

Paths to Health NM: Tools for Healthier Living

Stanford Self-Management Programs

NEW MEXICO
DEPARTMENT OF
HEALTH



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 NM	Zip

2	Program Facilitator Names <i>(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)</i>		
	First	Last	Phone ()
			Email
	First	Last	Phone ()
		Email	

3	Program Start Date (mm/dd/yyyy) / /	Program End Date (mm/dd/yyyy) / /
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4	Did you offer a "Session 0" with this workshop? <i>(Session 0 is an optional pre-workshop session. Not all workshops offer a Session 0.)</i>
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	

5	What type of program is this? <i>(Mark only one.)</i>
<input type="radio"/> Chronic Disease Self-Management Program (CDSMP) <input type="radio"/> Diabetes Self-Management Program (DSMP) <input type="radio"/> Positive Self-Management Program for HIV <input type="radio"/> Chronic Pain Self-Management Program (CPSMP) <input type="radio"/> Cancer: Thriving and Surviving (CTS)	

6	Please check the language used when leading this workshop:
<input type="radio"/> English <input type="radio"/> Dutch <input type="radio"/> Italian <input type="radio"/> Punjabi <input type="radio"/> Tamil <input type="radio"/> Spanish <input type="radio"/> French <input type="radio"/> Japanese <input type="radio"/> Russian <input type="radio"/> Turkish <input type="radio"/> Arabic <input type="radio"/> German <input type="radio"/> Korean <input type="radio"/> Somali <input type="radio"/> Vietnamese <input type="radio"/> Bengali <input type="radio"/> Greek <input type="radio"/> Khmer <input type="radio"/> Swedish <input type="radio"/> Other: <input type="radio"/> Chinese <input type="radio"/> Hindi <input type="radio"/> Norwegian <input type="radio"/> Tagalog _____	

7	If you charged the participants a fee to attend this workshop, please indicate the amount: \$ _____
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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, 330 C Street SW, Washington, D.C. 20201, Attention: PRA Reports Clearance Officer.**

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Attendance Log

Instructions to Program Facilitators: Please clearly print the Program Information and the Participant IDs below. Write participants' IDs as they appear on their Participant Information Surveys. Mark each session that the participant attends like this:

Implementation Site Name					
Start Date (mm/dd/yyyy) / /	End Date (mm/dd/yyyy) / /				

	Participant ID	Session Number*					
		1	2	3	4	5	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

*Adapt this section to include the number of possible sessions. Use additional pages if needed.