Supplement 1: Further description of the intervention

At the beginning of each counselling session, the APN assessed the patient's general wellbeing to learn about individual difficulties and challenges. Then she asked about the patient's weight and degree of physical activity. Moving on, she explored patients' attitudes towards medically desired behaviors and assigned the corresponding stage of change as described in the transtheoretical model[1]: precontemplation, contemplation, preparation, action, maintenance or relapse. For patients at the preparation, action or maintenance stages, she then supported them in developing action plans for any behaviors that deviated from the predefined algorithm (Figure S1). For those at the precontemplation or contemplation stages, the APN used motivational interviewing techniques to reduce their ambivalence to strengthen their tendency to change. Based on the brochure, the APN raised further educational topics as considered appropriate in that specific situation.[2]

		Optimal behavior	**Small divergence from optimal behavior**	**Large divergence from optimal behavior**
ASSESSME	Underweight (BMI <18.5 kg/m^2)	no weight loss	weight loss up to 2%*	weight loss more than 2%*
	Normal and over-weight (BMI 18.5-29.9 kg/m^2)	weight gain up to 2%*	weight gain of 2%-8%*	weight gain of more than 8%*
	Obesity (BMI ≥30 kg/m^2)	no weight gain	weight gain up to 2%*	weight gain of more than 2%*
	Activity	moderate or intensive activity of 30 minutes on 5 or more days	moderate or intensive activity of 30 minutes on 1-4 days	no moderate or intensive activity (less than 30 minutes) *OR* comorbidities
		↓	↓	↓
INTERVENTI	Action plan	no	yes	yes
	Involvement of dietician and / or physiotherapist	no	no	yes

*in reference to pretransplant body weight

Figure S1. Algorithm of intervention - according to the degree of divergence with medically desired behaviors

The intervention is described in terms of the behavior change technique taxonomy depicted in Table S1.

Table S1. Description of the intervention according to the behavior change technique taxonomy[3]

Cluster label	Taxonomy	IG	CG
Goals and planning	1.1 Goal setting (behavior)	X	
	1.2 Problem solving / coping planning	X	
	1.4 Action planning	X	
	1.5 Review behavior goal(s)	X	
	1.7 Review outcome goal(s)	X	
Feedback and monitoring	2.2 Feedback on behavior	X	
	2.4 Self-monitoring of outcome of behavior (weight)	X	X
Knowledge	4.1 Instruction on how to perform a behavior	X	X
Natural consequences	5.1 Information about health consequences	X	X
Associations	7.1 Prompts / cues	X	
Repetition and substitution	8.3 Habit formation	X	
	8.4 Habit reversal	X	
Self-belief	15.3 Focus on past success	X	
Optional (not a fixed part of the intervention)			
Feedback and monitoring	2.3 Self-monitoring of behavior	X	
Social support	3.3 Social support (emotional)	X	

Quality supervision

The APN had completed a 9-day stepped training course in motivational interviewing. The extent to which the target techniques were applied in the interventions was evaluated every 3 months by the principal investigator, who is also trained in motivational interviewing techniques. Evaluations followed the Motivational Interviewing Treatment Integrity Coding Manual 3.1.1.[4]

References

1. Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997;12(1):38-48.

2. Transplant Centre University Hospital Zurich. Living with a kidney transplant: brochure 3. Zurich2011.

3. Michie S, Richardson M, Johnston M, et al. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. *Ann Behav Med.* 2013;46(1):81-95.

4. Moyers TB, Martin T, Manuel JK, Miller WR, Ernst D. Revised Global Scales: Motivational Interviewing Treatment Integrity 3.1.1 (MITI 3.1.1)2010.