

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.

- | | |
|--|--|
| <input type="checkbox"/> I'm glad I came | <input type="checkbox"/> I got homesick |
| <input type="checkbox"/> It was fun | <input type="checkbox"/> I wish it was longer |
| <input type="checkbox"/> I learned about asthma | <input type="checkbox"/> The activities were fun |
| <input type="checkbox"/> I learned how to make new friends | <input type="checkbox"/> I learned how to work with others |
| <input type="checkbox"/> I didn't like it | <input type="checkbox"/> The staff was nice |
| <input type="checkbox"/> It was too long | <input type="checkbox"/> I felt left out |
| <input type="checkbox"/> I learned to do new things | <input type="checkbox"/> The food was good |
| <input type="checkbox"/> I could follow the daily schedule | <input type="checkbox"/> I felt safe |
| <input type="checkbox"/> It was boring | <input type="checkbox"/> I feel better about my asthma |
| <input type="checkbox"/> I got to do things I didn't think I could | <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | What <u>is</u> asthma |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | How and why to use a peak flow meter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | How to use my inhaler correctly |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The difference between controllers and relievers |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I need to take my medication |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | How to take my treatments |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The three zones (red, yellow and green) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I can handle my asthma away from my parents |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other kids have breathing problems too |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I can be active with asthma |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I don't need to be embarrassed about my asthma |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____