



# Share Your Story: Participant Testimonial

## ***Living Well with Chronic Pain***

We would like to be able to share your story to help others living with chronic pain about the *Living Well with Chronic Pain* 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 Pain* workshop?

Now that you have completed the *Living Well with Chronic Pain* workshop, how has it helped you manage your pain?

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 Pain* in one sentence, or a few words, what would you say?