Take Charge
Participant Post-Survey

Participant Number or Name: _____

Workshop ID: _____ **Site Name:** _____

Start date of program: _____ / _____ / _____ (e.g., 05/01/23)

Program Name:
☐ Take Charge of Your Health ☐ Take Charge of Your Pain ☐ wCDSMP
☐ Take Charge of Your Diabetes ☐ Cancer: Thriving and Surviving

---

1. In general, would you say that your health is:
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. How sure are you that you can manage your condition so you can do the things you need and want to do?

   Totally unsure   1   2   3   4   5   6   7   8   9   10   Totally sure

3. How often do you feel lonely?
   ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

4. How often do you feel isolated from those around you?
   ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

5. Since this program began, what have you done to manage your chronic condition(s)? **Check all that apply.**
   ☐ Talked to a family member or friend about my health

   ☐ Talked to a healthcare provider about how I can better manage my chronic condition

   ☐ Had my medications reviewed by a healthcare provider or pharmacist

   ☐ Started or continued to exercise

   ☐ Made changes to how I choose the food I eat

   ☐ Participate in or plan to participate in another health-related or exercise program in my community

6. How would you rate your overall satisfaction with the quality of the program?
   ☐ Very Dissatisfied ☐ Dissatisfied ☐ Okay ☐ Satisfied ☐ Very Satisfied

7. Since this program began, I have applied the skills I learned in this program to: **Check all that apply.**

Manage emotions like stress, depression, anger, fear, or frustration
Manage pain, fatigue, or other symptoms of my chronic condition(s)
Increase my strength, flexibility, endurance, or overall physical fitness
Make a medication list that includes all current medications, dosages, and dates started
Solve a problem or issue I was experiencing in my life
Help someone else use a technique I learned in this program

8. How likely is it that you would recommend this program to a friend or family member?

               Not at all likely   0 1 2 3 4 5 6 7 8 9 10   Extremely likely

9. Would you be willing to share your story to help other people gain access to these programs?
☐ Yes   ☐ No

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

_____

_____

_____

11. Please provide any thoughts or feedback about the program leader(s):

_____

_____

_____