

# Your Program Name

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## ***Workshop Information Cover Sheet***

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***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: \_\_\_\_\_  
County: \_\_\_\_\_

2. Name of organization licensed to offer program: \_\_\_\_\_

3. Workshop 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

4. Workshop Start Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_  
End Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

5. 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

6. 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:

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## **Workshop Information Cover Sheet—continued**

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7. Please check which language you used when leading this workshop:

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

8. Number of participants *enrolled* (attending at least 1 session\*): \_\_\_\_\_

9. Number of participants who *completed at least 4 sessions*\*: \_\_\_\_\_

\* Excluding "Session 0"

10. Number of *Participant Information Surveys* included in the returned packet: \_\_\_\_\_

If the number of forms is fewer than the number of participants noted in #8 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

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11. If you charged the participants a fee to attend this workshop, please indicate the amount:

\_\_\_\_\_

### **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 one week 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 1-7 of this form. Make a copy.
- Return this copy along with the completed *Participant Information Surveys* to the Survey Coordinator (contact information below) within one week of workshop completion.
- Keep the original of this form. At the conclusion of the workshop, complete items 8-10 of the original of this form and send with the *Attendance Log* to the Survey Coordinator (contact information below) within one week after the final session.

[Survey Coordinator Contact Info]

#### **PAPERWORK REDUCTION ACT STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-xxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 1 Massachusetts Avenue, N.W., Room 5203, Washington, D.C. 20001, Attention: PRA Reports Clearance Officer