



## Tai Chi for Arthritis Program Information



Please complete this cover page for each *Tai Chi for Arthritis* 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 16 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) [healthvagingncinfo@gmail.com](mailto:healthvagingncinfo@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