

Study # IRB201801293

Participant ID: \_\_\_\_\_

Caller: 

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intervention week \_\_\_\_

### Time to Eat pilot study – Weekly follow-up progress notes

Was the participant available? \_\_\_\_\_

Did the participant complete the entire interview? \_\_\_\_\_

#### Interview Questions

1. Have there been any changes in your health or lifestyle since the last time we have seen you  
(if first follow up call) / spoke?

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2. How are you feeling *today*?

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2a. How have you been feeling this *past week*?

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3. Have you been completing the food diary we provided to you every day? YES / NO  
What was the first time you had food or drinks with calories? What was the last time you had food or drinks with calories?

Week ____	Time of 1 <sup>st</sup> caloric intake	Time of last caloric intake
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

\* Note day of week

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**IF NO.** Can you tell me what prevented you from completing the form?

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4. Remind participant to follow the fasting chart provided at the first visit for allowed/restricted foods to ensure they are truly fasting.

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5. Have you encountered any problems following this new eating pattern? If YES, help the participant identify specific challenges and potential solutions.

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6. Do you have any questions for me at this time? Remind participant they can contact us if needed.

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Additional comments:

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Next call or final visit scheduled for: \_\_\_\_\_