



Workshop Information Cover Sheet

Instructions to the Group Leaders: Please provide the requested details about this Workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Site Coordinator.

1. Site Name: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Group Leaders' Names (Please provide full first and last names.) If we may contact you with questions about these forms, please provide your daytime phone number as well.

_____ Staff or
First Name Last Name Volunteer? Ph: (____) _____ - _____

_____ Staff or
First Name Last Name Volunteer? Ph: (____) _____ - _____

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

End Date (mm/dd/yyyy): ____/____/____

4. Did you offer a "Session 0" with this workshop? ("Session 0" is an optional pre-workshop session. Not all workshops offer a "Session 0".)

- Yes
- No
- Don't know

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

- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)

Please turn over 

For Survey Coordinator Use Only

Host Organization Name: _____

Funding Source for this Workshop: AoA CDC Arthritis Program Both AoA/CDC Other

Workshop Information Cover Sheet—continued

6. Number of participants *enrolled*, attending at least 1 session * : _____

7. Number of participants who *completed at least 4 sessions* * : _____

* *Excluding "Session 0"*

8. Number of *Participant Information Surveys* included in the returned packet: _____

If the number of forms is fewer than the number of participants noted in #6 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

Please return the following forms to the Site Coordinator within 48 hours after the final session:

- This *Workshop Information Cover Sheet*
- Attendance Log*
- All completed *Participant Information Surveys*