Measuring CDPHE Priority Metrics: Priority Populations

Example Participant Registration Form

# What does it look like to collect priority population data in an enrollment form?

Below are examples of questions formatted for an enrollment form that can support in the collection of these CDPHE Priority Metrics. If you are using a different tool, you may want to re-format these questions in accordance with your method.

It is likely you have a system that captures key participant data for your work. This could be an enrollment form, a CRM, or some other system. Review your current processes to ensure that you are collecting data in alignment with CDPHE Priority Metrics. Consider adjusting intake questions to align with the CDPHE categories or add in necessary data points to capture the complete data to ease CDPHE reporting.

### Recommended Metadata[[1]](#footnote-2) Needed for Analysis and Data Tracking:

* Unique Participant ID
* Date of Enrollment or Intake
* Date of Program/Project Exit

### Grantee-specific considerations:

* Collecting Baseline or Initial Assessment Data for Outcomes

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| **Notes For Grantees That Are Interested in Using This Format** |

Please note, you are not obligated to use this template or the specific questions provided. This approach to measuring the population you serve may not be relevant for all interventions, and you may already be collecting this data using existing tools or systems. **Need help creating or refining a new tool for data collection? Reach out to your coach!**

## Introduction

We are committed to promoting diversity and inclusivity in our programs. The information provided will help us understand the diversity of our participants and tailor our efforts to support everyone effectively. Your responses are confidential and will only be used for evaluation and reporting purposes.

## Consent Statement

By submitting this form, you consent to the collection and use of this information for program evaluation and reporting purposes. Your participation is voluntary, and you may opt out at any time.

## Section 1: Participant Information and Program Enrollment

1. Participant Name

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Note: You may choose to omit the aging population question, Question 15, at the end of this form if you are already collecting date of birth information, or vice versa. Collecting date of birth can also help identify whether a participant has been previously enrolled, aiding in the prevention of duplicate entries.* |

1. Select the option that best describes your gender:
   * Female
   * Male
   * Non-binary
   * Prefer not to say
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact Information:
   * **Email Address:** \_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Phone Number:** (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_
3. Address:

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_ \_ \_ \_ \_

## Section 2: Program Enrollment

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| *Note: Before enrolling a new participant, make sure this individual has not been previously enrolled in this program.* |

1. Program in which participant is enrolling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Enrolment Date (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Note: Enrollment date is required to track # of participants served over time.* |

**Participant ID:** \_\_\_\_\_\_\_\_\_ (to be filled in by program staff)

## Section 3: Demographic Information

1. Racial or Ethnic Identity

Please select all that apply:

* + American Indian or Alaska Native
  + Asian
  + Black or African American
  + Hispanic or Latino
  + Middle Eastern or North African
  + Native Hawaiian or Pacific Islander
  + White
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Notes:*   * *Question 8 can be used to determine whether the individual identifies as part of a racialized minority by aggregating all non-white races and ethnicities.* * *Visit* [*US Census Bureau*](https://www.census.gov/newsroom/blogs/random-samplings/2024/04/updates-race-ethnicity-standards.html) *for Definitions for Race/Ethnicity Reporting Categories.* |

1. LGBTQIA+ Identification
   * Yes
   * No
   * Prefer not to say
2. Do you consider yourself to be part of a racialized minority?
   * Yes
   * No
   * Prefer not to say

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| *Note: You may choose to omit Question 10 if you prefer to include a race and ethnicity question, such as Question 8* |

1. Do you identify as a person with a disability? This includes individuals who experience physical, sensory, intellectual, developmental, mental health, or other impairments that may limit one or more major life activities. Disabilities can be permanent or temporary.
   * Yes
   * No
   * Prefer not to say
2. Do you live in a rural and/or geographically isolated community? According to the United States Census Bureau rural areas are those outside of urbanized areas (populations of 50,000 or more) and urban clusters (populations between 2,500 and 50,000).
   * Yes
   * No
3. What’s your household size?

Number of household members: \_\_

1. What is your approximate annual household income?
   * Below $19,999
   * $20,000–$29,999
   * $30,000–$39,999
   * $40,000–$49,999
   * $50,000–$59,999
   * $60,000–$69,999
   * $70,000–$79,999
   * $80,000–$89,999
   * $90,000 or above
   * Prefer not to say

*You may use Questions 13 and 14 in conjunction with the* [*Federal Poverty Guidelines*](https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf) *to standardize and benchmark income data within your population.*

1. What is your highest level of education completed?
   * Less than high school
   * High school diploma or equivalent
   * Some college or university
   * Associate degree
   * Bachelor’s degree
   * Graduate or professional degree
   * Prefer not to say

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| *Note: The income and education questions (Questions 13 to 15) can be used to measure socioeconomic status* |

1. Do you consider yourself to be part of the aging population (65 years or older)?
   * Yes
   * No

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| *Note: You may choose to skip Question 16, the aging population question, if you are already collecting date of birth information, and vice versa.* |

Closing Section

Thank you for providing your information. The data collected through this form will help us better understand and serve our participants. If you have any questions or concerns about this form or how your data will be used, please feel free to contact us at [Insert Contact Information].

Your participation is greatly appreciated!

1. Metadata refers to data points, such as participant ID and intake date that will help organize, analyze, and interpret the survey results. [↑](#footnote-ref-2)