



CHAMP CAMP 2021 CAMPER SURVEY

Camper's Name: _____ Date of Birth: _____

Thank you so much for participating in **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?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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2. Would you want to participate in another virtual event?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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3. If you met another burn survivor would you tell them about this program?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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4. After going to this event, will you feel more comfortable being around your classmates or friends?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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5. Do you feel more confident in sharing your burn story with others?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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6. Did you learn anything about your burn injury?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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7. Did you learn anything new from the activities?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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8. Did you learn anything new from the other burn survivors at this event?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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9. Was it helpful to meet other burn survivors at this event?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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10. Would you like to go to other types of burn survivor events?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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11. Did you learn anything that will help you at home or at school?

Yes, definitely 	Mostly 	A Little 	Not At All 	Not Applicable 
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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?