Attachment F

OMB No. 0920-1185
Expiration Date: 03/31/2026

National Center for Health Statistics

Data Detectives Summer Camp

Parent Camp Evaluation Form

From the Office of Management and Budget (OMB No. 0920-1185, Expiration Date: 03/31/2026):

NOTICE - Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-1185).

We would appreciate your evaluation of the NCHS Data Detectives Summer Camp, by completing a short questionnaire (parent camp evaluation form).

This questionnaire is voluntary and should take less than 10 minutes to complete. It has been designed so that no individually identifiable information will be released. Please be sure not to include any identifiable information pertaining to the questionnaire. If you have any questions please contact us via email, at nchsfeedbacksurvey@cdc.gov .

The findings of this questionnaire will be used to help NCHS better serve you and the public.

We greatly appreciate your time and feedback. Thank you for providing valuable customer feedback to the National Center for Health Statistics (NCHS).

1. Overall, how would you rate your experience with the Data Detectives Camp?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

2. How was your registration experience?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

2a. Tell us more about your registration experience: _____

3. How was your child's experience here?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

    3a. Tell us more about your child's experience here: _____

4. How did our staff do?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

    4a. How could our staff do better? _____

5. Would you recommend our program to others/another family?
    a. Yes
    b. Not sure
    c. No

    5a. If no, why not? _____

6. Please share the things from your experience that you and/or your child will remember, either positive or otherwise.
    _____

7. Anything else we should know?
    _____