

Arthritis & Chronic Disease Program Participant Attendance Sheet



Course Offering: <input type="checkbox"/> CDSMP <input type="checkbox"/> Arthritis Exercise <input type="checkbox"/> Tomando Control <input type="checkbox"/> Walk With Ease (Grp) <input type="checkbox"/> Diabetes (DSMP) <input type="checkbox"/> Other _____	Reporting Period: Start Date: _____ End Date: _____ Start Time: _____ End Time: _____ Day(s) of Week: Su M Tu W Th F Sa CDSMP Zero Session: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class Type: <input type="checkbox"/> Ongoing <input type="checkbox"/> Time Limited	Lead Organization: _____ RAC: _____ License Holder/Sponsor: <input type="checkbox"/> DHSS <input type="checkbox"/> Other, specify _____
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Site where the class was held: Site Name _____ Address _____ City _____ County _____ Zip Code _____	Leader(s): Name _____ Phone# _____ Name _____ Phone# _____
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PARTICIPANT NAME (PRINT FIRST AND LAST NAME)	Zero Session								D	A	T	E	S						TOTAL
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Number of TOTAL participants: _____
 Number of NEW participants: _____
 Number of REPEATERS (Total minus NEW): _____