



# Living Healthy & Living Healthy with Diabetes



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## ***Welcome***

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**Thank you for taking a few minutes to answer some brief questions. While you may leave any question on the following Participant Information Survey blank, we encourage you to complete the entire Survey. Information summarized from all workshop participants (in North Carolina and across the country) will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful!**

**The Participant Information Survey asks for basic information about you. The Survey also asks for your name, but it is only for the purpose of matching your information with your attendance throughout the workshop. Your name will not be recorded in any database. You may choose to use a nickname or your first name and last initial, instead of your full name. One of your Workshop Leaders will record your attendance using the name you provide on your Survey.**

**Your Survey will be kept confidential. Your responses will not affect any services or programs you are getting. If you have any questions about what is being asked, please ask your Workshop Leaders.**

**Thank you again for taking a few minutes to complete this important survey.**

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