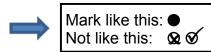


## Michigan Partners on the PATH Workshop Evaluation Form - Step 6

For All PATH Workshops

Please answer the following questions to let us know about your experience with this workshop. Thank you for your time.



1. Think back to the start of this workshop. Which symptoms were causing problems in your life? (mark all that apply)

O Stress or anxiety

- O Difficult emotions (frustration, anger, fear, worry)
- O Fatigue (being tired)

O Poor sleep

**O** Depression

- O Shortness of breath O Pain
  - O Physical limitations (trouble with everyday tasks)
- 2. In the workshop, you learned about many self-management tools. Which tools will you keep using after the workshop ends? (mark all that apply)
  - **O** Physical activity O Weight management
  - O Problem solving O Making action plans
  - O Healthy eating O Understanding emotions
  - O Communication O Proper use of medications
  - O Using your mind O Working with health professionals
- O Breathing techniques
- O Decision making
- O Sleep
- O None

| Please mark one answer for each question below.   | Strongly<br>Agree | Agree | Neither<br>Agree or<br>Disagree | Disagree | Strongly<br>Disagree |
|---|-------------------|-------|---------------------------------|----------|----------------------|
| 3. The leaders made me feel welcome and comfortable.                                      | 0                 | 0     | 0                               | 0        | 0                    |
| 4. The leaders were on time and ready to start each week.                                 | 0                 | 0     | 0                               | 0        | 0                    |
| 5. After taking the workshop, I am more confident that I can manage my health conditions. | 0                 | 0     | 0                               | 0        | 0                    |
| 6. Would you recommend this workshop to your family and friends? O Yes O No               |                   |       |                                 |          |                      |
| Comments:   |                   |       |                                 |          |                      |
|   |                   |       |                                 |          |                      |
|   |                   |       |                                 |          |                      |
| For Office Use  |                   |       |                                 |          |                      |

