HOW DID YOU LIKE CAMP?

Age ________  Gender: □ Male  □ Female

Check all that apply:
□ First time camper  □ I’ve been to an overnight non-asthma camp
□ I’ve been to asthma camp before  □ I would like to come to camp again

How did you like camp?
□ Great  □ Okay  □ Not very much

Tell us how you feel about your time at camp.
□ I’m glad I came  □ I got homesick
□ It was fun  □ I wish it was longer
□ I learned about asthma  □ The activities were fun
□ I learned how to make new friends  □ I learned how to work with others
□ I didn’t like it  □ The staff was nice
□ It was too long  □ I felt left out
□ I learned to do new things  □ The food was good
□ I could follow the daily schedule  □ I felt safe
□ It was boring  □ I feel better about my asthma
□ I got to do things I didn’t think I could  □ I think camp is a good thing for kids with asthma

My most favorite camp activity was? _______________________________________________________

My least favorite camp activity was? _______________________________________________________

What did you learn about asthma at camp?
□ Yes  □ No  What is asthma
□ Yes  □ No  How and why to use a peak flow meter
□ Yes  □ No  How to use my inhaler correctly
□ Yes  □ No  The difference between controllers and relievers
□ Yes  □ No  I need to take my medication
□ Yes  □ No  How to take my treatments
□ Yes  □ No  The three zones (red, yellow and green)
□ Yes  □ No  I can handle my asthma away from my parents
□ Yes  □ No  Other kids have breathing problems too
□ Yes  □ No  I can be active with asthma
□ Yes  □ No  I don’t need to be embarrassed about my asthma
□ Yes  □ No  It is important to have an emergency asthma action plan

Did you like your counselor(s)?  □ Yes  □ No
Who was your counselor? ______________________________
Should we invite them back next year?  □ Yes  □ No
HOW DID YOU LIKE CAMP?

Did you like your cabin nurse?  ☐ Yes  ☐ No
Who was your cabin nurse? ______________________________
Should we invite them back next year?  ☐ Yes  ☐ No

How was the food at camp?
☐ Great  ☐ Okay  ☐ Not very good

How did you like your cabin?
☐ Great  ☐ Okay  ☐ Not very much

If you could change anything about asthma camp, what would it be? ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

My favorite thing about camp was? ________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there anything else you would like to tell us about your time at camp? ________________
_____________________________________________________________________________________
_____________________________________________________________________________________

If you have been to asthma camp before, was this year:
☐ As fun as before
☐ A good way to learn more about asthma
☐ Too much of the same

How many years have you been to asthma camp? _________