



Take Control of Your Health

Chronic Disease Self-Management Education Program Group Leader Script

Read the following statement to participants prior to their completion of the Participant Information Survey

- This workshop is made possible by [a grant from the U.S. Administration on Community Living (ACL) and/or support from X funding agencies/ sponsors].
- We would like to give you an optional two-page Survey.
- Before we can share your information with ACL and its database contractor, the National Council on Aging [and X funding agencies or sponsors], we want to explain how your information will be used and protected.
- Your information is very valuable to us. We use it to learn who is being reached by this program and to improve our services. It also helps our funding agencies show that they are spending their money wisely.
- At the top of the Survey pages, we ask for your name or some other way to identify you such as a number or nickname. We will use this to match your information to an Attendance Log to track how many times you attend a class. We do not share your name or nickname with anyone else.
- The Survey also asks you to provide information such as your birth date, zip code, and gender. You may skip any questions that you do not want to answer. While doing the Survey, you may ask us to explain any questions that you find confusing.
- We follow very strict rules to protect all of your information and to keep it private. We will maintain these paper forms securely following standard practices for protecting private data. After a trained person enters your information into a secure computer database, we will destroy the paper forms.
- Completing the Survey is entirely voluntary. If you decide not to complete the Survey you can still participate in this program.
- Please take time now to read the Survey and let us know if you have any questions.