

Participant Number or Name: _____

Workshop ID: _____ Site Name: _____

Start date of program: ____ / ____ / ____ (e.g., 05/01/24)

Program Name:

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

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?

- Always Often Sometimes Rarely Never

4. How often do you feel isolated from those around you?

- Always Often Sometimes Rarely Never

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

- Talked to a family member or friend about my health
 Talked to a healthcare provider about how I can better manage my chronic condition
 Had my medications reviewed by a healthcare provider or pharmacist
 Started or continued to exercise
 Made changes to how I choose the food I eat
 Participate in or plan to participate in another health-related or exercise program in my community

6. How would you rate your overall satisfaction with the quality of the program?

- Very Dissatisfied Dissatisfied Okay Satisfied Very Satisfied

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

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

8. 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

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

Yes No

10. What was most valuable to you in this program?

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