



Please complete this cover page for each *A Matter of Balance* program provided by your organization.

1. Site Name: _____
City: _____ State: _____

2. If this is a new program delivery/implementation site, please also complete 2a and 2b:

a. Street Address: _____ Zip code: _____

b. Type of site (select the type that best describes your site):

<input type="radio"/> Municipal Government	<input type="radio"/> Recreational Organization
<input type="radio"/> Area Agency on Aging	<input type="radio"/> Residential Facility
<input type="radio"/> County Health Department	<input type="radio"/> Senior Center
<input type="radio"/> Educational Institution	<input type="radio"/> Other Community Center
<input type="radio"/> Faith-based Organization	<input type="radio"/> Tribal Center
<input type="radio"/> Health Care Organization	<input type="radio"/> Workplace
<input type="radio"/> Library	<input type="radio"/> Other (Please specify):
<input type="radio"/> Multi-purpose social services organization	

3. Name of host organization licensed to offer program: _____

4. Coach Names (first and last names and daytime contact information for each)

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

5. Program Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

6. Did you offer a “Session 0” with this workshop? (Session 0 is an optional pre-program session provided by some agencies). Yes No

7. Number of participants enrolled (who attended at least one session): _____

8. Number of completers (who attended 5 or more sessions, excluding session 0): _____

Please collect the following forms for data entry:

✓ Attendance Sheet

✓ ~~Informed Consent Forms~~

✓ First and Last Session Surveys

✓ PAR-Q Forms

Forms can be sent via Mail or Email to UNC-Asheville via any of the following:

a) healthyagingncinfo@gmail.com; b) Fax: 828-255-7104; or

c) NC Center for Health & Wellness, Attention: Janice Self,
UNC Asheville, 1 University Heights, CPO 4010, Asheville, NC 28804