

**“Living Well...Take Charge of Your Health”**  
**Chronic Disease Self-Management Workshop**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a Chronic Condition? If so, please describe; \_\_\_\_\_  
\_\_\_\_\_

**INTERVIEW QUESTIONS**

1. What are your interests in leading this workshop?
  
  
  
  
  
  
  
  
  
  
2. Do you have any past experience with public speaking? If so, describe?
  
  
  
  
  
  
  
  
  
  
3. How do you feel about using /sticking to a workbook to teach?
  
  
  
  
  
  
  
  
  
  
4. **Scenario:** How would you handle one person in class who is monopolizing the conversation?

5. **Scenario:** How would you handle persons holding side conversations?

6. **Scenario:** How would you handle a situation where member(s) are silent?

7. **Scenario:** How would you answer a participant if he or she asked question(s) you did not have the answer to?

8. How can this workshop be beneficial to you?

9. Why should we choose you as a lay leader for the Living Well workshop?