



Oregon Living Well Program

Program Summary

Instructions to Living Well Leaders: Please provide the requested details about this workshop. Please print clearly.

1. Workshop location: _____

Address: _____

City: _____ County: _____ Zip: _____

2. Licensed/sponsoring organization: _____

3. Group leaders' names (please provide full first and last names.) If we can 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.)

Yes No Don't know

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

Living Well/Chronic Disease Self-Management Program

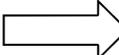
Tomando Control de su Salud

Positive Self-Management Program (PSMP)

Manejando su Salud con VIH/SIDA

Diabetes Self-Management Program (DSMP)

Chronic Pain Self-Management Program (CPSMP)

Please turn over 

Program Summary—continued

7. Workshop language:

- English Spanish Chinese Korean Russian Somali
 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” if this was offered*

10. Was a “Living Well Fidelity Checklist” used to observe and assess program fidelity during this workshop series?

- Yes No N/A-Leaders already observed for fidelity this year

11. Number of Participant Information Forms included in the return 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.):

Instructions

Please return the following forms to the Oregon Living Well Program within one week after the final session:

- This *Program Summary*
- Attendance Log*
- All completed *Participant Information* forms

Contact the Oregon Living Well Program at 888-576-7414 or living.well@state.or.us with comments or questions.

Oregon Living Well Program
800 NE Oregon St., Ste. 730
Portland, OR. 97232-2162