The Screening Visit Checklist

Guidance for study staff

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Screening Visit Identifiers

Participant study ID: _____

Date of screening (dd/mm/yyyy): _____ / _____ / _____

Staff initials: _____

Location / mode: In person   Telephone

Before the Screening Visit (TICK when COMPLETED)

☐ Participant identified from an approved source (registry list / clinic / referral / self-referral)

☐ Screening appointment scheduled

☐ Appropriate time allocated

During the Screening Visit

Programme Explanation (TICK when COMPLETED)

☐ Explained that this is a *service*, not a research study

☐ Voluntary nature of participation confirmed

☐ Screening explained as an eligibility and safety check only

☐ Overview of TMR, food reintroduction, and maintenance phases provided

Eligibility Checks (TICK if ELIGIBILITY MET)

☐ Age within programme limits

☐ Type 2 diabetes diagnosis confirmed

☐ Duration of diabetes within criteria

☐ Recent clinic attendance confirmed

☐ BMI meets eligibility threshold (measured or recent)

Safety Exclusions Reviewed (TICK if EXCLUSION REASON APPLIES)

☐ Pregnancy or breastfeeding excluded

☐ Recent major cardiovascular event excluded

☐ Severe renal impairment excluded

☐ Active eating disorder excluded

☐ Other significant exclusions considered

☐ Borderline eligibility identified and escalated (if applicable)

Participant Understanding (TICK when COMPLETED)

☐ Time commitment explained

☐ Medication changes under supervision explained

☐ Opportunity for questions provided

Outcome of Screening

Outcome (CHOOSE ONE)

☐ Eligible

☐ Not eligible

Interested (CHOOSE ONE)

☐ Interested in proceeding to baseline visit

☐ Not interested in proceeding

If interested:

☐ Baseline visit scheduled

If not interested:

☐ Option of routine data use as control explained (where applicable)

After the Screening Visit (TICK when COMPLETED)

☐ Screening outcome recorded in REDCap

☐ Notes added where relevant (e.g. escalation, safeguarding)

☐ Next steps communicated to participant