**Appendix - Table A1 Overview of studies on the acceptability of behavioral interventions**

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| **Study** | **Type of study** | **Domain** | **Country** | **Levels of acceptability** | **Main associations with acceptability** |
| Almqvist and Andersson (2021) | Survey | Healthy eating, environment, organ donation, road safety, smoking, charity donation | Sweden | Participants were asked whether they were ‘for or against the following hypothetical policy’ (For/against).  Approval ranges from 18% to 87%. | Being female and age are positively associated with approval.  Left and libertarian/postmaterialist political preferences are associated with higher approval. Support for expert technocracy is associated with higher approval. |
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| Andersson and Almqvist (2022) | Survey | Environment, healthy eating, COVID-19 prevention, mortgage amortization | Sweden | Policy tools were rated on a 7-point scale ranging from “Very bad” (1) to “Very good” (7).  Mean ratings of policy tools varied from 3.02 to 6.07. | Agreement with policy goal and perceived realism of policy tool are associated with higher ratings. Individualism is associated with lower ratings. |
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| Arad and Rubinstein (2018) | Experiment | Healthy eating, saving | Germany, Israel and United States | Participants were asked to rate their feelings about the government imposing automatic enrollment. Exact wording of the question is unavailable. Answers were given on a 4-point scale (details unavailable).  Proportion of participants with a negative attitude towards nudge-type interventions ranges from 31% to 53%. | Concerns about manipulation and fear of slippery slope are associated with a negative attitude.  More support for nudge-type interventions implemented by employers than the government in United States and Israel (no difference in Germany) |
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| Bang, Shu and Weber (2020) | Experiment | Healthy eating, environmental protection and organ donation | United States | Participants were asked to rate the statement “I am glad that [source] made this change” on a seven-point scale (1=strongly disagree, 7=strongly agree).  Mean acceptability ranges from 3.5 to 5.09. | Perceived effectiveness for self and others is positively associated with support.  Perceived sustainability and health motivations of nudge agent (as opposed to financial/other motivations) are positively associated with acceptance. |
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| Bos et al. (2015) | Experiment | Healthy eating | The Netherlands | Participants were asked to rate the statement “I support the implementation of this strategy” on a seven-point scale (1=completely disgree, 7=completely agree).  Mean acceptance ranges from 3.97 to 4.98. | Perceived fairness, perceived personal and societal effectiveness are positively associated with acceptance.  Intrusiveness is negatively associated with acceptance (this effect is mediated by the perceived fairness, and perceived personal and societal effectiveness).  Government agents are associated with less acceptance than food manufacturers.  Encouraging low-calorie choices, instead of discouraging high-calorie choices, is associated with more acceptance. |
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| Cadario and Chandon (2019) | Survey | Healthy eating | United States | Participants were asked “Do you approve or disapprove of the following policy?” (Approve/disapprove).  Approval ranges from 43% to 85%. | System 2 nudges receive higher approval ratings than system 1 nudges.  Higher perceived effectiveness is positively associated with approval.  Higher actual effectiveness is negatively associated with approval.  The perceptions that a nudge is good for both health and business (as opposed to nudges benefitting either health or business) is positively associated with approval. |
|  |  |  |  |  | Being female is positively associated with approval. |
| Cornwell and Krantz (2014) | Experiment | Environmental protection, crime, civic engagement, saving and investment, organ donation, education, animal welfare, pornography, gun registration, healthy eating, road safety | United States | Participants were asked to indicate the degree to which they support the policy on a 7-point scale (1=not at all, 7=very strongly).  Mean support ranges from 2.25 to 6.06. | Support for policies is higher when the justification is phrased in the third person (i.e. people in general) as opposed to the second person (i.e. you). Support for policies is also higher with third person phrasing as opposed to when no justification is given. This effect is mediated by perceived effectiveness.  Perceived effectiveness is positively associated with support for policies. |
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| Davidai and Shafir (2018) | Experiment | Enrollment in medical insurance plan, credit card repayment | United States | Study 1: Participants were asked whether they would support the policy (-3=certainly no, +3=certainly yes).  Mean support ranges from -0.22 to 1.84.  Study 2: Participants were asked whether they would support the policy (supported, opposed, no opinion).  Mean support ranges from 43% to 89%. | Separate evaluation increases the support for system 1 policies.  Greater effectiveness (as given by the study’s authors) is associated with higher support for policies. |
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| Djupegot and Hansen (2019) | Survey | Healthy eating | Norway | Participants were asked to rate the statement “I support the use of this measure” on a seven-point scale (1=totally disagree, 7=totally agree).  Mean support ranges from 2.6 to 6.5. | Higher perceived effectiveness is associated with higher support.  Higher perceived limitation of freedom of choice is associated with lower support.  Women are more supportive of the policies than men.  Increasing the visibility of healthy products, instead of decreasing the visibility of unhealthy products, is associated with higher support. |
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| Drouin (2020) | Experiment | Exercise, smoking | United States | For three different targets (adult, parents, or children), and two different agents, participants were asked whether they deem the intervention acceptable or unacceptable. Exact wording of the question is unavailable.  Acceptability ranges from 99% to 76%. | Acceptance of an intervention by governments targeted at parents is lower than the same intervention by governments targeted at adults and children.  Age and identifying as liberal are associated with higher acceptance. |
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| Evers et al. (2018) | Survey | Healthy eating | Bulgaria, France, Germany, Italy, the Netherlands, Poland, United Kingdom, United States | For three different choice architects (food industry, policy makers and independent experts in the field), participants were asked “To what degree would you approve if this measure was implemented by…?”. Answers were given on a 7-point scale (1=very much disapprove, 7=very much approve).  Mean approval ranges from 4.61 to 5.41. | Approval differed between the three tested types of nudges, mediated by perceived intrusiveness. Increased perceived intrusiveness is associated with lower support.  Women are more supportive of the policies than men.  Industry and independent expert choice architects are associated with higher acceptance when compared with policy makers. |
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| Gestel, Adriaanse and De Ridder (2021) | Survey | Healthy eating, sustainability | United Kingdom | Participants were asked “How much would you accept the implementation of this measure?”, “How much would you appreciate the implementation of this measure?”, and “How much would you support the implementation of this measure?”. Answers were given on a continuous slider ranging from 0% to 100%. These three items were then averaged into a composite score.  Mean acceptability ranges from 42.74 to 70.81. | Acceptability differed between the three tested types of nudges.  Autonomous motivation is associated with higher acceptability for all three nudges. |
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| Gold et al. (2020) | Experiment | Exercise, healthy eating, smoking, alcohol consumption, investing | United Kingdom, United States | Participants were asked “To what extent do you think it is acceptable to use the psychological method described in this context to change your behavior?”. Answers were given on a 9-point scale (1=unacceptable, 9=acceptable).  Acceptability ranges from 4.72 to 7.28. | Interventions in the financial domain are associated with lower acceptance.  Transparent interventions are more acceptable than opaque interventions.  Perceived effectiveness is positively associated with acceptability, this effect is partly mediated by a desire to change your behaviour.  Providing positive arguments is associated with higher acceptability than providing both positive and negative, or negative arguments. |
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| Hagman et al. (2015) | Survey | Organ donation, environmental protection, energy consumption, tax avoidance, smoking, healthy eating | Sweden, United States | Participants were asked “Do you find the described policy acceptable?” (Yes/no).  Acceptability ranges from 54.0% to 85.5%. | The Swedish sample is associated with higher acceptance than the United States sample.  Nudges that focus on private welfare (pro-self nudges) are associated with higher acceptance than nudges that focus on social welfare (pro-social nudges).  A more individualistic worldview is associated with lower acceptance. |
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| Hagman et al. (2022) | Experiment | Organ donation, environmental protection, retirement savings, cancer screening | Sweden | Participants were asked “Do you find the described policy acceptable?”. Study 1 used a binary yes/no response, study 2 used a 7-point scale (-3=totally unacceptable, 3=totally acceptable).  Answers to each of the four scenarios were summed to create a rate of acceptance measure (0=not accepting any of the nudges, 4=accepting every nudge). Ratings for individual scenarios are unavailable. | Presenting the nudge together with legislation resulted in lower acceptance.  Pro-self nudges are associated with higher acceptance than pro-social nudges. |
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| Hagmann et al. (2018) | Survey | Healthy eating | Switzerland | Participants were asked “How do you rate the following strategies to reduce sugar consumption in the Swiss population?”. Answers were given on a 7-point scale (1=do not agree at all, 7=fully agree).  Mean support ranges from 3.6 to 5.92. | More intrusive nudges are associated with lower support.  Paying more attention to sugar in your diet (sugar consciousness) is associated with higher support  Higher diet-related health consciousness (e.g. assigning more importance to healthy eating) is associated with higher support.  Being female, dieting, being a resident from a French-speaking area of Switzerland and living in an urban area are associated with higher support.  Being overweight and consuming greater amounts of sugar-sweetened beverages are associated with lower support. |
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| Hall et al. (2018) | Experiment | Smoking | United States | Participants were asked “If the US required that graphic warnings covered the top half of the front and back of cigarette packs, would you strongly oppose this policy (1), somewhat oppose this policy (2), somewhat support this policy (3), strongly support this policy (4)”.  At baseline, mean support was 3.2. | Experiencing the nudge increased support.This effect is mediated by perceived effectiveness (associated with higher support), having discussed the nudge (associated with higher support) and experiencing message reactance (associated with lower support).  Higher trait reactance is associated with lower support.    Higher quit intentions are associated with higher support. |
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| Hedlin and Sunstein (2016) | Experiment | Environmental protection | United States | Participants were asked to rate their approval of the presented energy program. Answers were given on a 7-point scale (1=I absolutely disapprove, 7=I absolutely approve).  Mean approval ranges from 4.5 to 5.8. | Approval is lowest for the active choice condition.  Green energy defaults receive lower approval rating than standard-energy defaults, but only when green energy results in additional private cost. |
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| John, Martin, and Mikołajczak (2022) | Experiment | Retirement saving, environmental protection | United Kingdom | Participants were asked “Would you approve or disapprove of this policy?”. Answers were given on a 5-point scale (1=strongly disapprove, 5=strongly approve).  Mean approval not provided. | Approval for nudges is higher than for top-down regulation. |
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| Jung and Mellers (2016) | Experiment | Medical coverage, privacy settings, retirement saving, organ donation, healthy eating, road safety, smoking, personal finance, voting, water conservation | United States | Participants were asked “Would you support a policy of. . . .?”. Answers were given on a 7-point scale (-3=certain not to support, 3=certain to support)  Support ranges from 20% to 88%. | System 1 nudges received lower support ratings than System 2 nudges. For System 1 nudges, this effect was mediated by perceived threat to one’s autonomy. For System 2 nudges, this effect was mediated by perceived effectiveness and necessity.  Having greater empathy is associated with more support.  Individualism is negatively associated with support.  Having a stronger desire for control is associated with less support for System 1 nudges.  Trait reactance is negatively associated with support for System 1 nudges. |
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| Krisam et al. (2021) | Experiment | Healthy eating, exercise | Germany | For seven interventions, participants were asked to rate how much they agree or disagree with the introduction of these interventions. Answers were given on a 5-point Likert scale (1=do not agree at all, 5=fully agree).  Mean support (a rating of 4 or 5) is 71%. | Targeting the general population (as opposed to only children) is associated with higher approval ratings.  Private agents and experts are associated with higher approval ratings than governments and statutory health insurers.  Being female, older and living in rural areas is associated with higher approval ratings. |
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| Mazzocchi (2014) | Survey | Healthy eating | Belgium, Denmark, Italy, Poland, United Kingdom | Exact wording of statements used to assess support are unavailable. Answers were given on a 5-point scale (details unavailable).  Support ranges from 27.5% to 88.1%. | Agreement that obesity is the outcome of excessive availability of nutritionally inadequate foods is associated with high support for all types of healthy eating policy.  Concerns about the health consequences of risky individual behaviors are positively associated with support for more intrusive policies.  Attributing a large importance to the nutritional content of foods (calorie, fats, cholesterol) is positively associated with support for more intrusive policies  Worries about societal trends in the prevalence of non-communicable diseases are positively associated with support for information and access/content measures, but negatively associated with support for restrictive regulations. |
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| Nørnberg et al. (2016) | Survey | Healthy eating | Denmark | Participants were asked to rate the statement “I think it would be acceptable if…”. Answers were given on a 5-point scale (details unavailable).  Mean support ranges from 2.46 to 4.15. | Self-reported levels of vegetable intake, healthy food habits, and eco-consciousness are positively associated with support.  Intrusiveness is associated with lower support, as is targeting self-image. |
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| Pe’er et al. (2019) | Survey | Healthy eating, organ donation, privacy settings, credit cards, smoking, voting, environment, road safety, health screening, cheating, charity donations, | Israel | Participants were asked to express their personal opinion toward each suggested change. Answers were given on a 5-point scale (1=completely against, 5=completely in favor).  The proportion of respondents giving a score of 4 or 5 varies between 12% and 90%. | Belonging to a minority group is negatively associated with support.  Pro-self nudges are associated with higher support than pro-social nudges. |
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| Petrescu et al. (2016) | Experiment | Healthy eating | United Kingdom, United States | Participants were asked “Do you support or oppose this policy?”, “How acceptable do you find this policy?”, and “How much are you in favour of this policy being introduced?”. Answers were given on a 7-point scale (-3 to +3). Scores were averaged to obtain overall acceptability, and then classified as showing acceptability (mean greater than zero) or not showing acceptability (mean equal to or lower than zero).  Acceptability ranges between 42.4% and 89.8%. | Perceived effectiveness was the strongest predictor for the acceptability of each intervention.  Belief that the environment is responsible for obesity was a predictor for some interventions. |
| Rafaï, Ribaillier and Jullien (2022) | Experiment | Healthy eating, environmental protection, voting, productivity | France | Participants were asked “Do you support this policy?”, “ Do you oppose this policy?”, “Do you think that this policy is ethical?”, “Do you think that this policy is manipulative?”, “Do you think that this policy is unethical?”, “Do you think that this policy is coercive?”. Answers were given on a 5-point scale (1 = Not agreeing at all, 5 = Totally agreeing).  For each scenario, these items were averaged to form an acceptability index, with higher numbers indicating higher support. The acceptability index ranges from 2.92 to 4.45. | No consistent effects or associations. |
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| Reisch and Sunstein (2016) | Survey | Healthy eating, environment, organ donation, road safety, smoking, charity donations | Denmark, France, Germany, Hungary, Italy, United Kingdom, United States | Participants were asked “Do you approve or disapprove of the following hypothetical policy?” (Approve/disapprove).  Approval ranges from 14% to 90%. | Being female is positively associated with approval.  For some nudges, approval is significantly lower in Denmark and/or Hungary. |
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| Reynolds et al. (2019) | Experiment | Healthy eating, smoking, alcohol consumption | United Kingdom | Participants were asked “How acceptable do you find the policy?; How much are you in favour of the new policy being introduced?; Do you support or oppose the new policy?” (1=strongly oppose, 7=strongly support). Scores were averaged, and then dichotomized (i.e. those rating above the scale midpoint were considered accepting of the policy, all others not).  Acceptability ranges from 33% to 89%. | Perceived effectiveness is the strongest predictor of acceptability  Policies targeting smoking were accepted more than policies targeting healthy eating and alcohol consumption.  Labeling interventions were accepted most, interventions limiting availability and size were accepted least.  Asserting effectiveness increased acceptability, quantifying this information did not increase acceptability further.  Women supported interventions more than men. |
|  |  |  |  |  | People engaging in the unhealthy behavior targeted, supported interventions aimed at that behavior less. |
| Sunstein, Reisch and Kaiser (2018) | Survey | Healthy eating, environment, organ donation, road safety, smoking, charity donations | Belgium, Denmark, Germany, South Korea, United States | Participants were asked “Do you approve or disapprove of the following hypothetical policy?” (Approve/disapprove).  Approval ranges from 10% to 95%. | Trust in institutions is positively associated with approval.  Environmental concern is positively associated with approval.  Belief in markets is negatively associated with approval.  Being female is positively associated with approval.  The association of age with approval is positive for some nudges, and negative for others.  For some nudges, approval is significantly lower in Denmark. |
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| Sunstein, Reisch and Rauber (2018) | Survey | Healthy eating, environment, organ donation, road safety, smoking, charity donations | Australia, Brazil, Canada, China, Japan, Russia, South Africa, South Korea | Participants were asked “Do you approve or disapprove of the following hypothetical policy?” (Approve/disapprove).  Approval ranges from 28% to 97%. | Cross-national differences: approval is highest in China and South Korea, and lowest in Japan.  Being female is positively associated with approval.  The association of age with approval is positive for some nudges, and negative for others. |
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| Tannenbaum et al. (2017) | Experiment | Food stamps, tax breaks, education, retirement saving | United States | Participants were asked “How much do you support this approach to policy?”, “How much do you oppose this approach to policy?”, “How ethical is this approach to policy?”, “How manipulative is this approach to policy?”, “How unethical is this approach to policy?”, “How coercive is this approach to policy?”. Answers were given on a 5-point scale (1=strongly oppose, 5=strongly support). These items were averaged to form an index of nudge attitudes, with higher numbers indicating higher support.  Mean support in control conditions ranges from 2.43 to 3.53. Figures for other conditions not provided in paper. | Using a supported policy objective to illustrate a nudge results in higher support for the nudge as a general policy instrument (compared to using an opposed policy objective)  Telling participants a nudge was implemented by a policymaker they support results in higher support (compared to telling participants a nudge was implemented by a policymaker they oppose). |
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| Yan and Yates (2019) | Experiment | Organ donation, environment, retirement saving | United States | Participants were asked to indicate how acceptable they think the approach is. Answers were given on a 5-point scale (1=very unacceptable, 5=very acceptable).  Participants were also asked to indicate how much they approve or disapprove of this approach. Answers were given on a 5-point scale (1=strongly disapprove, 5=strongly approve).  Acceptability ranges from 3.09 to 4.27. Approval ranges from 3 to 4.11. | Opt-in approaches are judged to be more acceptable and receive higher approval than various opt-out approaches in one domain. |