

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?

2. How are you feeling *today*?

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

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 st 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?

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

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

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

Additional comments:

Next call or final visit scheduled for: _____