



Workshop Evaluation
Living Well With Chronic Conditions
Living Well with Diabetes
Living Well with Pain

Thank you for choosing to participate in this workshop. We will use the information from this questionnaire to find out how the program is helping people with chronic conditions and to continue to improve the program. All of your answers will only be used in group summaries.

Class Site _____

Today's date _____

Would you recommend this program to a friend or relative? ___ YES ___ MAYBE ___ NO

In general, would you say your health is:

___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

During the past month, how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation? _____ Days

The leaders in this workshop

Were easy to understand Very easy Somewhat easy Not easy

Worked well together Very well Somewhat well Not well

Were well organized Very organized Somewhat organized Not organized

Were respectful of everyone Very respectful Somewhat respectful Not respectful

The book used with the workshop was Essential Useful Not useful

Comments:

Overall, how much has the workshop helped you to:

- | | | | |
|---|--|--|---------------------------------------|
| manage your chronic condition
(diabetes, arthritis, heart or lung disease,
Hypertension, pain, etc.) | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| continue your work or other daily activities | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| cope with feelings such as anger,
frustration, sadness, depression, or fear | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| prevent falls | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| manage your stress and fatigue | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| eat healthier | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| do more walking or other physical
activities | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| set and achieve goals – make action plans | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |
| work with your health professionals | <input type="checkbox"/> Better | <input type="checkbox"/> About the Same | <input type="checkbox"/> Worse |

What have you accomplished in this workshop that is most important to you?

Please add any other suggestions, comments or concerns.

Thank you for taking the time to fill out this survey!