## Supplement Table 1 Summary of included studies (by intervention setting)

Author	Sample	Design, setting & duration	Sessions	Behaviours targeted	Intervention	Control	SB measure	Results
Preschool/c	hildcare setting							
Alhassan 2012 <sup>48</sup> USA	n=114 (low SES Hispanic and African- American) 49% boys Mean age 4.5±0.6y	RCT Preschool 6 months	30 min/ day PA sessions, 5 days/week	PA, FMS, SB	Locomotor skill (LMS)- oriented lesson plans delivered by trained teachers	Unstructured free time	ActiGraph accel (15s epoch; Sirard cut point <sup>a</sup> , valid data: ≥9h/day, ≥4 weekdays)	Significant difference for % sedentary time during preschool hours between IV and control groups, adjusted mean diff (95% CI): -9.6 (-17.5, -1.8), p=0.02
Alhassan 2013 <sup>51</sup> USA	n=67 56.5% boys Mean age 4.1±0.7y	Group- randomised design Preschool 4 weeks	12 30-min PA sessions (3 days/ week for 4 weeks)	PA & SB	Structured outdoor playtime sessions; age-appropriate, moderate- to vigorous- intensity physical activities for making outdoor playtime more effective at increasing PA	Usual play	ActiGraph accel (15s epoch; Sirard cut point <sup>a</sup> , valid data: ≥9h/day, ≥4 weekdays)	Significant group by time interactions observed for total daily ( $F(1, 37) = 10.83$ , $p=0.01$ ) and during school ( $F(1, 37) = 10.25$ , $p=0.01$ ) & of time spent sedentary
								No significant differences in after-school/ evening time spent sedentary (p=0.07)
Annesi 2013 <sup>52</sup> USA	n=885 49% boys Mean age 4.4±0.5y	RCT Preschool 9 months	Daily structured 30-min PA session (PA measured at 1, 5 and 9 months)	PA & SB	Preschool PA lessons; both treatment and control teachers received initial training but treatment teachers received an additional 4h training and retained a binder of daily lesson plans (including gross motor skills and behavioural skill training, e.g., goal setting, selfmonitoring)	Usual PA program	ActiGraph accel (15s epoch; Pate cut point <sup>b</sup> , criteria for valid data not reported)	% of school day in sedentary time (based on a mean of accel data from months 1, 5, and 9): IV: 59.8±9.7 control: 59.1±7.3 (p>0.05)

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Cardon 2009 <sup>59</sup> Belgium	n=583 52% boys Mean age 5.3±0.4y	RCT Preschool F/u conducted 4-6 weeks post- implementation	n/a	PA & SB	Preschools randomly assigned to one of the following conditions: 1) play equipment provided, 2) markings painted on the playground, 3) play equipment provided and markings painted, 4) control condition.	No changes to playground	ActiGraph accel (15s epoch, Sirard cut point <sup>a</sup> , no criteria for valid data required; monitors worn only during recess pre- and post-test)	No significant IV effects for any of the groups; estimated effect of IV on % time spent sedentary:  Play equipment group: $\beta$ = 2.1 (95% CI -3.1, 7.3)  Markings group: $\beta$ = -1.1 (95% CI -6.3, 4.1)  Play equipment and markings group: $\beta$ = -1.7 (95% CI -9.1, 5.6)
De Bock 2013 <sup>65</sup> Germany	n=826 52% boys Mean age 5.0±0.2y	RCT Preschools 6-9 months	n/a	PA & SB	Augmented state-sponsored PA program; parents motivated to develop and implement their own project ideas for promoting children's PA	Non- participatory, state- sponsored PA program	Actiheart accel (15s epoch, De Bock cut point <sup>c</sup> , valid data: ≥1 weekday and ≥1 weekend day)	At 12 months, compared with control children, IV children spent 11 minutes less being sedentary per waking day (95% CI 5.39, 17.01, p=0.019)
De Craemer 2016 <sup>61</sup> Belgium	n=859 54.4% boys Mean age: 4.4±0.6y	RCT Kindergarten 24 weeks	Three 1-hour sessions for kindergarten teachers	Diet, PA & SB	Kindergarten teachers received training and were given a guide which included suggestions of environmental changes in the classroom (e.g. computers on a raised desk), movement breaks, stories, and fun activities to decrease screen time. Parents received two newsletters and two tip cards containing different tips and strategies for reducing screen time.	Usual kindergarten program	Screen time: parent survey (hours spent watching TV and using a computer/ video games during free time/ leisure time) ActiGraph accel (15s epoch, Evenson cut point <sup>d</sup> , valid data: ≥6h/day on ≥2 weekdays and ≥1 weekend day)	No overall intervention effect for either sedentary time or screen time on total sample (all p>0.05), but some effects on specific subgroups:  Significant intervention effects on sedentary time on weekdays ( $\beta$ = -4.20; p = 0.03) and during school hours ( $\beta$ = -2.48; p = 0.04) found for children from high SES kindergartens  Significant intervention effect on TV viewing for

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								girls on weekend days ( $\beta$ = -9.98; p = 0.04)
								Significant intervention effect on computer use on weekend days for children from low SES kindergartens ( $\beta$ = -6.43; $p$ = 0.03)
Dennison 2004 <sup>41</sup> USA	n=77 50% boys Age range 2.6-5.5y	RCT Preschool and day care centres 39 weeks	Seven 1-h sessions dedicated to TV	Diet & SB	Program staff (an early childhood teacher and a music teacher) visited each day care or preschool centre in the intervention group once a week to provide a 1-hour session; half of each session was spent in musical activities; 10 mins eating a snack; and 20 mins participating in an interactive educational session.	Health and safety education	Screen time; parent survey (TV and computer/ video game playing hours on Saturday and Sunday and average weekday in the past week)	Difference in mean changes (95% CI) between groups:  TV viewing: Weekdays: −0.62 (−1.11 to −0.12), p=0.02 Saturday: −0.63 (−1.44 to 0.17), p=0.11 Sunday: −0.99 (−1.73 to −0.25), p=0.01  Children viewing ≥2h/day: −21.5 (−42.5 to −0.5) p=0.045  Computer/video game use: Weekdays: −0.11 (−0.34 to 0.13), p=0.33 Saturday: −0.07 (−0.49 to 0.34), p=0.70 Sunday: −0.03 (−0.27 to 0.21), p=0.79
Fitzgibbon 2005 <sup>44</sup> USA	n=331 (>80% Latino) 50% boys Age range 3- 5y	RCT Head Start sites 14 weeks	Children: three 40- min sessions/ week Parents: weekly	Diet, PA & SB	Child education on nutrition, physical activity, and decreasing sedentary behaviour; PA session. Parents received weekly newsletters and homework assignments.	General health concepts	TV viewing; parent survey (average h/day watching TV)	No significant differences in TV h/day between groups post-intervention (mean diff = diff: -0.17 [95% CI -0.17, 0.30]), at 1 year f/u (mean diff = -0.17 [95% CI -0.75, 0.42]) or at 2 year f/u (mean

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			newsletters					diff = -0.11 [95% CI -0.60, 0.38])
Fitzgibbon 2006 <sup>45</sup> USA	n=300 (>90% black) 51% boys Age range 3- 5y	RCT Head Start sites 14 weeks	Children: three 40- min sessions/ week Parents: weekly newsletters	Diet, PA & SB	Child education on nutrition, physical activity, and decreasing sedentary behaviour; PA sessions (3/week). Parents received weekly newsletters and homework assignments.	General health concepts	TV viewing; parent survey (average h/day watching TV)	No significant differences in TV h/day between groups post-intervention (mean diff = 0.03 [95% CI -0.38, 0.44]) or at 2 year f/u (mean diff = 0.00 [95% CI - 0.38, 0.38])
Fitzgibbon 2011 <sup>46</sup> USA	n=669 (majority black) 47% boys Age range 3- 5y	RCT Head Start programs at public schools 14 weeks	Two to three 40- min sessions per week	Diet, PA & SB	Trained teachers delivered 2-3 weekly sessions related to healthy eating, increasing PA and decreasing SB. Parents received a weekly newsletter, homework assignments and a CD with teacher's lessons.	Health and safety	Screen time; parent survey (time child spent watching TV/ videos/ DVDs, playing video games, or using a computer on an average weekday and average weekend day; mins/day TV and total screen time calculated using a weighted average of time spent on weekdays and weekend days)	Screen time mins/day was significantly lower for IV group than control group post-intervention (mean diff = -27.8 [95% CI -55.1, -0.5], p=0.05)  No significant difference for TV min/day (mean diff: -10.2 [95% CI -24.9, 4.6] p=0.16)
Fitzgibbon 2013 <sup>43</sup> USA	n=146 (Hispanic) 50% boys Mean age 54.2±5.0mo	RCT Preschool 14 weeks	Children: three 40 min sessions per week. Parents: six 90 min sessions	Diet, PA & SB	Family-based intervention including child sessions on nutrition instruction and aerobic activity, and parent sessions on healthful eating and family exercise plus 30 mins of moderate PA.	Children: once weekly general health intervention Parents: weekly general health	ActiGraph accel (15s epoch; Pfeiffer cut point <sup>e</sup> ; valid data: ≥8h/day on ≥4 days); Screen time;	No significant differences between groups for % sedentary time ( $\beta$ = -0.27 [95% CI -6.59, 6.05], total screen time ( $\beta$ = 0.26 [05% CI -0.58, 1.10]) or TV viewing ( $\beta$ = 0.07 [95% CI

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					Parents also received weekly newsletters to parallel the children's school-based component.	newsletters	parent survey (min/day watching TV, playing video games and using a computer on average weekday and average weekend day)	-0.41, 0.56]) post-IV
Jones 2015 <sup>58</sup> Australia	n=90 Sex split not reported Age range 3- 5y	RCT Childcare centres 12 months	Three 1-h workshops with centre staff	Diet, PA and SB	Development of written nutrition and physical activity policies; staff role modelling of physically active play; staff provision of prompts and positive comments to children to encourage PA; provision of adult-guided fundamental movement skill development activities every day for at least 75 % of children; restriction of sedentary screen time to less than weekly.	3 newsletters (for centres) containing information on healthy eating and PA (unrelated to intervention)	Direct observation using System for Observing Play and Leisure in Youth (SOPLAY); 1-day (between 9am and 3pm) observation, in 10min intervals	No significant difference between proportion of children engaged in sedentary behaviour in IV group (44.8%, 95% CI 41.5, 48.1) and control group (49.2%, 95% CI 45.8, 52.5) at follow-up (p=0.49)
Lerner- Geva 2015 <sup>68</sup> Israel	n=204 53.6% boys IV; 54.4% boys group control Age range 4- 6y	RCT <sup>f</sup> Kindergartens 10 weeks	10 nutrition lessons and 5 30-min PE lessons/ week	Diet, PA & SB	Child education lessons covering nutrition topics and daily exercise program delivered by a trained teacher of physical education.	Usual kindergarten program	Screen time; parent survey (hours of TV viewing and computer use in a typical week)	No significant differences between IV and control groups screen time h/day (intervention effect estimate = -0.08 [95% CI -0.45, 0.28], p=0.65)
Natale 2014 <sup>40</sup> USA	n=307 51% boys Age range 2- 5y	RCT Preschool 6 months	Parents: six sessions	Diet, PA & SB	Policy changes to improve nutrition, increase PA and decrease TV, and teacher training; monthly educational dinners, monthly newsletters and at-	Injury prevention education	Screen time; parent survey (h/day child watched TV, watched or played video games, and	Over time children in control centres spent significantly more time on the computer (p<0.01) and watching TV (p<0.0001) than children in IV centres

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					home activities focused on increased PA and fresh produce intake, decreased intake of simple carbohydrate snacks, and decreased screen time for parents.		used a computer during the past 30 days)	
O'Dwyer 2012 <sup>63</sup> UK	n=182 51.9% boys Mean age 2.8±0.6y	RCT Preschools (attached to SureStart centres) 10 weeks	Five sessions	PA & SB	Educational workshops for parents, log book to self-monitor home activity, instructional and educational materials throughout intervention (including guidelines, manuals, games).	Usual physical activity provision	ActiGraph accel (5s epoch; Sirard cut point <sup>a</sup> ; valid data: ≥521 and ≥483 mins/day on weekdays and weekend days, respectively, at baseline and ≥466 and ≥448 mins/day for weekdays and weekend days, respectively, at post-test, and ≥2 valid weekdays and 1 valid weekend day)	Significant intervention effect on both weekday ( $\beta$ = -8.76 [95% CI -12.32, -5.2]) and weekend day ( $\beta$ = -23.11 [95% CI -29.17, -17.06]) sedentary time
O'Dwyer 2013 <sup>62</sup> UK	n=240 51.7% male Mean age 4.5±0.6y	RCT Preschool (attached to SureStart centres) 6 weeks	Six sessions	PA & SB	Preschool teachers participated in a 6-week active play programme. Comprehensive resource pack provided to each school with activity cards.	Usual PA provision	ActiGraph accel (5s epoch, Sirard cut point <sup>a</sup> ; valid data: ≥623min at baseline, ≥565min post-test [calculated by defining 80% of total length of time during which 70% of sample wore the accel)	No significant intervention effect from baseline to posttest ( $\beta$ = 7.9 [95% CI -1.5, 17.3])

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Puder 2011 <sup>66</sup> Switzerland	n=652 50% boys Mean age 5.1±0.7y	RCT Preschool 1 year	Children: four PA sessions/ week + 22 sessions on nutrition, media use and sleep parents: 3 sessions	Diet, PA, SB & sleep	Lifestyle intervention including PA program, lessons on nutrition, media use, sleep and adaption of built environment of preschool. Parents attended 3 interactive information evenings.	Usual PA program	Screen time; parent survey (TV viewing and playing video/ computer games mins/day)	Significant difference between screen time (TV, video and computer use) min/day for IV and control groups, effect estimate (95% CI): -13.4 (-25.0, -1.7), p=0.03
Verbestel 2013 <sup>60</sup> Belgium	n=215 54% boys Mean age 15.51±2.68mo	RCT Day-care centres 1 year	n/a	Diet, PA & SB	Family-based healthy lifestyle intervention to increase parental knowledge, awareness, self-efficacy, parental modelling of the expected behaviours and availability of the healthy foods in the home environment; parents received guidelines and tips presented on a poster and a tailored feedback form for parents about their children's activity- and dietary-related behaviours	Usual care	Screen time; parent survey (usual time/day child watches TV/ video/ DVDs on weekdays and weekend days; categorised into not at all, 0.5h/day, 1h/day, 2h/day, 3h/day, 4h/day, 5h/day, ≥6h/day)	No significant differences between groups or within groups from baseline to f/u (time x condition estimate = 0.09, p>0.05)

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Home setting	g							
Evans 2011 <sup>42</sup> <i>USA</i>	n=524 Sex-split not reported Age range 3- 7y	RCT Home 1 year f/u	One session only (duration not reported)	Diet, PA & SB	In-home counselling session (and educational/promotional materials) on benefits of, and overcoming barriers to: eating fruits and veg, drinking water, eating low-fat dairy, limiting screen time, engaging in PA.	Usual care	Screen time; parent survey (average h/day watching TV, using video games and computer)	No significant effects of intervention observed (results not reported)
Haines 2013 <sup>39</sup> <i>USA</i>	n=111 52.3% boys Mean age 4.1±1.1y	RCT Home 6 months	Four home visits, four phone calls	Diet, sleep, TV and TV in bedroom	Family-based intervention promoting limiting TV time and removing the TV from the child's bedroom, using motivational coaching at home and by phone, mailed educational materials, and text messages.	Mailed packages (educational material on developmenta l milestones)	TV viewing; parent survey (h/day watching TV on average weekday and average weekend day in the last month)	No significant differences in TV h/day change between groups overall ( $\beta$ = -0.54 [95% CI -1.22, 0.15] p=0.12) or on weekdays ( $\beta$ = -0.31 [95% CI -0.98, 0.37], p=0.37)  Significant difference in TV h/day change between groups on weekend days ( $\beta$ = -1.06 [95% CI -1.97, -0.15], p=0.02)
Knowlden 2015 <sup>53</sup> USA	n=57 60.7% boys control group, 32.1% boys IV group Age range 4- 6y	RCT Home (online) 4 weeks	Five online educational sessions	Diet, PA & SB	Five educational sessions based designed to reify and improve five SCT constructs in mothers; one session dedicated to PA and one to screen time. Modalities included a 10- to 15-min audio-visual presentation, an interactive worksheet and a discussion board post.	Active control (knowledge- based program)	Screen time; parent survey (details of measure not reported)	Overall decrease of 39.0 mins (95% CI –65.16, –12.84) of child screen time in both groups over the duration of the intervention, but no group-by-time interaction (p=0.37)

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Ostbye 2012 <sup>49</sup> USA	n=400 56% boys Mean age 3.06±1.0y	RCT Home 8 months	Eight sessions	Diet, PA & SB	Mailed interactive kits including child activities and incentives reinforcing the month's topic (e.g., a rewards chart, yoga mat, pedometer, portion plate), followed each month by a 20–30 minute telephone coaching session using motivational interviewing techniques	Monthly newsletters emphasizing pre-reading skills	Actical accel (15s epoch; Evenson cut point <sup>d</sup> ; valid data: ≥6h/day on ≥2 weekdays and ≥1 weekend day) TV viewing; parent survey (time child spends watching TV/ videos/ DVDs on a usual weekday and usual weekend day [scale ranging from 0 to ≥6h, in 30-min segments]; used to calculate average mins/day)	No significant differences between IV and control groups from baseline to post-IV (p=0.23)
Wen 2012 <sup>70</sup> Australia	n=667 Sex split not reported Age at f/u 24mo	RCT Home ~24 months	Eight sessions	Infant feeding practices, child nutrition & active play, family PA & nutrition, & social support	Mothers received eight one- two hour home visits from a trained nurse who taught specific skills and knowledge in relation to healthy infant feeding practices and active play and discussed any issues and concerns; mothers also received written resources to support each key message	Usual care and home safety promotion	TV viewing; parent survey (total time child spent watching TV each day in a usual week)	IV group had a significantly lower percentage of children watching TV for >60 minutes a day than the control group (14% <i>v</i> 22%, p=0.02) post-IV

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Yilmaz 2015 <sup>69</sup> Turkey	n=412 64.8% boys control; 66.3% boys IV Mean age control: 3.49±1.22y, IV: 3.52±1.28y	RCT Home 6 weeks	One counselling phone call	SB	Parents received: printed materials and CDs with information about decreasing screen time at home, including information on harmful effects of screen time and alternative activities; a picture book depicting a family making their home screen-free; stories of families that were able to decrease screen time; one counselling call to encourage families to make their home screen-free, providing information on benefits of a screen-free home and difficulties in doing so.	Usual care	Screen time; parent survey (TV/video watching and computer/video game playing for 1 week)	IV group spent significantly less mins/day in screen time (mean = 39.48, SD = 16.36) compared to control group (mean = 86.64, SD = 21.63), t = 23.5, P < 0.001
Zimmerman 2012 <sup>50</sup> USA	n=67; (exposed to >90 min TV on average day) Sex split not reported Age range 2.5-4.5y	RCT Home 4 months	n/a	SB	In-person conferences, monthly newsletters, and e- mail contact to motivate behaviour change around child TV viewing	Injury prevention and child safety education	TV viewing; 24-h time diary (on one randomly chosen weekday and one randomly chosen weekend day; 15- min segments)	Effect of IV significantly reduced TV viewing in IV group compared to control group by 37 mins/day (95% CI 5.6, 68.37)
Primary care	setting							
Birken 2012 <sup>64</sup> Canada	n=132 47% boys Mean age 3.1±0.2y	RCT Paediatric offices 1 year f/u	One 10-min session	SB	10-min behavioural counselling intervention on health impacts of screen time and strategies to decrease screen time	Usual care	Screen time; parent survey (total time in mins child was in a room with TV/ video/ DVD on or playing video	No significant differences between groups from baseline to f/u. Adjusted mean (95% CI) between group diff: Weekday: -7 (-38, 23), p=0.65

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							games or using the Internet during the previous weekday and previous weekend day)	Weekend day: 2 (-16, 20), p=0.80
Taveras 2011 <sup>47</sup> USA	n=475 52% boys Mean age 4.9±1.2y	RCT Paediatric offices 1 year	Four in person visits and three phone calls	Diet, TV in bedroom and TV	Intervention practices received primary care restructuring, and families received motivational interviewing by clinicians and educational modules targeting television viewing and fast food and sugar-sweetened beverage intake.	Usual care	TV viewing; parent survey (total TV and video viewing h/day)	TV mean h/day (SD) decreased significantly for IV group compared to control group; $\beta$ =-0.36 (-0.64, -0.09), p=0.01
van Grieken 2014 <sup>67</sup> Netherlands	n=298 (overweight) 38.1% boys Mean age 5.8±0.4y	RCT Youth health care centres 2 year f/u	One session	diet, outside play & TV	Lifestyle counselling to parent at 5 year check-up: motivational interviewing to promote development of a healthy weight incl. limiting television time to a maximum of 2 h a day	Usual care	TV viewing; parent survey (time spent in front of the screen [including DVD viewing] in hours and mins on both a weekday and weekend day; TV mins/day calculated	Proportion of children watching ≤2h/day TV decreased for both groups (IV group from 74.8% to 66.0%, control group from 75.2% to 69.0%; both p>0.05)  OR (95%CI) for difference between groups 0.93 (0.53, 1.61)
Community-l	pased setting							
Campbell 2013 <sup>54</sup> Australia	n=542 53% boys Mean age 3.8mo	RCT First-time parent groups 15 months	Six 2-hour sessions	Diet, PA & SB	Parents offered six 2-hour dietitian-delivered sessions over 15 months focusing on parental knowledge, skills, and social support around infant feeding, diet, physical activity, and television viewing	Usual care from MCH nurses	TV viewing; parent survey (mins spent watching TV on a typical day)	No significant differences in TV min/day mid- intervention (child age 9mo): mean diff = -1.64 (95% CI -10.70, 7.43), p=0.72

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								significantly less TV min/day than control children post-IV: mean diff = -17.12 (95% CI -26.45, -7.79), p<0.001
Hinkley 2015 <sup>55</sup> Australia	n=22 60% boys control group, 67% boys IV group Age range 2- 3y	RCT Sessions held at University 6 weeks	Six 1-h sessions	SB	Anticipatory guidance perspective to facilitate group-based problem solving to possible challenges, to increase knowledge about screen time recommendations and outcomes of screen time, increase awareness and implementation of strategies to participate in healthy levels of screen time, and teach families how to practice behaviour modification such as planning and monitoring	Wait-list control	activPAL accel (15s epoch; valid data: ≥6h/day on ≥3 weekdays and ≥1 weekend day) Screen time; parent time-use diary on 3 weekdays and 1 weekend day (amount of time spent watching TV, using computer, egames and handheld devices in 15-min increments)	No significant difference between groups on % time sitting from activPALs (adjusted group mean diff = 1.0 (95% CI -7.7, 9.7), effect size = 0.11)  No significant difference between groups on mins/day total screen time (adjusted mean diff = -31.2 (95% CI -71.0, 8.6), effect size = 0.70)
Skouteris 2015 <sup>57</sup> Australia	n=201 52.6% boys control group; 47.3% boys IV group Mean age 2.7±0.6y	RCT Community venues or participants' homes 10 weeks	10 90-min workshops	Diet, PA & SB	Workshops relating to nutrition, PA, parenting and lifestyle behaviours. Each workshop included 3 sections: (i) 30 min of guided active play; (ii) 15 min of healthy snack time based on an evidence-based, exposure technique to promote acceptance of fruit and vegetables and (iii) 45 min of supervised creative play activities for the children while parents	Wait-list control	Screen time and SB; parent report using Physical Activity Questionnaire for pre-school-aged children (Pre-PAQ) (time child spent in activities 'yesterday' [weekday] and 'last weekend' [Saturday and Sunday]; 3-day	No significant intervention effect on either screen time (-10.26 [95% CI -26.26, 5.74], p=0.21) or SB (15.33 [95% CI -20.02, 50.68], p=0.40)

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					attended an interactive education and skill development session.		mean calculated for both screen time and SB (average of 1 weekday, Saturday and Sunday)	

Notes: a Sirard sedentary cut points:  $3y \le 301$  counts/15s,  $4y \le 363$  counts/15s,  $5y \le 398$  counts/15s; b Pate sedentary cut point: <200 counts/15s; c De Bock sedentary cut points: boys <46 counts/15s, girls <26 counts/15s; b Evenson sedentary cut point:  $\le15$  counts/15s; e Pfeiffer sedentary cut point:  $\le38$  counts/15s; three-armed RCT (full IV, partial IV, control) but only results from full IV and control groups used for this study as partial IV group received only nutritional content

Abbreviations: 95% CI; 95% Confidence Interval; accel. = accelerometer; BMI = body mass index; diff = difference; FMS = fundamental movement skills; f/u = follow up; h = hour; IV = intervention; LMS = locomotor skills; min = minute; PA = physical activity; RCT = randomised controlled trial; SB = sedentary behaviour; SCT = social cognitive theory; SES = socioecomic status; TV = television; y = year.