

Person Initials	<input type="text"/>	Date of Birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	Phase I ID	<input type="text"/>
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To be completed by the Study Nurse delivering the Self-Management Intervention
(Only to be completed for sessions involving some elements of intervention delivery, not those which are purely administrative – e.g. arranging appointments.)

Section A – Session Attendance

Planned date of session Day Month Year **or tick if** No sessions could be arranged (Please complete Section D)

Did this go ahead? Yes → Please skip to Section B

No → Was another session arranged? Yes → New date Day Month Year (No further details required for this session)

No, did not want any further sessions → Please complete Sections C & D

Section B – Session Details

Length of session Hours Minutes

Session number

Location of session Person's home Other location, please specify

GP practice Day centre

Who was present? (Please tick yes/no/N/A for each)

Person with diabetes (study participant) Yes No

Consenting Supporter Yes No N/A – No consenting supporter

Other person/people Yes No

If yes, who?
(Include details of who each person was and their role in relation to the person with diabetes)

What was the main focus of this session? (Tick all that apply)

Getting started Mapping support
 Setting goals Checking progress

Did you refer them for a personal budget assessment? Yes No Already had

Session 1 only: Did you give them the standard leaflet? Yes No

Was this the last session? Yes → Please complete Sections C & D
 No → No further details required – Please sign & date this form and return to CTRU

Completed by Date Day Month Year Form continues on next page ▶▶

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Section C – Engagement

To be completed after the last session

In your opinion:

- 1) How engaged was the person within the sessions?
 - Very engaged
 - Quite engaged
 - Not engaged – attention was not focussed

- 2) How engaged was the person with the materials?
 - Very engaged
 - Quite engaged
 - Not engaged – hardly used materials

- 3) How engaged was the consenting supporter with the sessions?
 - Very engaged
 - Quite engaged
 - Not engaged – attention was not focussed
 - Did not attend at all
 - N/A – no consenting Supporter

- 4) Was there anyone else who was engaged in the intervention implementation?
 - Yes → Who?
 - No

Did you collect any materials at the last session?

- Yes → Please return these to CTRU via your supervisor
- No

Section D – Summary of Attendance

Please tick one of the following to describe the participant's attendance:

- Did not attend **any** sessions → Reason
- Did not attend **all** required sessions → Reason
- Completed all required sessions

Were more than 4 sessions attended?

- Yes → Reason
- No

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To be completed by the independent reviewer from therapist notes and copies of completed charts

Section A – Session Details

Session date

Day	Month	Year

 Session number

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Nurse delivering intervention

What was covered during this session? (Tick yes or no for each and give details as appropriate)

		Yes	No									
Getting Started	1) My week timetable	<input type="checkbox"/>	<input type="checkbox"/>									
	2) My life chart	<input type="checkbox"/>	<input type="checkbox"/>									
	3) Looking after my diabetes	<input type="checkbox"/>	<input type="checkbox"/>									
	4) 'I am going to' chart*	<input type="checkbox"/>	<input type="checkbox"/>									
	5) 'What where when' chart	<input type="checkbox"/>	<input type="checkbox"/>									
6) Supporters & helpers checklist	<input type="checkbox"/>	<input type="checkbox"/>	<i>Nurse will have taken a photograph of these. Obtain from nurse records.</i>									
7) 'I am going to' box*	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what was/were the identified goal(s)? Choose a code from list below and specify if = 11 (Other): Goal 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;">Code</td><td>Description</td></tr><tr><td> </td><td> </td></tr></table> Goal 2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;">Code</td><td>Description</td></tr><tr><td> </td><td> </td></tr></table>		Code	Description			Code	Description		
Code	Description											
Code	Description											
OR												
8) 'I am going to' plan*	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what were the identified plans? Plan 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td></tr></table> Plan 2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td></tr></table>									
9) Supporter flashcard(s) given?*	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Were they: <input type="checkbox"/> Left with the person to give to the supporter/helper <input type="checkbox"/> Given to the supporter/helper in person <input type="checkbox"/> Posted to the supporter/helper									

Goal code list

1 = More fruit	5 = Weight loss	9 = Retinal screening
2 = More vegetables	6 = More physical activity	10 = Seeing dentist
3 = Snack swaps (food)	7 = Tablet taking	11 = Other (specify)
4 = Snack swaps (fizzy drinks)	8 = Checking feet	

*May stay with participant, so nurse will have taken a photograph. Obtain from nurse records.

Section B – Final Nurse Visit Only (4 weeks after end of intervention delivery)

Calendar sheets collected? Yes → How many?

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 No

Section C – 6 Month Researcher Visit Only

Calendar sheets collected? Yes → How many?

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 No

Completed by

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 Date

Day	Month	Year

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To be completed by the independent reviewer once all relevant materials received

Fidelity Scoring – 4 Weeks Post-Randomisation

	Yes	No		
1. Completed 'My Week Timetable' and 'My Life Chart'	<input type="checkbox"/>	<input type="checkbox"/>		
2. Completed 'Looking after my Diabetes Chart'	<input type="checkbox"/>	<input type="checkbox"/>		
3. Completed 'I am Going to Chart' and a 'What Where When Chart'	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has an 'I am Going to Box' and/or an 'I am Going to Plan'	<input type="checkbox"/>	<input type="checkbox"/>		
5. Completed 'Supporters & Helpers Checklist'	<input type="checkbox"/>	<input type="checkbox"/>		
6. A flashcard was provided for identified supporter and relevant helpers	<input type="checkbox"/>	<input type="checkbox"/>	Any	None
7. Number of <i>unmarked</i> calendar sheets returned	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Number of <i>marked</i> calendar sheets returned	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The whole process was completed at least once	<input type="checkbox"/>	<input type="checkbox"/>		
10. Evidence of repetition of process for further goals	<input type="checkbox"/>	<input type="checkbox"/>		

Fidelity Scoring – 6 Months Post-Randomisation

		Any	None
1. Number of <i>unmarked</i> calendar sheets returned	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of <i>marked</i> calendar sheets returned	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Notes

Note the dates between which calendar cards could have been completed

Completed by	<input type="text"/>	Date	Day	Month	Year	Last Page ■
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To be completed by the Supervisor following supervision session with study nurse(s)

Name of supervisor

Name of nurse(s) in supervision session

Date of supervision session

Day	Month	Year

Duration of supervision session

Hours	Minutes

Method of supervision Face to face
 Telephone
 Email

Participants discussed	Phase I ID	Initials	Date of birth
			Day Month Year
			Day Month Year
			Day Month Year
			Day Month Year
			Day Month Year
			Day Month Year
			Day Month Year
			Day Month Year

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Day	Month	Year

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