

Completed by Leader  
 Participant number: \_\_\_\_\_



Thank you for participating in one of the *Living Well* workshops! This form is meant to capture feedback about your experience. This helps us see the impact of the program and ensure quality workshops are being delivered across the state. The scores from all participants will be combined and shared with the leaders of the workshop as well. We appreciate your honest feedback!

- 1. Which workshop did you attend?**
- Living Well                       Living Well with Diabetes
- Living Well in the Workplace

- 2. How would you rate your overall satisfaction with the quality of the program?**
- Poor                      Fair                      Good                      Very good                      Excellent

- 3. How would you rate your overall satisfaction with the leaders of the workshop?**
- Poor                      Fair                      Good                      Very good                      Excellent

- 4. How did you hear about this workshop? Mark all that apply.**
- |  |  |
|--|--|
| <input type="checkbox"/> A friend, family member or coworker               | <input type="checkbox"/> Senior center             |
| <input type="checkbox"/> Someone who took the workshop before              | <input type="checkbox"/> Website/social media      |
| <input type="checkbox"/> Brochure, flyer, poster or other printed material | <input type="checkbox"/> Don't know/don't remember |
| <input type="checkbox"/> Story or ad on radio or TV                        | <input type="checkbox"/> Doctor's office           |
| <input type="checkbox"/> Other: (please specify) _____                     |  |

- 5. In general, would you say that your health is?**
- Poor                      Fair                      Good                      Very good                      Excellent

- 6. 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

- 7. How often do you feel lonely or isolated from those around you?**
- Never                      Rarely                      Sometimes                      Often                      Always

**8. Indicate how much you agree with the following statements about the workshop.**

	Strongly Disagree		Neutral		Strongly Agree
The workshop leaders made me feel welcome and part of the group.					
I felt my opinions and contributions to the group were valued by the workshop leaders.					
The workshop leaders were respectful and non-judgmental.					
The workshop leaders managed the group well together.					
The workshop leaders clearly explained the topics and activities.					
Each session started and ended on time.					
I am likely to continue practicing the tools I learned in the workshop.					

**9. Please list any additional comments, questions or concerns about the workshop.**