

Participant Number or Name: _____

Workshop ID: _____ **Site Name:** _____

Start date of program: ____ / ____ / ____ (e.g., 05/01/23)

Program Name:

☐ Fit and Strong!

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):
