

Participant Name: _____

Doctors Name: _____

Living Well with Chronic Conditions classes held in: _____

Class Dates: _____

Completed 6-week series: Yes No

Participant was contacted after referral, but did not attend. (See comments below.)

Chronic conditions I live with: _____

I completed workshops in the following areas:

- Differences between acute and chronic conditions
- Using the mind to control symptoms
- How to make an action plan
- Problem solving skills
- Dealing with difficult emotions
- Physical activity and exercise
- Better breathing
- Muscle relaxation
- Pain and fatigue management
- Endurance activities
- My healthcare future
- Healthy eating
- Communication skills
- Medication usage
- Depression management
- Positive thinking
- Guided imagery
- Working with my healthcare professional

My current goals: _____

Concerns/Additional comments: _____

Thank you,

Signature of participant

Date

Leader Signature

Date