Diabetes Adventure Camp 2024 Feedback Survey

Cape Fear Valley Kids with Diabetes

1. How likely is it that you would recommend our camp to a friend or colleague? Circle your response.

1	2	3	4	5	6	7	8	9	10
NOT AT ALL LIKELY				UNSURE/ NEUTRAL					EXTREMELY LIKELY

2. Overall, how satisfied or dissatisfied are you with this camp?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

3. Which of the following words would you/your child use to describe the camp? Select all that apply.

- 🗆 Fun
- \Box High quality
- □ Useful
- □ Educational
- \Box Good value for money
- □ Overpriced
- □ Impractical
- □ Ineffective
- \square Poor quality
- Unreliable
- Other (please specify)

4. How well did our camp meet your expectations?

- Extremely well
- O Very well
- Somewhat well
- Not so well
- Not at all well

5. How would you rate the impact of the camp on your child's overall diabetes management?

- Very positive impact
- O Positive impact
- Neither positive nor negative impact
- Negative impact
- O Very negative impact

6. How would you rate the value for money of the camp?

- C Excellent
- Above average
- Average
- Below average
- Poor

7. How has your child's blood sugar management changed since attending camp?

- Much better blood sugar management
- O Better blood sugar management
- O No change
- O Worse blood sugar management
- Much worse blood sugar management

8. How long had your child been diagnosed with Diabetes at the time of the camp?

- Newly diagnosed this summer
- $^{\circ}$ Less than six months
- $^{\circ}$ Six months to a year
- 1 2 years
- 3 or more years
- _{N/A}

9. How likely are you to sign your child up for our Diabetes Camp again?

- Extremely likely
- Very likely
- Somewhat likely
- Not so likely
- Not at all likely

10. Do you have any other comments, questions, feedback, or concerns?