

Supplementary file 1: Surveys**Contents**

Survey 1 – Baseline	2
Survey 2 – 12-week end of TDR	21
Survey 3 – 18-week end of food re-introduction	40
Survey 4 – 52-week end of weight maintenance	60

Survey 1 – Baseline

ABOUT YOU

Have you started taking your total diet replacement products?

- No
- Yes

BEFORE starting the programme, who prepared most of your meals?

- Me
- My partner, spouse or family member
- Restaurant or catering service (e.g. canteen at work)
- Takeaways
- Other (please specify) _____

Currently, how motivated are you to manage your diabetes?

- Very motivated
- Motivated
- Neither motivated nor unmotivated
- Not very motivated
- Not at all motivated

Currently, how motivated are you to lose weight?

- Very motivated
 - Motivated
 - Neither motivated nor unmotivated
 - Not very motivated
 - Not at all motivated
-

Before starting the programme, how many times over your whole life have you lost more than 11 lbs (3/4 stone, 5 kg) by dieting?

- Never
 - 1–2 times
 - 3–5 times
 - over 5 times
-

How did you lose the weight? (tick all that apply)

- Low calorie diet
- Low fat diet
- Low carbohydrate diet
- Gastric bypass/band
- Total diet replacement
- Limiting portion size
- Increased exercise
- Crash dieting/fasting
- Not eating between meals
- Commercial programmes (e.g. Weight Watchers, Slimming World)
- Reduced alcohol
- Commercial diet products (e.g. SlimFast)
- Diet pills/medication
- Assessment with a dietitian
- Healthy eating
- Other, please describe: _____

Who provides your Low Calorie Diet programme?

[Provider name responses removed]

I'm not sure

Which area do you live in? [select only one]

[Area name responses removed]

YOUR EXPERIENCE OF THE PROGRAMME

How did you find out about the programme? (tick all that apply)

Health Care Practitioner (e.g. GP, practice/diabetic nurse)

Pharmacist

Other specialist care service

National / local news

Word of mouth

Social media (e.g. Twitter, Facebook)

Poster / flyer

Other, please provide details

BEFORE speaking to your GP / Health Care Practitioner, how much did you know about the programme?

- I had heard of it and knew exactly what it involved
 - I had heard of it and knew roughly what it involved
 - I had heard of it but didn't know what it involved
 - I had never heard of it
-

AFTER speaking to your GP / Health Care Practitioner, how much did that conversation influence your decision to be referred onto the programme?

- Completely, I hadn't considered it until I spoke to them
 - Partially, I wasn't sure if the programme was for me until I spoke to them
 - Not at all, I knew I wanted to try the programme before I spoke to them
-

How did you receive details of changes to your medication?

- Letter
 - Text
 - Not applicable - no changes were made to my medication
 - Not applicable - I was not on any medication when I started the programme
 - I did not receive details of any changes in writing
-

When you were referred, did your GP / Health Care Practitioner explain being on the programme would mean replacing your meals with total diet replacement products (e.g. soups or shakes)?

- Yes
 - No
 - I can't remember
-

How much do you agree with the following statements?

The GP / Health Care Practitioner referring me...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know / Not applicable
Explained the benefits of the programme for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened to my needs and treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was able to answer any questions I had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained what would happen next in the referral process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your referral experience with your GP / Health Care Practitioner on a scale of 1 to 5?

1 being terrible,
5 being
excellent



Thinking about your early contact with your service provider:

How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know / Not applicable
It was straightforward to obtain my Total Diet Replacement products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was a good range of Total Diet Replacement products to choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had the information and support I needed to use the equipment I received (e.g. scales, blood pressure monitor, blood glucose monitor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person doing my initial assessment was helpful and supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The initial assessment gave me an understanding of what to expect on the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your first meeting (initial assessment) experience with your service provider on a scale of 1 to 5?

1 being terrible,
5 being
excellent



From referral up to today, is there anything that could have been done differently to improve your experience so far?

- No
- Yes (please describe what changes you would make)

Why did you decide to take part in the programme?

What would success on the programme look like for you?

Well done, you are halfway through the survey.

The questions that follow cover your lifestyle, physical health and wellbeing. These questions are an extremely important part of our evaluation to help us understand the impacts of the programme and why the programme works (or does not work) for different people.

YOUR WELLBEING

Please select the answer that best describes your wellbeing over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate which of the following best describe your own health state today:

Mobility

- I have no problems in walking about
 - I have slight problems in walking about
 - I have moderate problems in walking about
 - I have severe problems in walking about
 - I am unable to walk about
-

Self-care

- I have no problems washing or dressing myself
 - I have slight problems washing or dressing myself
 - I have moderate problems washing or dressing myself
 - I have severe problems washing or dressing myself
 - I am unable to wash or dress myself
-

Usual activity (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities
-

Pain / Discomfort

- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
-

Anxiety or Depression

- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
-

Taking into account all of the joints in your body, how would you rate your average pain over the last 7 days on a 0-10 scale, with 0 being 'no pain' and 10 being 'pain as bad as it could be'

	0	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	11	
No pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain as bad as it could be

YOUR FOOD AND DRINK

BEFORE starting the programme did you drink alcohol?

- No
 - Yes
-

Please state how many units of alcohol you normally drank in a week (1 unit = single shot of spirit, 2 units = a small glass of wine (175ml) or a pint of lager). Leave blank if you don't know.

BEFORE starting your total diet replacement products, how many portions of FRUIT did you normally eat each day?

Please include fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

What do we mean by a portion of fruit?

Fruit juice and smoothies only counts as one portion no matter how much you drink. A portion is half a large fruit such as a grapefruit or avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas or a handful of grapes or berries.

BEFORE starting your total diet replacement products, how many portions of VEGETABLES did you normally eat each day?

Please include fresh, frozen, raw, stewed or tinned vegetables, but do not include potatoes.

What do we mean by a portion of vegetables?

A portion is one handful of vegetables, or two handfuls of leafy greens/salads. Beans and pulses (such as baked beans, kidney beans or lentils) only count as one portion no matter how much of them you eat.

On average, how much (£) was your weekly food bill (for your whole household), BEFORE you started the programme? Please only include food eaten at home and do not include alcohol.

I'm not sure

On average, how much (£) did you personally spend each week on meals or snacks purchased outside the home, BEFORE starting the programme? Please include food bought from takeaways, restaurants, sandwich shops and work canteens.

On average, how much (£) did you personally spend each week on alcohol, BEFORE starting the programme? Please include alcohol consumed at home (e.g. from supermarkets) and outside the home (e.g. from bars/pubs).

Please select the answer that indicates the extent with which you find yourself feeling or experiencing what is being described in the statements below.

	Definitely true	Mostly true	Mostly false	Definitely false
I start to eat when I feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel sad, I often eat too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel tense or "wound up", I often feel I need to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel lonely, I console myself by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I feel nervous, I try to calm down by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel depressed, I want to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 3 months, did you have any episodes of excessive overeating (i.e. eating significantly more than what most people would eat in a similar period of time)?

Yes

No

Do you feel distressed about your episodes of excessive overeating?

Yes

No

Within the past 3 months...

Never or rarely

Sometimes

Often

Always

During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?

During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?

During your episodes of excessive overeating, how often were you embarrassed by how much you ate?

During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?

During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?

YOUR ACTIVITY

(please note: additional/new exercise routines are not recommended during the TDR phase)

In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
-

TWO FINAL QUESTIONS

Is there anything else you would like to tell us about (e.g. significant life events, religious or cultural circumstances) that have affected your experience on the programme so far?

Do you have any suggestions on how to improve this survey?

THANK-YOU FOR COMPLETING THE SURVEY, YOUR RESPONSES HAVE BEEN SAVED.

Survey 2 – 12-week end of TDR

ABOUT YOU

During the total diet replacement phase did you prepare meals for other family members/friends?

- No
 - Yes, most days
 - Yes, occasionally
-

If you normally share meal times with others, what has been the impact of being in the total diet replacement phase?

Currently, how motivated are you to manage your diabetes?

- Very motivated
 - Motivated
 - Neither motivated nor unmotivated
 - Not very motivated
 - Not at all motivated
-

Currently, how motivated are you to lose weight / maintain your weight loss?

- Very motivated
 - Motivated
 - Neither motivated nor unmotivated
 - Not very motivated
 - Not at all motivated
-

Who provides your Low Calorie Diet programme?

- [*Provider name responses removed*]
-

In which of these areas do you live? [select only one]

- [*Area name responses removed*]
-

YOUR EXPERIENCE OF THE TOTAL DIET REPLACEMENT PHASE (first 12 weeks)

How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
The information provided by the programme has been clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The programme has been easy to incorporate into my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The programme has supported me to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good relationship with my coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt motivated and supported in the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had the support of friends/family during the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was it clear what food/drink you could have during the total diet replacement phase?

- No
 - Yes, to some extent
 - Yes definitely
-

Did you experience any negative effects of the programme (e.g. constipation, diarrhoea, headaches, feelings of hunger)?

- No
 - Yes, please describe these negative effects and how long they lasted
-

Did you tell your service provider about these effects?

- No
 - Yes
-

Did you feel supported by your service provider in managing the negative effects?

- No
 - Yes
-

Thinking about the support you have received from your service provider, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	not applicable
I felt comfortable in the group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The size of the group is acceptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am finding the online platform (e.g. Zoom) used for the group sessions easy to access and use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The times of the sessions are convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the support you have received from your service provider, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	not applicable
I am finding the online platform (e.g. Zoom) used for the sessions easy to access and use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The times of the sessions are convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the support you have received from your service provider, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
It is clear what I need to do to progress through the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been able to access support if I've had questions or concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technology has always worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technology is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the resources you were given during the total diet replacement phase, did you find them helpful?

- No, please explain _____
 - Yes, please explain _____
-

Did you buy any additional resources to support you during the total diet replacement phase (e.g. support books, extra glucose monitoring strips)?

- No
- Yes, please provide details of what you bought and how much they cost

Thinking about the total diet replacement phase, how would you rate your experience of the programme on a scale of 1 to 5?

1 being terrible,
5 being
excellent



Is there anything you would change about the programme that would have improved your experience so far?

- No
- Yes (please describe what changes you would make)

What total diet replacement products did you use / are you using? (tick all that apply)

Shakes

Soups

Bars

Ready meals

Other (please describe) _____

On average, how would you rate the total diet replacement products you used?

Very nice

Nice

Ok

Not very nice

Horrible

Which total diet replacement products did you like the most? Please explain why.

Which total diet replacement products did you like the least? Please explain why.

How do you think the total diet replacement products could be improved?

On average, how often did you use the fibre supplements provided during the TDR phase?

- Twice a day every day
 - Once a day every day
 - A few times a week
 - A few times a month
 - Never or very rarely
-

What have been the positives about the total diet replacement phase for you?

What have been the negatives about the total diet replacement phase for you?

How do you feel about your weight change during the total diet replacement phase?

Would you recommend the programme to a friend or family member?

- No
 - Yes
-

Has COVID-19 and any associated restrictions impacted (positively or negatively) on your ability to follow the total diet replacement phase of the programme?

- No
 - Yes (please provide details) _____
-

The NHS are trying different ways of delivering support for the Low Calorie Diet programme, if available would you have preferred a different method of support?

- No
 - Yes, I would have preferred 1-2-1 support delivered remotely over the phone or internet
 - Yes, I would have preferred 1-2-1 support delivered face to face
 - Yes, I would have preferred group support delivered remotely over the internet
 - Yes, I would have preferred group support delivered face to face
 - Yes, I would have preferred support provided through a self-directed digital programme
-

Well done, you are halfway through the survey.

The questions that follow cover your lifestyle, physical health and wellbeing. These questions are an extremely important part of our evaluation to help us understand the impacts of the programme and why the programme works (or does not work) for different people.

YOUR WELLBEING

Please select the answer that best describes your wellbeing over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate which of the following best describe your own health state today:

Mobility

- I have no problems in walking about
 - I have slight problems in walking about
 - I have moderate problems in walking about
 - I have severe problems in walking about
 - I am unable to walk about
-

Self-care

- I have no problems washing or dressing myself
 - I have slight problems washing or dressing myself
 - I have moderate problems washing or dressing myself
 - I have severe problems washing or dressing myself
 - I am unable to wash or dress myself
-

Usual activity (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities
-

Pain / Discomfort

- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
-

Anxiety or Depression

- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
-

Taking into account all the joints in your body, how would you rate your average pain over the last 7 days on a 0-10 scale, with 0 being 'no pain' and 10 being 'pain as bad as it could be'.

	0	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	11	
No pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain as bad as it could be

YOUR FOOD

Did you supplement your total diet replacement products with any other food?

- No
- Yes, this was agreed / discussed with my service provider, please provide further details on the type and frequency of food introduced

- Yes, this was not agreed / discussed with my service provider, please provide further details on the type and frequency of food introduced

On average, how much (£) was your weekly food bill (for your whole household), during the total diet replacement phase? Please only include food eaten at home and do not include alcohol.

- _____
- I'm not sure

On average, how much (£) did you personally spend each week on meals or snacks purchased outside the home, during the total diet replacement phase? Please include food bought from takeaways, restaurants, sandwich shops and work canteens.

Please select the answer that indicates the extent with which you find yourself feeling or experiencing what is being described in the statements below.

	Definitely true	Mostly true	Mostly false	Definitely false
I start to eat when I feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel sad, I often eat too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel tense or “wound up”, I often feel I need to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel lonely, I console myself by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I feel nervous, I try to calm down by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel depressed, I want to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR ACTIVITY

(please note: additional/new exercise routines are not recommended during the TDR phase)

In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job.

0

1

2

3

4

5

6

7

Has your level of physical activity changed since starting the programme?

No

Yes, please describe how and why _____

TWO FINAL QUESTIONS

Is there anything else you would like to tell us about (e.g. significant life events, religious or cultural circumstances) that have affected your experience on the programme so far?

Do you have any suggestions on how to improve this survey?

THANK-YOU FOR COMPLETING THE SURVEY, YOUR RESPONSES HAVE BEEN SAVED.

Survey 3 – 18-week end of food re-introduction

ABOUT YOU

Who prepares most of your meals?

Me

My partner, spouse or family member

Restaurant or catering service (e.g. canteen at work)

Takeaways

Other (please specify) _____

If you normally share meal times with others, what has been the impact of being in the food re-introduction phase?

Currently, how motivated are you to manage your diabetes?

Very motivated

Motivated

Neither motivated nor unmotivated

Not very motivated

Not at all motivated

Currently, how motivated are you to lose weight / maintain your weight loss?

Very motivated

Motivated

Neither motivated nor unmotivated

Not very motivated

Not at all motivated

Who provides your Low Calorie Diet programme?

[Provider name responses removed]

In which of these areas do you live? [select only one]

[Area name responses removed]

YOUR EXPERIENCE OF THE FOOD RE-INTRODUCTION PHASE

How many weeks did your food re-introduction phase last for?

How did you find the pace of the food re-introduction?

- It was too slow
- It was too fast
- It was about right

Have you felt confident about what types of food you should re-introduce into your diet?

- No
- To some extent
- Yes

How do you feel about any weight change during the food re-introduction phase?

Did your service provider inform you about possible weight gain during the food re-introduction phase?

No

Yes

Don't know / Not sure

Thinking about the food re-introduction phase, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
The information provided by the programme has been clear					
The programme has been easy to incorporate into my life					
The programme has supported me to achieve my goals					
I have a good relationship with my coach					
I have felt motivated and supported in the programme					
I have had the support of friends/family during the programme					

Thinking about the support you have received from your service provider during the food re-introduction phase, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	not applicable
I felt comfortable in the group						
The size of the group is acceptable						
I am finding the online platform used for the group sessions easy to access and use						
The times of the sessions are convenient for me						

Thinking about the support you have received from your service provider during the food re-introduction phase, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	not applicable
I am finding the online platform used for the sessions easy to access and use						
The times of the sessions are convenient for me						

Thinking about the support you have received from your service provider during the food re-introduction phase, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
It is clear what I need to do to progress through the programme					
I have been able to access support if I've had questions or concerns					
The technology has always worked					
The technology is easy to use					

Thinking about the resources you were given during the food re-introduction phase, did you find them helpful?

No, please explain _____

Yes, please explain _____

Did you buy any additional resources to support you during the food re-introduction phase (e.g. support books, recipe books, extra glucose monitoring strips)?

No

Yes, please provide details of what you bought and how much they cost

Thinking about the food re-introduction phase of the programme, how would you rate your experience of re-introducing food on a scale of 1 to 5?

1 being terrible,
5 being
excellent



Thinking about the food re-introduction phase, is there anything you would change to improve your experience?

No

Yes (please describe what changes you would make)

What meal replacement products did you use whilst reintroducing food? (tick all that apply)

Shakes

Soups

Bars

Ready meals

Other (please describe) _____

Has taking part in the programme impacted upon your household?

No

Yes (please provide a short description of how)

How did you find introducing food back into your diet during the food re-introduction phase?

Very difficult

Difficult

Neither difficult nor easy

Easy

Very easy

What have been the positives about the food re-introduction phase for you?

What have been the negatives about the food re-introduction phase for you?

Would you recommend the programme to a friend or family member?

No (please provide details why) _____

Yes

Has COVID-19 and any associated restrictions impacted (positively or negatively) on your ability to follow the food re-introduction phase of the programme?

No

Yes (please provide details) _____

The NHS are trying different ways of delivering support for the Low Calorie Diet programme, if available would you have preferred a different method of support?

No

Yes, I would have preferred 1-2-1 support delivered remotely over the phone or internet

Yes, I would have preferred 1-2-1 support delivered face to face

Yes, I would have preferred group support delivered remotely over the internet

Yes, I would have preferred group support delivered face to face

Yes, I would have preferred support provided through a self-directed digital programme

Well done, you are halfway through the survey.

The questions that follow cover your lifestyle, physical health and wellbeing. These questions are an extremely important part of our evaluation to help us understand the impacts of the programme and why the programme works (or does not work) for different people.

YOUR WELLBEING

Please select the answer that best describes your wellbeing over the last 2 weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					



Please indicate which of the following best describe your own health state today:

Mobility

- I have no problems in walking about
 - I have slight problems in walking about
 - I have moderate problems in walking about
 - I have severe problems in walking about
 - I am unable to walk about
-

Self-care

- I have no problems washing or dressing myself
 - I have slight problems washing or dressing myself
 - I have moderate problems washing or dressing myself
 - I have severe problems washing or dressing myself
 - I am unable to wash or dress myself
-

Usual activity (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities
-

Pain / Discomfort

- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
-

Anxiety or Depression

- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
-

Taking into account all the joints in your body, how would you rate your average pain over the last 7 days on a 0-10 scale, with 0 being 'no pain' and 10 being 'pain as bad as it could be'

	0	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	11	
No pain												Pain as bad as it could be

YOUR FOOD AND DRINK

Do you currently drink alcohol?

- No
 - Yes
-

Please state how many units of alcohol you normally drink in a week (1 unit = single shot of spirit, 2 units = a small glass of wine (175ml) or a pint of lager. Leave blank if you don't know.

During the food re-introduction phase, how many portions of FRUIT did you normally eat each day? Please include fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

What do we mean by a portion of fruit?

Fruit juice and smoothies only counts as one portion no matter how much you drink. A portion is half a large fruit such as a grapefruit or avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas or a handful of grapes or berries.

During the food reintroduction phase, how many portions of VEGETABLES did you normally eat each day? Please include fresh, frozen, raw, stewed or tinned vegetables, but do not include potatoes.

What do we mean by a portion of vegetables?

A portion is one handful of vegetables, or two handfuls of leafy greens/salads. Beans and pulses (such as baked beans, kidney beans or lentils) only count as one portion no matter how much of them you eat.

On average, how much (£) was your weekly food bill (for your whole household), during the food re-introduction phase? Please only include food eaten at home and do not include alcohol.

I'm not sure

How has the content of your shopping changed compared to before you started the programme?
(please describe how)

On average, how much (£) did you personally spend each week on meals or snacks purchased outside the home, during the food reintroduction phase? Please include food bought from takeaways, restaurants, sandwich shops and work canteens.

On average, how much (£) did you personally spend each week on alcohol, during the food reintroduction phase? Please include alcohol consumed at home (e.g. from supermarkets) and outside the home (e.g. from bars/pubs).

Please select the answer that indicates the extent with which you find yourself feeling or experiencing what is being described in the statements below.

	Definitely true	Mostly true	Mostly false	Definitely false
I start to eat when I feel anxious				
When I feel sad, I often eat too much				
When I feel tense or "wound up", I often feel I need to eat				
When I feel lonely, I console myself by eating				
If I feel nervous, I try to calm down by eating				
When I feel depressed, I want to eat				

During the last 3 months, did you have any episodes of excessive overeating (i.e. eating significantly more than what most people would eat in a similar period of time)?

Yes

No

Do you feel distressed about your episodes of excessive overeating?

Yes

No

Within the past 3 months....	Never or rarely	Sometimes	Often	Always
<p>During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?</p>				
<p>During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?</p>				
<p>During your episodes of excessive overeating, how often were you embarrassed by how much you ate?</p>				
<p>During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?</p>				

During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?

YOUR ACTIVITY

In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job.

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
-

Has your level of physical activity changed since the total diet replacement phase?

No

Yes, please describe how _____

TWO FINAL QUESTIONS

Is there anything else you would like to tell us about (e.g. significant life events, religious or cultural circumstances) that have affected your experience on the programme so far?

Do you have any suggestions on how to improve this survey?

THANK-YOU FOR COMPLETING THE SURVEY, YOUR RESPONSES HAVE BEEN SAVED.

Survey 4 – 52-week end of weight maintenance

ABOUT YOU

Who prepares most of your meals?

Me

My partner, spouse or family member

Restaurant or catering service (e.g. canteen at work)

Takeaways

Other (please specify) _____

If you normally share meal times with others, what has been the impact of being in the weight maintenance phase?

How motivated are you to continue to manage your diabetes?

- Very motivated
 - Motivated
 - Neither motivated nor unmotivated
 - Not very motivated
 - Not at all motivated
-

How motivated are you to continue to lose weight / maintain your weight loss?

- Very motivated
 - Motivated
 - Neither motivated nor unmotivated
 - Not very motivated
 - Not at all motivated
-

Who provides your Low Calorie Diet programme?

- [Provider name responses removed]*
 - I'm not sure
-

In which area do you live? [select only one]

- [Area name responses removed]*
-

YOUR EXPERIENCE OF THE WEIGHT MAINTENANCE PHASE

How do you feel about your weight change during the weight maintenance phase?

Thinking about the resources you were given during the weight maintenance phase, did you find them helpful?

- No, please explain _____
- Yes, please explain _____

Did you buy any additional resources to support you during the weight maintenance phase (e.g. support books, recipe books, extra glucose monitoring strips)?

- No
- Yes, please provide details of what you bought and how much they cost

Did you access any other programmes in addition to the NHS Low Calorie Diet programme to help manage your weight and/or diabetes during the weight maintenance phase (e.g. another weight management programme, exercise on referral, diabetes education programme)?

- No
 - Don't know / Can't remember
 - Yes (please provide details) _____
-

Did you restart use of total diet replacement products at any point since you fully re-introduced food?

- No
 - Yes, they were provided by the service provider
 - Yes, I purchased them myself - please provide details of which brand(s) you purchased and how often you used them _____
-

Thinking about the weight maintenance phase, how much do you agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly Agree	Don't know / not applicable
I felt I had enough support to maintain the lifestyle changes once the sessions moved to monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The programme supported me to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a good relationship with my coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had the support of friends/family during the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the weight maintenance phase of the programme, how would you rate your experience on a scale of 1 to 5?

1 being terrible,
5 being
excellent



Thinking about the weight maintenance phase, is there anything you would change to improve your experience?

- No
- Yes (please describe what changes you would make)

When answering the questions that come next, please think about your overall experience on the programme

Did you find the programme well-organised?

- No, please provide details _____
- Yes to some extent
- Yes definitely

Did you have a GP review at around halfway through the programme?

- Yes
- No
- Don't know / Can't remember

Have you had or have you arranged a GP review at the end of the programme?

- Yes
- No
- Don't know / Can't remember

Did you feel supported by your coach/coaches?

- No
 - Yes most of the time
 - Yes always
-

Did you have the same coach throughout the programme?

- No
 - Yes most of the time
 - Yes all of the time
 - Don't know / Can't remember
-

Were you happy with how the programme was delivered?

- No
 - Yes to some extent
 - Yes definitely
-

What lifestyle changes have you made as a result of taking part in the programme?

How easy was it to maintain any lifestyle changes during the maintenance phase?

- Very difficult
 - Difficult
 - Neither difficult or easy
 - Easy
 - Very easy
-

How confident do you feel about maintaining these changes in the long term?

- Not at all confident
 - Not very confident
 - Quite confident
 - Very confident
-

Did you get support from other people in your group?

- No
 - Yes to some extent
 - Yes definitely
 - Don't know / Can't remember
-

Did you use any fitness tracking devices or health and fitness apps to help you during the maintenance phase?

No

Yes

Please provide details of the fitness tracking device(s) or health and fitness app(s) you used.

What advice would you give to a participant who is just starting out on the programme?

What do you think are the positives about taking part in the programme?

What do you think are the negatives about taking part in the programme?

How would you improve the programme for other participants like you? (Please provide a short description)

Has COVID-19 and any associated restrictions impacted (positively or negatively) on your ability to follow the programme?

- No
- Yes, please provide details _____
-

The NHS are trying different ways of delivering support for the Low Calorie Diet programme, if available would you have preferred a different method of support?

- No
- Yes, I would have preferred 1-2-1 support delivered remotely over the phone or internet
- Yes, I would have preferred 1-2-1 support delivered face to face
- Yes, I would have preferred group support delivered remotely over the internet
- Yes, I would have preferred group support delivered face to face
- Yes, I would have preferred support provided through a self-directed digital programme
-

Well done, you are halfway through the survey.

The questions that follow cover your lifestyle, physical health and wellbeing. These questions are an extremely important part of our evaluation to help us understand the impacts of the programme and why the programme works (or does not work) for different people.

YOUR WELLBEING

Please select the answer that best describes your wellbeing over the last 2 weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate which of the following best describe your own health state today:

Mobility

- I have no problems in walking about
 - I have slight problems in walking about
 - I have moderate problems in walking about
 - I have severe problems in walking about
 - I am unable to walk about
-

Self-care

- I have no problems washing or dressing myself
 - I have slight problems washing or dressing myself
 - I have moderate problems washing or dressing myself
 - I have severe problems washing or dressing myself
 - I am unable to wash or dress myself
-

Usual activity (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities
-

Pain / Discomfort

- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
-

Anxiety or Depression

- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
-

Taking into account all the joints in your body, how would you rate your average pain over the last 7 days on a 0-10 scale, with 0 being 'no pain' and 10 being 'pain as bad as it could be'

	0	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	11	
No pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain as bad as it could be

YOUR FOOD AND DRINK

Do you currently drink alcohol?

No

Yes

Please state how many units of alcohol you normally drink in a week (1 unit = single shot of spirit, 2 units = a small glass of wine (175ml) or a pint of lager. Leave blank if you don't know.

During the maintenance phase, how many portions of FRUIT did you normally eat each day? Please include fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

What do we mean by a portion of fruit?

Fruit juice and smoothies only counts as one portion no matter how much you drink. A portion is half a large fruit such as a grapefruit or avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas or a handful of grapes or berries.

During the maintenance phase, how many portions of VEGETABLES did you normally eat each day? Please include fresh, frozen, raw, stewed or tinned vegetables, but do not include potatoes.

What do we mean by a portion of vegetables?

A portion is one handful of vegetables, or two handfuls of leafy greens/salads. Beans and pulses (such as baked beans, kidney beans or lentils) only count as one portion no matter how much of them you eat.

On average, how much (£) was your weekly food bill (for your whole household), during the maintenance phase? Please only include food eaten at home and do not include alcohol.

I'm not sure

How has the content of your shopping changed compared to before you started the programme?
(please describe how)

On average, how much (£) did you personally spend each week on meals or snacks purchased outside the home, during the maintenance phase? Please include food bought from takeaways, restaurants, sandwich shops and work canteens.

On average, how much (£) did you personally spend each week on alcohol, during the maintenance phase? Please include alcohol consumed at home (e.g. from supermarkets) and outside the home (e.g. from bars/pubs).

Please select the answer that indicates the extent with which you find yourself feeling or experiencing what is being described in the statements below.

	Definitely true	Mostly true	Mostly false	Definitely false
I start to eat when I feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel sad, I often eat too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel tense or "wound up", I often feel I need to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel lonely, I console myself by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I feel nervous, I try to calm down by eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel depressed, I want to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 3 months, did you have any episodes of excessive overeating (i.e. eating significantly more than what most people would eat in a similar period of time)?

Yes

No

Do you feel distressed about your episodes of excessive overeating?

Yes

No

Within the past 3 months....	Never or rarely	Sometimes	Often	Always
<p>During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>During your episodes of excessive overeating, how often were you embarrassed by how much you ate?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?

YOUR ACTIVITY

In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Has your level of physical activity changed since the food re-introduction phase?

- No
- Yes, please describe how _____

TWO FINAL QUESTIONS

Is there anything else you would like to tell us about (e.g. significant life events, religious or cultural circumstances) that has affected your experience on the programme so far?

Do you have any suggestions on how to improve this survey?

THANK-YOU FOR COMPLETING THE SURVEY, YOUR RESPONSES HAVE BEEN SAVED.

Supplementary file 2: Example free text quotes

Table 1. Example quotes related to total diet replacement products

Theme	Example quotes
Improved taste, texture	<p><i>"Make the soups taste like soup and not gritty wallpaper paste."</i></p> <p><i>"They are generally very good if the flavour could be enhanced with the soups that would be good."</i></p> <p><i>"Make the texture of the shakes better."</i></p> <p><i>"The flavourings slightly more tasty for the shakes and much better flavourings for the soup."</i></p> <p><i>"The ready meals could be made to be less like baby food and soups need to be made to dissolve better."</i></p>
Less sweet, more savoury options	<p><i>"I feel some of the shakes (strawberry and coffee) were a bit on the sweet side."</i></p> <p><i>"Less artificial sweeteners, some of shakes were really sweet."</i></p> <p><i>"More savoury style food, I would have liked some savoury bars."</i></p>
More variety	<p><i>"[Supplier name] only has 2 options for a night teatime meal, bolognese or Thai noodle. More variety would be appreciated."</i></p> <p><i>"To only be able to choose 4 different flavours over a 12 week period is very boring to say the least."</i></p> <p><i>"More varied milkshake flavours and also maybe different things like replacement bars as limited flavours made it boring when having 4 products a day."</i></p>
Real, solid food options	<p><i>"I would have liked something solid. I missed chewing."</i></p> <p><i>"Given the choice I would have liked access to bars/ ready meals for the feeling of satiety."</i></p> <p><i>"Would like me to have some solid food as well, maybe replace a shake with a protein bar or something?"</i></p>
Better availability, stock	<p><i>"Ensure that the meal provider doesn't always run out. [Supplier name] website would run out of things I enjoyed quite regularly."</i></p> <p><i>"At [supplier name], stock levels are sometimes alarmingly low, reducing choice and leading to many 'repeat meals' as the choices ran out."</i></p> <p><i>"Change the company [supplier name] as struggled with deliveries and lack of choice. I'm still waiting a month later for part of an order (not in stock)".</i></p>

Table 2. Example quotes for how participants felt the TDR phase could be improved.

Theme	Example quotes
Increased support	<p><i>“A what’s app group so members could talk to each other away from the group to support each other.”</i></p> <p><i>“The nutritionist sent standard text messages I think to everyone which made me feel not supported.”</i></p> <p><i>“Better support from the coach. I put a message asking [name] help and support didn't hear anything for over a week.”</i></p> <p><i>“The coaches weren’t always there regularly as I needed as this is a very tough programme. I understand they must have a lot of clients. A support group with other members on the programme would be a good idea to ask questions and share experiences.”</i></p> <p><i>“More support and easy access to someone to ask questions to.”</i></p>

Table 3. Example quotes of the perceived positives of the food reintroduction phase

Theme	Example quotes
Being able to eat 'real' food	<p><i>"Enjoying real food again."</i></p> <p><i>"Eating actual meals again which are full of flavour."</i></p> <p><i>"Having the ability to eat proper food rather than drink it."</i></p>
Consumption of / appreciation for healthy food	<p><i>"Understanding of a balanced plate."</i></p> <p><i>"My food tastes amazing and I have been sticking to a low fat diet whilst enjoying foods"</i></p> <p><i>"The joy of preparing fresh and healthy meals."</i></p> <p><i>"The Taste and appreciation of food is better , especially things like vegetables which before I saw them as an 'add on' to meals."</i></p>
Feeling more in control / being more mindful of the food being consumed	<p><i>"Healthier choices by understanding what food groups and portions I need to maintain."</i></p> <p><i>"Being made to really think about what I'm eating."</i></p> <p><i>"Learned new things and to learn to be more organised."</i></p> <p><i>"Being mindful of food choices."</i></p>
Social eating	<p><i>"Being able to eat out with family and friends again."</i></p> <p><i>"Easier to socialise with friends and family."</i></p> <p><i>"Eating with my family."</i></p>
Changes in weight	<p><i>"Still maintaining my weight."</i></p> <p><i>"Losing weight."</i></p> <p><i>"The weight gain hasn't as drastic as I'd feared."</i></p>
Reduction if negative side effects	<p><i>"I'm not as fatigue by the end of my day."</i></p> <p><i>"The bathroom habits have eased."</i></p> <p><i>"Less flatulence and easier bowel movements."</i></p>

Table 4. Example quotes of the participants feelings on their weight change during the weight maintenance phase

Theme	Example quotes
Happy	<p><i>"Very happy with it. I have lost over 7 stone and I've started going to the gym."</i></p> <p><i>"I am pleased with the progress I have made."</i></p> <p><i>"I'm so proud of myself and I am committed to keeping my weight at a healthier level"</i></p>
Disappointed	<p><i>"I have actually gained weight steadily since completing the initial meal replacement stage which I am disappointed about."</i></p> <p><i>"I feel happy to have lost weight but disheartened that I have not been able to maintain all the weight loss."</i></p> <p><i>"Disappointed, after losing weight and being happy with being slimmer and healthier I am now slowly putting the weight back on."</i></p>
Okay	<p><i>"Couldn't have gone better but gained some weight back due to working patterns. Not disappointed but could do better."</i></p> <p><i>"Mixed feelings as weight goes up and down."</i></p>