

<b>Model Name</b>	<b>ForeSee Feedback Questions</b>
<b>Date</b>	<b>11/17/2016 FCG IA# 30605</b>



Question Text	Answer Choices
How do you rate your experience with the Defense Health Agency?	1 Star 2 Stars 3 Stars 4 Stars 5 Stars
What is your feedback related to?	TRICARE Health Plan Clinical Support Health Surveillance Immunizations Provider Rates and Reimbursements Other
Please describe your experience with the Defense Health Agency.	
What is your beneficiary status? [Optional]	Uniformed Service member Retired Service member Guard/Reserve member Family member DHA employee Other government employee Vendor/Contractor TRICARE network provider Other
What is your region? [Optional]	East West Overseas Don't Know