

Your Program Name

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 Survey Coordinator.

1. Site 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 Volunteer Ph: (____) _____ - _____
First Name Last Name

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

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)
 Tomando Control de su Salud (Spanish CDSMP)
 Diabetes Self-Management Program (DSMP)
 Tomando Control de su Diabetes (Spanish DSMP)
 Arthritis Self-Management Program (ASMP)
 Programa de Manejo Personal de la Artritis (Spanish ASMP)
 Positive Self-Management for HIV
 Chronic Pain Self-Management Program
 Other, list name:

For Survey Coordinator Use Only

Host Organization Name: _____

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

Workshop Information Cover Sheet—continued

6. Workshop language:

- English Spanish Arabic Bengali Chinese Dutch French German
 Greek Hindi Italian Japanese Korean Khmer Norwegian Punjabi
 Russian Somali Swedish Tagalog Tamil Turkish Vietnamese Other: _____

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 Information Surveys* included in the returned packet: _____

If the number of forms is fewer than the number of participants noted in #7 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

Forms Checklist Examples

Sample instructions if Group Leaders will return all forms at one time:

Please return the following forms to the Survey Coordinator (contact information below) within 48 hours after the final session:

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

Sample instructions if Group Leaders will return forms as they are completed:

- After the first session, complete items 1-5 of this form. Make a copy.
- Return this copy along with the completed *Participant Information Surveys* to the Survey Coordinator (contact information below) within 48 hours after the first session.
- Keep the original of this form. At the conclusion of the workshop, complete items 6-8 of the original of this form and send with the *Attendance Log* to the Survey Coordinator (contact information below) within 48 hours after the final session.

[Survey Coordinator Contact Info]