

# Share Your Story: Participant Testimonial

## Living Well Alabama

We would like to be able to share your story to help others living with chronic conditions learn about the Alabama Living Well workshops. (All questions are optional.)

Name \_\_\_\_\_

Do we have permission to use your first name?  Yes  No

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Why did you decide to take the *Alabama Living Well* workshop?

Now that you have completed the *Alabama Living Well* workshop, how has it helped you manage your chronic condition?

What did you hope to gain from taking this workshop?

What differences do you see in your life now? (For example, in your physical health, emotional health, mental health? Social life changes?)

If you could describe Alabama Living Well in one sentence, or a few words, what would you say?