Table S1: Different dietary indices, their scoring methodologies and examples of correlated health outcomes

Diet Indices and description	Scoring		Correlation with health outcomes
	Methodology	Range	
alternate Mediterranean Diet Index (aMED) Measures adherence to a Mediterranean diet [1].	1 point each for greater than median consumption of vegetables, legumes, fruit, nuts, whole grains, monounsaturated fats and fish and 1 point each for less than median consumption of red and processed meats and alcohol	0 to 9	Top 20% scorers have lower inflammation and endothelial dysfunction than bottom 20% scorers [1] Top 20% scorers have 16% lower risks of T2D than bottom 20% [2]. Higher adherence is inversely correlated with colorectal cancer risk in men but not women [3][14]
Alternate Healthy Eating Index (aHEI) Measures conformance to the 2010 Dietary Guidelines for Americans [1; 4].	10 points for appropriate consumption of Vegetables, Fruit, Nuts and soy, higher ratio of white to red meat, cereal fiber, polyunsaturated fat, multivitamin, and alcohol and 10 points for diversity in foods consumed	0 to 100	Top 20% scorers have lower inflammation and endothelial dysfunction than bottom 20% scorers [1]. Higher adherence is inversely correlated with colorectal cancer risk in men but not women [3][14]
US Healthy Food Diversity index (HFD) Measures dietary variety, dietary quality and portion according to the 2010 Dietary Guidelines for Americans [5].	Sum of scores calculated for each individual food item, based on the following equation: $ \label{eq:user} \text{US HFD Index} = (1-\sum s_i^2)*hv $ Where s_i is share of food group i, and hv is health factor of food.	0 to 1	Top third scorers had 21% lower odds of MetS than bottom third scores [5].
DASH score Measures adherence to DASH guidelines (see Table 1) [1].	Sum of scores calculated for following 8 food groups (ranging from 1 to 5 based on consumption): high intake of fruits, vegetables, nuts and legumes, low-fat dairy products, and whole grains; low intake of sodium, sweetened beverages, and red and processed meats.	8 to 40	Top 20% scorers have 29% lower risks of T2D than bottom 20% [2]. Women who score in top 20% have 76% less risk of coronary heart disease than bottom 20% [6]. Higher adherence is inversely correlated with colorectal cancer risk in men but not women [3][14]

PDI (plant-based diet index) Quantifies consumption of all plant-based foods in diet [7].	Positive scores (1 to 5, with 5 for highest consumption) are given to plant foods and similarly reverse scores to animal foods.	17 to 85	Top 25% scores have 67% lower odds of breast cancer than those in bottom 25% [8].
Healthful PDI (hPDI) Quantifies consumption of healthy plant-based foods in diet [7; 9].	Same as for PDI, but positive scores are only given to healthy plant foods (whole grains, fruits/vegetables, nuts/legumes, oils, tea/coffee), and less-healthy plant foods and animal foods are given reverse scores.	17 to 85	Higher scorers have 36% less risk of developing breast cancer [8]. This dietary pattern is associated with a reduced risk of all colorectal cancers [10]
Unhealthful PDI (uPDI) Quantifies consumption of unhealthy plant-based foods in diet [7; 9].	Same as for hPDI, but positive scores are given to less-healthy plant foods ((juices/sweetened beverages, refined grains, potatoes/fries, sweets) and reverse scores to animal and healthy plant foods.	17 to 85	Top 20% have 50% higher risk of developing MetS [9]. Women with top 25% scores are 2.23 times more likely to have breast cancer than the bottom 25% scorers [8].
Dietary inflammatory index (DII) Calculates inflammatory potential of a diet [11]	31 macro- and micro-nutrients are weighted based on consumption and multiplied by the inflammatory potential of each item	-8.87 to +7.98	Higher scores are 40% more likely to have colorectal cancer [12] [11] Scores greater than -1.77 are 3.5 times more likely to have gastric cancer [13]

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