



Share Your Story: Participant Testimonial

Living Well with Chronic Conditions

We would like to be able to share your story to help others living with chronic conditions about the *Living Well with Chronic Conditions* workshops. (All questions are optional.) We will not share your personal contact information or your last name to the public.

Name _____

Do we have permission to use your first name? Yes No

E-mail _____

Phone _____

Signature _____

Why did you decide to take the *Living Well with Chronic Conditions* workshop?

Now that you have completed the *Living Well with Conditions* workshop, how has it helped you manage your condition?

What did you hope to gain from taking this workshop?

What differences do you see in your life now? (For example, in your physical health, emotional health, mental health, social life changes)

If you could describe *Living Well with Chronic Conditions* in one sentence, or a few words, what would you say?