Workshop Information Cover Sheet

Leader Information:			
Leader Name:	Phone:		
Landay Nama	e-mail ad	ddress:	
Leader Name:	e-mail ac	ddress:	
Workshop Information:			
Location:			
	Name		
Aller		01-1-	
Address	City	State	Zip
Start Date:	End Date:		
Did you offer a "Session 0" with the		ahana offar a "Casai	on 0")
("Session 0" is an optional pre-workshop	p session. Not all work	snops offer a "Sessi	on u ⁻ .)
Yes No Don't Kno	OW WC		
What type of workshop is this? (N	Mark only one.)		
Chronic Disease Self-Mana	gement Program (CDSMP)	
Tomando Control de su Sal	lud (Spanish CDSI	,	
Diabetes Self-Management		CMD)	
Tomando Control de su Dia Arthritis Self-Management F		SIVIP)	
Programa de Manejo Perso		Spanish ASMP)	
Language: EnglishSpani	sh Other		
Opani			
-Number of participants enrolled,	attending at least	1 session*:	
-Number of participants who com		essions*:	
Number of Session 4 Surveys in	oluded in returned		ing "Session 0"
 -Number of Session 1 Surveys in -Number of Session 6 Surveys in 			
·		•	
It the number of forms is fower th	an the number of r	participants noted	d above, please
If the number of forms is fewer th provide a brief explanation (e.g.,		•	of forms etc.)

Please send all completed forms

(Cover Sheet, Attendance Roster & Participant Surveys from Sessions 1 & 6) to:

Health Care Agency-Adult Public Health Nursing Services

Attn: Alice DeFranco P.O. Box 355, #25B Santa Ana, CA 92702