



Enrollment Data Form

Date Offered:

Name:

MRN:

HOPE Patient ID:

HOPE?

Accepted on: _____

Considering No

Age group:

<30
30-44
45-59
>60

Gender identity:

Male
Female
Non-binary

Race:

American Indian/Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Black or African American
White
More than One Race
Do not know

Ethnicity:

Not Hispanic or Latino
Hispanic/Latino
Do not know

Insurance:

Comm/Priv
Mcare
Mcaid
Other
None



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Other
None



Individual Visit Data Form

Date of Visit:

Weighed: Y N

Name:

Previous goals reviewed: Y N N/A

MRN:

New goals set: Y N

HOPE Patient ID:

Provided feedback: Y N Somewhat

Session #:

Reviewed minutes of physical activity:

Type of session: in person | video | phone

Y N Somewhat

Provided by:

Completed Quality of Life questions:

Clinician | Health Coach | Other Clinical Provider

Enrollment 6 month 12 month



Individual Visit Data Form

Date of Visit:

Weighed: Y N

Name:

Previous goals reviewed: Y N N/A

MRN:

New goals set: Y N

HOPE Patient ID:

Provided feedback: Y N Somewhat

Session #:

Reviewed minutes of physical activity:

Type of session: in person | video | phone

Y N Somewhat

Provided by:

Completed Quality of Life questions:

Clinician | Health Coach | Other Clinical Provider

Enrollment 6 month 12 month



Group Visit Data Form

Date of Group Visit:

Group ID:

Group session #:

Attendees (Name or HOPE IDs):

Type of session: in person | video | phone

Provided by:

Clinician | Health Coach | Other Clinical Provider

Weighed: Y N

Previous goals reviewed: Y N N/A

New goals set: Y N

Provided feedback: Y N Somewhat

Reviewed minutes of physical activity:

Y N Somewhat

Completed Quality of Life questions:

Enrollment 6 month 12 month

Notes:



Group Visit Data Form

Date of Group Visit:

Group ID:

Group session #:

Attendees (Name or HOPE IDs):

Type of session: in person | video | phone

Provided by:

Clinician | Health Coach | Other Clinical Provider

Weighed: Y N

Previous goals reviewed: Y N N/A

New goals set: Y N

Provided feedback: Y N Somewhat

Reviewed minutes of physical activity:

Y N Somewhat

Completed Quality of Life questions:

Enrollment 6 month 12 month

Notes: