OKIZU Supporting Families with Childhood Cancer

Okizu Family Camp Evaluation 2018

١.	Name	(option	al):							
2.	Please indicate the Family Camp session you attended:									
FC	I: April 2	.0 - 23				FC 6: Aug 17 – 20				
FC 2	2: May 4	- 7				FC 7: Aug 31 - Sept 3				
FC :	3: May 18	8 - 21				FC 8: Sept 14 – 17				
FC ⁴	4: May 2:	5 – 28				FC 9: Sept 21- 24				
FC !	5: Aug 10	0 - 13								
4.	Was this your first time at Family Camp?YesNo Which format did you use for registration?Online SystemPaper Application How easy was it to register your family for Camp Okizu? Please answer on a scale of I-5, I being very difficult, and 5 being extremely easy.									
6.		elpful w		taff witl	n assisting \	with registration and preparation for the weekend? Please answer and 5 being extremely helpful.				
	I	2	3	4	5					
7.	. How helpful was the confirmation packet you received before Family camp? Please answer on a scale of I-5, I being not helpful, and 5 being extremely helpful.									
	I	2	3	4	5					
8.	. How welcome did you feel at camp during the weekend by our staff? Please answer on a scale of I-5, I being not welcome, and 5 being extremely welcome.									
	-	2	3	4	5					
9.			vas our s nely help		ce you arriv	ved on site? Please answer on a scale of 1-5, 1 being not helpful, and				

	How enjo				ities for your family? Please answer on a scale of 1-5, 1 being not enjoyable, and
	I	2	3	4	5
II. F	Has your	support	t netwo	rk exp	panded as a result of Okizu's Family Camp?YesNoOther(please specify)
12. V	What did	you like	e best al	bout (our food service?
13. \	What cou	uld we d	do to im	prove	e our food service?
14. F	Please tel	ll us wha	at we co	ould d	lo better.
15.	Please	comme	nt on w	hat th	ne experience of Family Camp meant for your family.
16. 7	Any addit	tional co	omment	s?	