SWEET study practitioner: Consultation 1 Checklist (Initial consultation) v1.0 15.09.2023

To be completed by the SWEET study practitioner following the initial consultation

TNO: ☐☐☐☐ **Initials:** ☐☐☐

1.0 Introduction

1.1 Did the appointment take place? Yes ☐ No ☐

1.1.1 If yes, please provide the date of session: d d – m o n – y y y y

*1.1.2 If no, why not?**

Form now complete

1.2 Session duration: ☐☐ minutes

1.3 Mode of consultation delivery:

☐Video

☐Phone

☐Face to Face

1.4 Has the participant started taking their hormone therapy (HT)? Yes ☐ No ☐

1.4.1 If no, why not?

2.0 Content covered – animation & website

2.1 Had the participant watched the animation before the appointment? Yes ☐ No ☐

2.1.1 If no, why not?

2.2 Did you demonstrate the website with the participant? Yes ☐ No ☐

2.2.1 If no, why not?

2.2.2 If yes, which sections did you focus on most?

Taking HT ☐ Help & Support ☐ Setting a plan for taking HT ☐

Side effects ☐ Healthy Living, Healthy Mind ☐

Goal setting for exercise/diet ☐ Side effects diary ☐ Setting reminders ☐

3.0 Content covered – practical barriers

3.1 Did you cover practical barriers or issues around actually taking HT everyday (e.g. forgetting)? Yes ☐ No ☐

3.1.1 If yes, was this initiated by you or did the participant raise this spontaneously?

Explicitly asked by nurse ☐ Raised by participant ☐

3.1.2 If, yes was there anything you found challenging to address in this section?

Yes ☐ No ☐

Please provide any details:

4.0 Content covered – beliefs about hormone therapy

4.1 Did you cover beliefs about the importance of taking HT everyday?

Yes ☐ No ☐

4.1.1 If yes, was this initiated by you or did the participant raise this spontaneously?

Explicitly asked by nurse ☐ Raised by participant ☐

4.1.2 If yes, was there anything you found challenging to address in this section?

Yes ☐ No ☐

Please provide any details:

5.0 Content covered – concerns

5.1 Did you cover concerns about HT (e.g. side effects)?

Yes ☐ No ☐

5.1.1. If yes, was this initiated by you or did the participant raise this spontaneously?

Explicitly asked by nurse ☐ Raised by participant ☐

5.1.2 If yes, was there anything you found challenging to address in this section?

Yes ☐ No ☐

Please provide any details:

6.0 Overall

6.1 How engaged do you think the participant was during the consultation?

Very engaged	*Fairly engaged*	*Not sure*	*Not really engaged*	*Not at all engaged*
☐	☐	☐	☐	☐

6.1.1 If you have any comments about the participant's engagement, please provide details here:

6.2 Were there any specific questions raised by the participant that weren't covered by the guide? Yes ☐ No ☐

6.2.1 If yes, please provide details:

Please use this space for anything else you want to note about the consultation:
Form completed by Printed name: Signature: Date signed: d d – m o n – y y y y