

Figure 1: Camp Questionnaire

Hello: You are invited to participate in our survey about the inflammatory bowel disease (IBD) camp you attended in January 2015. It will take approximately 5-10 minutes to complete the questionnaire. Your participation in this study is completely voluntary. If you feel uncomfortable answering any questions, you can withdraw from the survey at any point. Your answers will help us make decisions about future camps. Your survey responses will be strictly confidential and data from this research will be reported anonymously (i.e. with no identifiers). Your information will be coded and will remain confidential. If you have questions at any time about the survey or the procedures, you may email Dr. Andrew McCombie at mccombieandrew@hotmail.com. Thank you very much for your time and support. Please start with the survey now by ticking the box below.

- ☐ I attended the camp in January 2015 and agree to participate in this survey

What is your study ID? (Contained in the email which linked to this survey and used previously)

Please indicate how strongly you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know or cannot answer
Attending the camp improved my confidence in dealing with IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending the camp improved my acceptance of my IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending the camp improved my overall quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you enjoy the most about the camp? (be honest and write as much as you want!)

What in the camp experience was the most beneficial for you?

- ☐ Fellow campers
☐ Counselors
☐ Activities
☐ Something else, please specify

How could the camp have been made better?

Was this the first time you have been around other children with IBD?

- ☐ Yes
☐ No

Did you make new friends with the same condition at the camp?

- ☐ Yes
☐ No

Would you recommend the camp to other people with IBD?

- ☐ Yes
☐ No

Would you attend the camp again in a year or two?

- ☐ Yes
☐ No

Please feel free to add any comments or elaborate on your answers to the previous questions.