

Workshop Information - Cover Sheet

Instructions to Workshop Leaders: Provide the requested workshop details below. Following your workshop series, submit this Workshop Cover Sheet, Workshop Attendance Log, and all Workshop *Healthier Living* Questionnaires as a completed Workshop Return Packet to your Workshop Coordinator (see below).

PRINT CLEARLY

Return Completed Packet By:

1. Workshop Leaders:

Leader 1	First Name: <input type="text"/>	Email: <input type="text"/>	<input type="checkbox"/> Staff
	Last Name: <input type="text"/>	Phone Number: <input type="text"/>	<input type="checkbox"/> Volunteer
Leader 2	First Name: <input type="text"/>	Email: <input type="text"/>	<input type="checkbox"/> Staff
	Last Name: <input type="text"/>	Phone Number: <input type="text"/>	<input type="checkbox"/> Volunteer

2. Name of Licensed Organization:

Workshop Site Name:

Address:

City:

State:

Zip:

3. Workshop Start Date: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

4. What type of workshop is this ? (Mark only one).

- | | |
|--|---|
| <input type="checkbox"/> Chronic Disease Self-Management (CDSMP) | <input type="checkbox"/> Arthritis Self-Management Program (ASMP) |
| <input type="checkbox"/> Tomando Control de su Salud (Spanish CDSMP) | <input type="checkbox"/> Programa de Manejo Personal de la Arthritis (Spanish ASMP) |
| <input type="checkbox"/> Diabetes Self-Management Program (DSMP) | <input type="checkbox"/> Positive Self-Management for HIV |
| <input type="checkbox"/> Tomando Control de su Diabetes (Spanish DSMP) | <input type="checkbox"/> Chronic Pain Self-Management (PSMP) |

5. Workshop Language:

6. Was a "Session 0" offered prior to the start of the workshop?

("Session 0" is an optional pre-workshop session. Not all workshops offer a "Session 0").

 Yes No Don't Know/ Not Sure

7. Number of Participants Enrolled (attending at least 1 session*):

8. Number of Participants who completed at least 4 sessions*

* Excluding "Session 0"

9. Number of Participant Questionnaires included in this return packet:

Your Workshop Coordinator Name:

Address:

Phone Number:

Email: