

Person Initials		Date of Birth	Day	Month	Year	Phase I ID	
-----------------	--	---------------	-----	-------	------	------------	--

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

Fidelity Scoring – 4 Weeks Post-Randomisation

	Yes	No		Any	None
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 'Who What Where 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"/>			
7. Number of <i>unmarked</i> calendar sheets returned	<input style="width:30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Number of <i>marked</i> calendar sheets returned	<input style="width:30px;" 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 style="width:30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Number of <i>marked</i> calendar sheets returned	<input style="width:30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments and Notes

Note the dates between which calendar cards could have been completed

Completed by		Date	Day	Month	Year	Last Page ■
--------------	--	------	-----	-------	------	-------------

Prior to returning this form to CTRU you must make a copy of the form and any amendments for retention at site. CTRU, University of Leeds (please see Investigator Site File for full contact details).

For office use only		Computerised		Verified/Checked	
	Date	Initials		Date	Initials