

**NHP Members –Help us track your success!! PLEASE RETURN FORM TO:
Network Health Plan Attn: Jan Cobia
1570 Midway Place
Menasha, WI 54952**

**Living Well With Chronic Conditions
Workshop Attendance Record**

PLEASE PRINT

Name

Mailing Address

City

State

Zip

Phone

Date of Birth

Workshop Location

**Classes you attended (Attendance of 4 classes required for completion)
Dates**

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Course completion date

Leader Name (Please print)

Leader Name Signature

How would you rate the usefulness of what you learned?

I use the self-management skill learned from class everyday.

I use self-management skills learned from class at least once a month.

I do not use self-management skills from the class.

Would you take the class again?

Yes

No

Would you recommend the class to others?

Yes

No

My name may be forwarded to Network Health Plan

Yes

No

Any questions about Living Well with Chronic Conditions Classes

Call Jan Cobia 1-800-826-0940 ext. 1651 or 920-720-1651.