

Screening Visit CHECKLIST

Total Meal Replacement (TMR) Diabetes Remission Programme

St Helena Health and Social Care Directorate (HSC)

Version 1

Date: 06-Jan-2026

Prepared by: Ian Hambleton / Selvi Jeyaseelan

Visit Details

Participant study ID: _____

Date of screening: / / __

Staff initials: _____

Location / mode: ☐ In person ☐ Telephone ☐ Other ____

Before the Screening Visit

- ☐ Participant identified from an approved source (registry / clinic / referral / self-referral)
 - ☐ Screening appointment scheduled
 - ☐ Appropriate time allocated
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During the Screening Visit

Programme Explanation

- ☐ Explained that this is a *service*, not a research trial
 - ☐ Voluntary nature of participation confirmed
 - ☐ Screening explained as an eligibility and safety check only
 - ☐ Overview of TMR, food reintroduction, and maintenance phases provided
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Eligibility Checks

- ☐ 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)

- ☐ Recent HbA1c reviewed (if available)
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Safety Exclusions Reviewed

- ☐ 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)
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Participant Understanding

- ☐ Time commitment explained
 - ☐ Medication changes under supervision explained
 - ☐ Opportunity for questions provided
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Outcome of Screening

- ☐ Eligible
- ☐ Not eligible
- ☐ 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)
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After the Screening Visit

- ☐ Screening outcome recorded in REDCap
 - ☐ Notes added where relevant (e.g. escalation, safeguarding)
 - ☐ Next steps communicated to participant
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Retention of Checklist

- ☐ Routine screening – checklist not retained
 - ☐ Checklist retained due to exception (specify reason): _____
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Linked Documents

Screening Visit SOP

Data Sharing Agreement – Outline

Caldicott Guardian Sign-off Record

Data Monitoring Group – Terms of Reference