



## Living Well Workshops Workshop Information Sheet

**Panhandle**  
Public Health District

### **Instructions to Leaders:**

Please provide the requested details about this workshop and print clearly. Use this as a cover sheet for the completed data collection forms to return to the *Living Well* Coordinator.

1. Workshop Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please provide full first and last names of the workshop leaders and include phone number and email in case there are any questions.

First Name	Last Name	Email/Phone
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First Name	Last Name	Email/Phone
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First Name	Last Name	Email/Phone
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3. Workshop Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

If more than 6 weeks, please indicate why (weather, illness of leader, holiday):

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

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

☐ Living Well (Chronic Disease Self-Management Program – CDSMP)

☐ Living Well with Diabetes (Diabetes Self-Management Program – DSMP)

☐ Living Well at the Workplace (wCDSMP)

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

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

7. Number of participants *who attended at least 1 session\**: \_\_\_\_\_

*\*Excluding "Session 0"*

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 to complete, loss or destruction of forms, etc.).

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### Forms Checklist:

Please return the following forms to the Living Well Coordinator in the prepaid/pre-addressed envelope provided within 1 week after the final session:

- ☐ Workshop Information Sheet (this form)
- ☐ Attendance Log
- ☐ All Participant Information Surveys
- ☐ Workshop Feedback forms
- ☐ Workshop Registration form (if utilized)

Questions?

*Living Well Coordinator*

1-855-227-2217 or [cfarris@pphd.org](mailto:cfarris@pphd.org) or Fax: 308-262-1317

#### PAPERWORK REDUCTION ACT STATEMENT

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