Supplementary Table 2. Amendments to the protocol

Date of version (date of approval from the Ethics Committee)	The amendments were made in the protocol and approved by the local Ethics Committee and the number and headings of the specific sections refers to the protocol and not the article describing the protocol.
8 January 2019 (11 January 2019)	Original
5 February 2019 (28 February 2019) Inclusion of first participant on 25 February 2019.	**Amendment 01** **5.2 Exclusion criteria:** Diagnosis with diabetes and HbA1c ≥48 mmol/mol have been added. The trial includes individuals who are at high risk of developing type 2 diabetes, but do not yet have the disease and these criteria were missing in the previous version. **6. Study visits.** Measurement of blood pressure at the screening visit. This information was missing in the previous version. **9.2 Statistics** Inclusion of a *per protocol* analysis in addition to the intention to treat analysis in the analysis plan. Intention to treat analysis is the primary analysis, but the *per protocol* analysis will be performed to assess the effects of the intervention among participants who were compliant during the intervention.
2 October 2019 (23 October 2019)	**Amendment 02** Specified that the primary outcome is measured after 12 weeks intervention. The intervention is 13 weeks in total including a 1-week free-living assessment period after the test day. **4.1.2 Secondary endpoints** Respiratory and glycolytic capacities of isolated peripheral blood mononuclear cells (PBMCs) are only measured in fasting conditions at baseline and after the intervention (3 months) and not as originally stated mid-intervention (6 weeks) and at follow-up (6 months) and not postprandially. **4.3.3 General information** '*During the follow-up period from week 14 to week 26, all participants will be instructed to continue their habitual lifestyle. The TRE group is allowed – but not required – to continue the TRE regime*' this has been changed to '*During the follow-up period from week 14 to week 26, all participants may live and eat as they wish*'. The original wording was not in line with the intended procedure which allows individuals from both groups to follow TRE or make other lifestyle changes during the 13 week follow-up period. **4.3.4 Compliance and contact with the participants during the study.** The procedure has been changed: a. Participants are defined as *per protocol* if they are compliant ≥80% of the days during the 3-months intervention. Previously, participants were allowed to be non-compliant one day per week in order to be *per protocol* but this criterion was omitted due to practical challenges associated with determination of this.

	b. Every week participants receive an email with a link to registration of their daily eating windows. Participants are not asked to send a picture of their hand written registrations as previously stated. c. Participants in the TRE group are allowed to change their selected eating window once during the first week after randomisation. **5.1 Inclusion criteria** Habitual eating pattern: Previous criteria: *≥14 hours/day eating window on weekdays and eating 3 hours before bedtime'* has been changed to *≥12 hours/day eating window and ≥14 hours/day ≥1 day/week.* The criteria were changed due to challenges associated with recruitment since only few individuals reported a habitual eating window ≥14 hours/day. **5.2 Exclusion criteria** Partner engaged in shift work is only an exclusion criterion if it affects the individuals' sleep or eating pattern. Due to financial reasons only the first 60 out of 100 participants will receive the SmartPill at the test days and specific exclusion criteria related to this method have been listed separately. *'Not able to eat ≥85% of the test meal because of e.g. allergy'* has been added to ensure that the test days can be conducted. Concomitant participation in other research projects has been specified to 'intervention studies'. **5.4 Randomisation** The randomisation is not stratified by sex and age as originally stated. Stratification was discussed during the design phase but was not implemented. This was a mistake and it has been omitted. **6.2 Screening and 7.1.1 Questionnaires** Questionnaires about sociodemographic characteristic and chronotype are not answered at the screening visit as originally stated. This was a mistake. The questionnaire on autonomic symptoms (COMPASS31) is only answered at baseline (visit 1). International Physical Activity Questionnaire (IPAQ) is used in the study and not Recent Physical Activity Questionnaire (RPAQ) as originally written which was a mistake. **7.0 Examinations** '*Except habitual medication'* has been added to the instructions *'No medication except habitual medication'* since participants are allowed to take habitual medication in the morning before testing.

	'*Participants will be asked to register all food items and beverages ingested on the day before V1 and instructed to consume the same on the day before V2, V3, and V4'* has been changed to: '*Participants will be asked to consume a last meal between 7-8 pm the day before the test days*' to standardize the fasting duration before testing and to minimize the burden for the participants. **7.3 Blood samples** The blood sample at 150 min has been omitted due to the total number of samples and expected limited additional information. **7.8 SmartPill™** *'Participants are asked to fast for 6 hours after ingestion of the SmartPill™'* has been added. This information was missing in the previous version. 6 hours fasting after ingestion of the pill is standard procedure to ensure that the pill has exited the stomach before the next meal is consumed. **7.12.1 Free-living physical activity and sleep** Participants are asked to register physical activity and sleep in a diary during the week after test days. Information about registration of physical activity was missing in the previous version. **7.13 Interviews** Interviews will be performed with all 100 participants at baseline (visit 1) and all participants in the TRE group after the intervention (visit 2) and not only in a subgroup as initially planned to get a broader and more thorough insight. **10.2. Source data identification and verification** 'Investigators and co-investigators' has been changed to 'project staff' since biomedical laboratory scientists have also access to source data. **12.3. Risk and symptoms for the study participants** Maximal fasting duration before test days is 14 hours and not 12 hours as previously written.
14 January 2020 (21 February 2020)	**Amendment 03** **4.1.2 Secondary endpoints** Inclusion of fasting and postprandial concentrations of plasma C-terminal telopeptide of collagen type-1 (CTX), and procollagen type 1 N-terminal propeptide (P1NP) i.e. markers of bone resorption and bone formation, respectively. These outcomes were not included in the original version.