Attachment E **OMB No. 0920-XXXX**
Expiration Date:

National Center for Health Statistics

Data Detectives Summer Camp

Parent Camp Evaluation Form

The National Center for Health Statistics (NCHS) would like to hear about your experience at the Data Detectives Camp. To share your feedback, please complete this short survey.

This survey is voluntary and should take less than 10 minutes to complete. It has been designed so that no individually identifiable information is collected. When responding, please be sure not to include any identifiable information about your child or self. If you have any questions, please contact us via email at nchsfeedbacksurvey@cdc.gov.

Your responses will be used to help NCHS gain insight about the camp and to better serve future participants.

We greatly appreciate your time and feedback.

---

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 would you rate 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 at Data Detectives Camp?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

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

4. How would you rate our staff?
    a. Excellent
    b. Very Good
    c. Average
    d. Poor
    e. Have no opinion

    4a. How can our staff do better? _____

5. Would you recommend our program to others?
    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. Is there anything else that we should know?
    _____