



Share Your Story: Workshop Participants

We would like to be able to share your story to help others living with chronic conditions learn about the Living Well workshops. (All questions are optional.)

Name _____

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

E-mail _____

Phone _____

Signature _____

Why did you decide to take a Living Well workshop?

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

What were you hoping 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 in one sentence, what would you say?



Share Your Story: Host Site, Health Care, and/or Social Service Provider

We would like to be able to share your thoughts in order to help people living with chronic conditions learn about the Living Well workshops. (All questions are optional.)

Name _____

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

Organization _____

Title _____

E-mail _____

Phone _____

Signature _____

Why do you think Living Well is an important program?

Have you seen the impact on Living Well workshop participants? Please explain.

How do you think programs that promote self-management, such as Living Well, end up being more cost-efficient in the long run?