

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

HEALTHYAGINGNC.COM/PROGRAM-FORMS/

- Program Info Cover Sheet
- Attendance
- Participant Info Form/First Session
- Participant Post-Program Form
- PAR-Q



A MATTER OF BALANCE MANAGING CONCERNS ABOUT FALLS	
Participant ID	
1	John F. or JF
2	



1

**ACCESS CURRENT PROGRAM FORMS
AT [HTTPS://HEALTHYAGINGNC.COM/PROGRAM-FORMS/](https://HEALTHYAGINGNC.COM/PROGRAM-FORMS/)**

2

**CREATE ATTENDANCE LIST.
CAN INCLUDE FIRST NAME, INITIALS, ETC.
KEEP AN INTERNAL CLASS LIST WITH ALL
PARTICIPANT INFO (PHONE #, EMERGENCY
CONTACT, ETC.) SEPARATE FROM THE
ATTENDANCE SHEET.**

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

HEALTHYAGINGNC.COM/PROGRAM-FORMS/

A Matter of Balance Participant Information Form

By filling out this form, I agree that the information collected on programs forms may be studied and s

Admin Use Only: Participant I.D.: The facilitator or program staff should complete this part of t
number of the participant to the name on the attendance form.

State abbreviation: NC (e.g., NY, VA, etc.)

First four letters of the site name: NCCE

Start date of program: 03/08/22 / ____ (e.g., 12/01/19)

Participant number: 01 (e.g., 01, 02, 03, etc.)



A MATTER OF
BALANCE
MANAGING CONCERNS ABOUT FALLS

A Matter of Balance Attendance

Program Start Date: 3/8/2022

Program End Date: 3/31/2022

Implementation Site Name: NC Center for Health and Wellness

Session (Check the box of the sessions attended)

*TUG = Timed Up and Go score (optional)

Participant ID	TUG*	1	2	3	4	5	6	7	8	TUG*	Total sess
1 John F. or JF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3

01

• PARTICIPANTS COMPLETE INFORMATION FORM/FIRST SESSION SURVEY

• LEADER/ORGANIZER COMPLETES ADMIN USE ONLY SECTION

• PARTICIPANT NUMBER MUST MATCH PARTICIPANT ID ON ATTENDANCE FORM

- EXAMPLE: **JOHN F = 1** ON ATTENDANCE SHEET
- **JOHN F = 01** ON PARTICIPANT INFO FORM
- START TRACKING WHEN PARTICIPANT TURNS IN FORM. YOU CAN WRITE INITIALS, NAME, ETC. ON FORM IF NEEDED; SAME NUMBER WILL BE USED AT END OF WORKSHOP.

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

HEALTHYAGINGNC.COM/PROGRAM-FORMS/



A Matter of Balance Attendance

Program Start Date: 3/8/2022
Program End Date: 3/31/2022
Implementation Site Name: NC Center for Health and Wellness

Session (Check the box of the sessions attended)

*TUG = Time Up and Go score (optional)

Participant ID	TUG*	1	2	3	4	5	6	7	8	TUG*	Total session
¹ John F. or JF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0

Transfer the first four letters of site name.

→ 3

Make sure start date matches on both forms.

A Matter of Balance Participant Information Form

By filling out this form, I agree that the information collected on programs forms may be studied and shared.

Admin Use Only: Participant I.D.: The facilitator or program staff should complete this part of the form. The number of the participant to the name on the attendance form.

State abbreviation: NC (e.g., NY, VA, etc.)

First four letters of the site name: NCCE

Start date of program: 03/08/22 / ____ (e.g., 12/01/19)

Participant number: 01 (e.g., 01, 02, 03, etc.)

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

HEALTHYAGINGNC.COM/PROGRAM-FORMS/

→ 4

A Matter of Balance Participant Post Program Survey

By filling out this form, I agree that the information collected on programs forms may be studied and shared, with no way to link it back to me.

Admin Use Only: Participant I.D.: The facilitator or program staff should complete this part of the form and mark the sequential number of the participant to the name on the attendance form.

State abbreviation: NC (e.g., NY, VA, etc.)

First four letters of the site name: NCCE

Start date of program: 03/08/22 / ___ / ___ (e.g., 12/01/19)

Participant number: 01 (e.g., 01, 02, 03, etc.)



A MATTER OF
BALANCE
MANAGING CONCERNS ABOUT FALLS

A Matter of Balance Attendance

Program Start Date: 3/8/2022

Program End Date: 3/31/2022

Implementation Site Name: NC Center for Health and Wellness

Session (Check the box of the sessions attended)
*TUG = Timed Up and Go score (optional)

Participant ID	TUG*	1	2	3	4	5	6	7	8	TUG*	Total sessions
¹ John F. or JF		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8

- PARTICIPANTS COMPLETE POST PROGRAM SURVEY
- LEADER/ORGANIZER COMPLETES ADMIN USE ONLY SECTION
- PARTICIPANT NUMBER MUST MATCH PARTICIPANT ID ON ATTENDANCE FORM

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

[HEALTHYAGINGNC.COM/PROGRAM-FORMS/](https://healthyagingnc.com/program-forms/)



5

Program Form Tips

- Program Info Cover Sheet
 - Make sure that all fields are complete before sending (# of completers, address, leader info, etc.)
- Attendance
 - Make sure each box is checked if present.
- Participant Info Form/First Session & Post-Program Form
 - Make sure that participant number matches order number on attendance sheet. It's ok to write a name or initials on the participant info forms to ensure that the names and numbers/forms match. You can erase or remove before sending if you wish.
 - Participants will only be identified in the database by number.

Program Forms

HEALTHY AGING NC



COMPLETING WORKSHOP FORMS

A 5-STEP PROCESS

[HEALTHYAGINGNC.COM/PROGRAM-FORMS/](https://healthyagingnc.com/program-forms/)



5

SCAN/EMAIL ALL FORMS TO
HEALTHYAGINGNCINFO@GMAIL.COM
WITHIN 30 DAYS OF WORKSHOP END.



- Program Info Cover Sheet
- Attendance
- Participant Info Form/First Session
- Participant Post-Program Form
- PAR-Q (do not send/host org keeps)

Program Forms

HEALTHY AGING NC



TRACKING PARTICIPANT IDS

[HEALTHYAGINGNC.COM/PROGRAM-FORMS/](https://healthyagingnc.com/program-forms/)

Suggestions for tracking participant IDs correctly. Figure out what will work for you and your leaders, and share a process with your leaders.

- Pre-populate participant ID (01, 02, 03, etc.) on the first and last sessions forms and give these to volunteer/site leaders already numbered. Ask program leaders to make sure to give 01 to the person listed in #1 of the attendance sheet.
- Assign 01 to the first person that arrives and write down that name next to #1 on the attendance sheet, 02 to the 2nd person that arrives, etc. Ensure that these match on attendance sheet.
- Ask participants to write down their number on their program booklet.
- Add sticky notes with names or initials connecting the person to the number to the pre/post session surveys. Remove the sticky notes before sending in paperwork.
- Watch minutes 1:15-4:15 of this video for some participant ID tips.



**EMAIL QUESTIONS TO
HEALTHYAGINGNCINFO@GMAIL.COM**

WE'LL BE HAPPY TO HELP!