## 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 |
| :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| NOT AT <br> ALL <br> LIKELY |  |  |  | UNSURE/ <br> NEUTRAL |  |  |  | EXTREMELY <br> LIKELY |

2. Overall, how satisfied or dissatisfied are you with this camp?
O Very satisfied
O Somewhat satisfied
O Neither satisfied nor dissatisfied
Oomewhat dissatisfied
O Very dissatisfied
3. Which of the following words would you/your child use to describe the camp? Select all that apply.
$\ulcorner$ Fun
$\ulcorner$ High quality
$\ulcorner$ Useful
$\ulcorner$ Educational
$\ulcorner$ Good value for money
$\ulcorner$ Overpriced
$\ulcorner$ Impractical
$\ulcorner$ Ineffective
$\ulcorner$ Poor quality
$\ulcorner$ Unreliable
Other (please specify)
4. How well did our camp meet your expectations?
O Extremely well
O Very well

- Somewhat well

O Not so well
O Not at all well
5. How would you rate the impact of the camp on your child's overall diabetes management?
O Very positive impact
O Positive impact
O Neither positive nor negative impact
O Negative impact
O Very negative impact
6. How would you rate the value for money of the camp?
Oxcellent
O Above average
O Average
O Below average
O Poor
7. How has your child's blood sugar management changed since attending camp?
O Much better blood sugar management
O Better blood sugar management
O No change
O Worse blood sugar management
O Much worse blood sugar management
8. How long had your child been diagnosed with Diabetes at the time of the camp?
O Newly diagnosed this summer
O Less than six months
O Six months to a year
O 1-2 years
O 3 or more years
O N/A
9. How likely are you to sign your child up for our Diabetes Camp again?
O Extremely likely
O Very likely
O Somewhat likely
O Not so likely
O Not at all likely
10. Do you have any other comments, questions, feedback, or concerns?

