

CHAMP CAMP 2021 CAMPER SURVEY



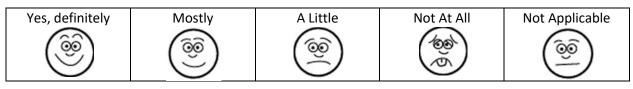
Campers Name: _____ Date of Birth: _____

Thank you so much for participating in **I CHAMP CAMP**! Your participation in this survey allows us to learn more about your experience as a camper this year, as well make improvements to future **CHAMP CAMP** years!

1. Did you find it fun to be a part of Virtual Champ Camp?



2. Would you want to participate in another virtual event?



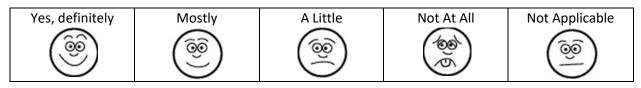
3. If you met another burn survivor would you tell them about this program?

| Yes, definitely | Mostly | A Little | Not At All | Not Applicable |
|-----------------|--------|----------|--------------|----------------|
| | | | (10) (10) | |

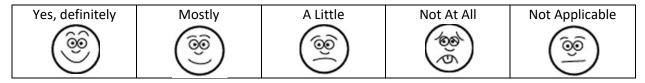
4. After going to this event, will you feel more comfortable being around your classmates or friends?



5. Do you feel more confident in sharing your burn story with others?



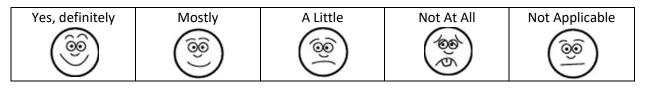
6. Did you learn anything about your burn injury?



7. Did you learn anything new from the activities?



8. Did you learn anything new from the other burn survivors at this event?



9. Was it helpful to meet other burn survivors at this event?



10. Would you like to go to other types of burn survivor events?

| Yes, definitely | Mostly | A Little | Not At All | Not Applicable |
|-----------------|--------|----------|----------------|----------------|
| | | | () () () | |

11. Did you learn anything that will help you at home or at school?

| Yes, definitely | Mostly | A Little | Not At All | Not Applicable |
|-----------------|--------|----------|------------|----------------|
| | | | (O) | |

What the best part of Virtual Champ Camp?

What didn't you like about Virtual Champ Camp?

What did you learn at Virtual Champ Camp?

What types of activities would you like at the next event?

Would you like to stay connected with other kids with burn injuries the rest of the year?