

Take Charge Participant Post-Survey

Participant Number or Name:							
Participant Date of Birth: / /	(e.g., 12/01/2	1)					
Workshop ID: (e.g., 01, 02, 03, etc.)							
Provider Name: (e.g., XYZ Organization)							
Start date of program: / (e.g., 12/01/21)							
Program Name: □ Take Charge of Your Health □ Take Charge of Your Pain □ wCDSMP □ Take Charge of Your Diabetes □ Cancer: Thriving and Surviving							
 In general, would you say that your health is: ☐ Excellent ☐ Very Good ☐ Good How sure are you that you can manage your condition so do? 		Poor ings you need and wa	ant to				
Totally unsure 1 2 3 4 5 6 7 8 9 10 Totally sure							
3. How often do you feel lonely or isolated from those around you? Always Often Sometimes Rarely Never							
4. The UCLA 3-item Loneliness scale:	Hardly ever	Some of the time	Often				
a. How often do you feel that you lack companionship?							
b. How often do you feel left out?							
c. How often do you feel isolated from others?							
 5. After taking this class, how well do you feel the expectations of this program were communicated? \[\subseteq \text{Very well} \subseteq \text{Moderately well} \subseteq \text{Slightly well} \subseteq \text{Not well at all} \] 6. The class helped me achieve the goals I set in my action plan(s): 							
□ Yes □ No							



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	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strong Disagree
Manage a chronic condition					
Continue to work or perform other daily activities					
Cope with feelings such as anger, frustration, sadness, depression, or fear					
Manage stress and fatigue					
Eat healthier					
Increase physical activity					
Work with health professionals or a care team					
Socialize more with others					
Since this program began, what have you				tion(s) Che	eck all that a
Talked with a friend or family member Talked with a health care provider about Made a change in my diet or eating hab Exercised or implemented additional phe Connected with other participants and connected my medications and/or medical	about my chron t a self-manago its sysical activity ontinued to soo	into my	tion(s) chnique I lead daily routine ith them outs	rned in this	program
Talked with a friend or family member Talked with a health care provider about Made a change in my diet or eating hab Exercised or implemented additional phe Connected with other participants and connected my medications and/or medical Reviewed my medications and/or medical Manage emotions like stress, depression Manage pain, fatigue, or other symptom	about my chron t a self-manage its sysical activity ontinued to soc cation habits ar the skills I lead n, anger, fear, cons of my chroni	into my ocialize wand made or frustratic condition	daily routine ith them outs changes as not nis program to tion ion(s)	ide of this pecessary	program
Talked with a friend or family member Talked with a health care provider about Made a change in my diet or eating hab Exercised or implemented additional phe Connected with other participants and connected my medications and/or medical sciences. Since this program began, I have applied Manage emotions like stress, depression	about my chron t a self-manage its ysical activity ontinued to so cation habits ar the skills I lea n, anger, fear, c as of my chroni ance, or overall	into my ocialize wind made or frustratic conditic physical	daily routine ith them outs changes as not ition ition ition itin times	ide of this pecessary o: Check a	program orogram all that apply
Talked with a friend or family member Talked with a health care provider about Made a change in my diet or eating hab Exercised or implemented additional phe Connected with other participants and connected my medications and/or medical manage emotions like stress, depression Manage pain, fatigue, or other symptom Increase my strength, flexibility, endurations	about my chron t a self-manage its ysical activity ontinued to so cation habits ar the skills I lear n, anger, fear, co as of my chroni ance, or overall current medica	into my ocialize wind made or frustratic conditic physical	daily routine ith them outs changes as not ition ition ition itin times	ide of this pecessary o: Check a	program orogram all that apply



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11. After taking this workshop, I am feelingabout my ability to manage may chronic condition(s):					
☐ Much better ☐ Better ☐ About the same ☐ Worse ☐ Much worse					
12. In general, I would say that my sense of well-being is:					
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor					
13. 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					
14. Would you be willing to share your story to help other people gain access to these programs? Yes No					
15. What is most valuable to you in this program?					
16. Please provide any thoughts or feedback about the program leader(s):					
17. Please provide any other information you would like us to know:					