

Colorado CDSME Collaborative

Program Information Cover Sheet

Instructions to Program Facilitator(s): Please provide the requested details about this program. 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. Program Facilitator Names (please provide full first and last names and provide the daytime phone number and/or email of the best person to contact about any questions on the forms)

First Name Last Name Ph: (____) _____ - _____
Email: _____

First Name Last Name Ph: (____) _____ - _____
Email: _____

3. Program 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 program is this? (Mark only one.) [Note to Grantee: adapt this to fit local programming]

- Chronic Disease Self-Management Program (CDSMP)
 Tomando Control de su Salud (Spanish CDSMP)
 Diabetes Self-Management Program (DSMP)
 Programa de Manejo Personal de la Diabetes (Spanish DSMP)
 Positive Self-Management Program for HIV
 Chronic Pain Self-Management Program
 Cancer: Thriving and Surviving
 EnhanceWellness
 HomeMeds
 PEARLS
 Active Living Every Day

Program Information Cover Sheet—continued

6. 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: _____

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

\$ _____

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 0985-0036. 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, 300 C Street SW, Washington, D.C. 20201, Attention: PRA Reports Clearance Officer