Take Charge Participant Post-Survey

Participant Number or Name: _____

Participant Date of Birth: __ __ / __ __ / __ __ (e.g., 12/01/21)

Workshop ID: __ __ (e.g., 01, 02, 03, etc.)

Provider Name: _____ (e.g., XYZ Organization)

Start date of program: __ __ / __ __ / __ __ (e.g., 12/01/21)

Program Name:

☐ Take Charge of Your Health ☐ Take Charge of Your Pain ☐ wCDSMP
☐ Take Charge of Your Diabetes ☐ Cancer: Thriving and Surviving

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1. In general, would you say that your health is:
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. How sure are you that you can manage your condition so you can do the things you need and want to do?

Totally unsure 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Totally sure

3. How often do you feel lonely or isolated from those around you?
   ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

4. The UCLA 3-item Loneliness scale:

	Hardly ever	Some of the time	Often
a. How often do you feel that you lack companionship?	☐	☐	☐
b. How often do you feel left out?	☐	☐	☐
c. How often do you feel isolated from others?	☐	☐	☐

5. After taking this class, how well do you feel the expectations of this program were communicated?
   ☐ Very well ☐ Moderately well ☐ Slightly well ☐ Not well at all

6. The class helped me achieve the goals I set in my action plan(s):
   ☐ Yes ☐ No

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7. Please tell us to what extent you agree that the program has been helpful: **Check one box for each question.**

	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strong Disagree**
Manage a chronic condition	☐	☐	☐	☐	☐
Continue to work or perform other daily activities	☐	☐	☐	☐	☐
Cope with feelings such as anger, frustration, sadness, depression, or fear	☐	☐	☐	☐	☐
Manage stress and fatigue	☐	☐	☐	☐	☐
Eat healthier	☐	☐	☐	☐	☐
Increase physical activity	☐	☐	☐	☐	☐
Work with health professionals or a care team	☐	☐	☐	☐	☐
Socialize more with others	☐	☐	☐	☐	☐

8. Since this program began, what have you done to manage your chronic condition(s) **Check all that apply.**

☐	Talked with a friend or family member about my chronic condition(s)
☐	Talked with a health care provider about a self-management technique I learned in this program
☐	Made a change in my diet or eating habits
☐	Exercised or implemented additional physical activity into my daily routine
☐	Connected with other participants and continued to socialize with them outside of this program
☐	Reviewed my medications and/or medication habits and made changes as necessary

9. Since this program began, I have applied the skills I learned in this program to: **Check all that apply.**

☐	Manage emotions like stress, depression, anger, fear, or frustration
☐	Manage pain, fatigue, or other symptoms of my chronic condition(s)
☐	Increase my strength, flexibility, endurance, or overall physical fitness
☐	Make a medication list that includes all current medications, dosages, and dates started
☐	Solve a problem or issue I was experiencing in my life
☐	Help someone else use a technique I learned in this program

10. After taking this workshop, I am feeling_____about my health:

☐ Much better ☐ Better ☐ About the same ☐ Worse ☐ Much worse

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11. After taking this workshop, I am feeling_____about my ability to manage my chronic condition(s):

☐ Much better ☐ Better ☐ About the same ☐ Worse ☐ Much worse

12. In general, I would say that my sense of well-being is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

13. How likely is it that you would recommend this program to a friend or family member?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Extremely likely

14. Would you be willing to share your story to help other people gain access to these programs?

☐ Yes ☐ No

15. What is most valuable to you in this program?

_____

_____

_____

16. Please provide any thoughts or feedback about the program leader(s):

_____

_____

_____

17. Please provide any other information you would like us to know:

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