Living Well with Chronic Conditions/Living well with Diabetes or other programs in Stanford suite: Participant Post-Program Supplement Form

Today's date: ____/ ____/_____
M M D D Y Y Y Y

Participant I.D. (first two letters of your first name, first two letters of your last name, last two numbers of your birth year): __ __ __ __ __ __

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1. After taking this workshop, I am more confident that I can manage my chronic health condition(s).

   Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

2. The location for this program was a suitable physical environment
   ○ Strongly agree ○ Agree ○ Disagree ○ Strongly disagree

3. How would you rate the sense of community among you and your fellow program participants during the program?
   ○ Very close ○ Somewhat close ○ A little close ○ Not at all close

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

This program has helped me:	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Manage a chronic condition	O	O	O	O
b. Continue to work or perform other daily activities	O	O	O	O
c. Cope with feelings such as anger, frustration, sadness, depression or fear	O	O	O	O
d. Manage stress and fatigue	O	O	O	O
e. Eat healthier	O	O	O	O

f. Do more walking or other physical activities	O	O	O	O
g. Set and achieve goals	O	O	O	O
h. Work with health professionals or a care team	O	O	O	O

5. Please tell us your thoughts about the program leader. **Check one circle for each question.**

The leader of this program:	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Was easy to understand	O	O	O	O
b. Was well organized	O	O	O	O
c. Was respectful to me and others	O	O	O	O

6. After taking this workshop, I am feeling _____ about my health.
   ○ Much better ○ Better ○ About the same ○ Worse

7. After taking this workshop, I am feeling _____ about my ability to *manage* my health.
   ○ Much more confident ○ More confident ○ About the same ○ Less confident

8. In general, I would say that my sense of well-being is:
   ○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

9. How likely is it that you would recommend this program to a friend or family member?
   Not at all likely *Neutral* *Extremely likely*
   1 2 3 4 5 6 7 8 9 10

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

    _____

    _____

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

    _____

    _____