

## **Appendix 7a: MI face-to-face session CRF**

<b>PID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Region ID</b> <input type="text"/> <input type="text"/>	<b>Participant Initials</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Participant DOB</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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South East Wales  
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## Weight Loss Maintenance in Adults (WILMA) Face-to-face MI sessions: Case Report Form (CRF)

**Notes on completion:** A Case Record Form should be completed for all participants at each face-to-face MI session. Once completed, please return to the WILMA study team.

Participant ID number:

Session number:

**A. Review (not to be completed in session 1):**

Please write briefly below progress made in any of these areas (if covered):

**Goal Setting**

**Implementation Intentions**

**Self Monitoring**

**Exercise**

<b>PID</b>	<b>Region ID</b>	<b>Participant Initials</b>	<b>Participant DOB</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>

**Diet**

**Other** (please specify).....

**B. Plans (to be completed at all sessions):**  
Please write briefly below any plans agreed in these areas (if discussed)

**Goal Setting**

**Implementation Intentions**

**Self Monitoring**

**Exercise**



PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Region ID <input type="text"/> <input type="text"/>	Participant Initials <input type="text"/> <input type="text"/> <input type="text"/>	Participant DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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**D. Other relevant information (such as barriers to exercise, e.g. injury)**

**E. Final summary of work done with client (to be completed at last session only)**

How successful do you feel the sessions have been?

**Challenges and barriers:**

**What worked well?**

**F. Closing summary of each session (to be completed at all sessions)**

This is to be completed in the last five minutes of the interview. This is a written version of the 'Long Summary'. This is an agreed record of what was discussed: it is a collaborative process and is MI adherent. e.g....."In the last two weeks you have achieved X and Y and these are the new goals you have set yourself today ..... A carbon copy of this should be given to the client.

<b>PID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Region ID</b> <input type="text"/> <input type="text"/>	<b>Participant Initials</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Participant DOB</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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**Closing Summary (to be completed at all sessions)**

Session no:

## **Appendix 7b: MI telephone session CRF**

PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Region ID <input type="text"/> <input type="text"/>	Participant Initials <input type="text"/> <input type="text"/> <input type="text"/>	Participant DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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## Weight Loss Maintenance in Adults (WILMA) Telephone MI sessions: Case Report Form (CRF)

**Notes on completion:** A Case Record Form should be completed for all participants after each telephone MI session. Once completed, please return to the WILMA study team.

Participant ID number:

Session number:

**A. Review (not to be completed following telephone session 1):**  
Please write briefly below progress made in any of these areas (if covered):

**Goal Setting**

**Implementation Intentions**

**Self Monitoring**

**Exercise**



<b>PID</b>	<b>Region ID</b>	<b>Participant Initials</b>	<b>Participant DOB</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>

**Diet**

**Other** (please specify).....

**B. Plans (to be completed after all telephone sessions):**  
 Please write briefly below any plans agreed in these areas (if discussed)

**Goal Setting**

**Implementation Intentions**

**Self Monitoring**

**Exercise**

<b>PID</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Region ID</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant Initials</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant DOB</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">d</td> <td style="text-align: center;">d</td> <td style="text-align: center;">m</td> <td style="text-align: center;">m</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> </tr> </table>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	d	d	m	m	y	y	y	y
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>												
d	d	m	m	y	y	y	y												

**Diet**

**Other** (please specify).....

**C. Topics covered during the telephone session (to be completed after all calls)**

<b>Goal Setting</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about
<b>Implementation Intentions</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about
<b>Self Monitoring</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about
<b>Exercise</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about
<b>Diet</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about
<b>Other</b>	Did not discuss  -----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked a little about	-----  0 1 2 3 4 5 6 7 8 9 10  -----  Talked in detail about

If other, please specify: .....

PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Region ID <input type="text"/> <input type="text"/>	Participant Initials <input type="text"/> <input type="text"/> <input type="text"/>	Participant DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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**D. Other relevant information (such as barriers to exercise, e.g. injury)**

**E. Final summary of telephone MI (to be completed after last telephone call only)**

How successful do you feel the telephone MI sessions have been?

**Challenges and barriers:**

**What worked well?**

**F. Closing summary of each session (to be completed at the end of all sessions)**

This is to be completed in the last five minutes of the interview. This is a written version of the 'Long Summary'. This is an agreed record of what was discussed; it is a collaborative process and is MI adherent. e.g....."In the last month/6 months (delete as appropriate) you have achieved X and Y and these are the new goals you have set yourself today ..... A copy of this should be returned to the research team who will post to the client.

<b>PID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Region ID</b> <input type="text"/> <input type="text"/>	<b>Participant Initials</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Participant DOB</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
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**Closing Summary (to be completed following all telephone sessions)**

Session no: