Living Well with Chronic Conditions or Living Well with Diabetes

OMB Control No. 0985-0036 Exp. Date 10/31/2019

Atten	dance	Loa

Instructions to Program Facilitators: Please clearly print the Program Information and the Participant IDs below. Write participants' IDs (first 2 letters of first and last name followed by last 2 numbers of birth year) as they appear on their Participant Information Surveys.

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Date (m	ım/dd/y	/yyy): <u> </u>	/	/	
Session Number*					
1	2	3	4	5	6
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3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.

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

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