

# Arthritis & Chronic Disease Program Participant Attendance Sheet



<b>Course Offering:</b> <input type="checkbox"/> Arthritis Exercise <input type="checkbox"/> CDSMP <input type="checkbox"/> Walk With Ease <input type="checkbox"/> Tomando Control <input type="checkbox"/> Diabetes (DSMP)	<b>Reporting Period:</b> Start Date: _____ End Date: _____ Start Time: _____ End Time: _____ Day(s) of Week: Su M Tu W Th F Sa <b>CDSMP Zero Session:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Class Type:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> Time Limited	<b>Program Sponsor (financial sponsor):</b> <input type="checkbox"/> UME <input type="checkbox"/> RAC: _____ <input type="checkbox"/> AAA: _____ <input type="checkbox"/> LPHA: _____ <input type="checkbox"/> Other: _____
<b>Facility where the class was held:</b> Facility Name _____ Address _____ City _____ Zip Code _____		<b>Leader(s):</b> Name _____ Phone# _____ Name _____ Phone# _____ <b>County:</b> _____	

PARTICIPANT NAME (PRINT FIRST AND LAST NAME)	NEW (Self Report)									D	A	T	E	S					
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