5% for male, ≥36.0% for female; T1 of percent ASM: <30.7% for male, <24.1% for female; T3 of body mass index: ≥25.0 kg/m² for male, ≥25.1 kg/m² for female; T3 of waist circumference: ≥88.8 cm for male, ≥84.7 cm for female). P for trends was determined by treating the median value of UPF intake as a continuous variable using multinomial logistic regression models. A 10% increase in UPF intake was used to estimate ORs for higher adiposity or lower ASM. A multivariable-adjusted model was adjusted for age, sex, residential area, education level, monthly household income level, marital status, current smoking, current drinking, walking exercise, weight training, and total energy intake.