Feedback for A1 Applications

Please answer below to share your experience with one of the listed websites or applications. Responses are anonymous by default. Do NOT discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others. Please do not include any PII in your response.

OMB CONTROL NUMBER: 0704-0553 OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 2 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

* Required

If you'd like to discuss your feedback, please send an email to <u>aileen.laughlin.1@us.af.mil</u> with Subject: A1 Feedback. Please do not include any PII in your note.

| 1. What | web application are you providing feedback on today? * |
|------------|--|
| | AFFORGEN |
| | Medical Evals |
| | myFSS |
| | myDecs |
| | myEval |
| | myFitness |
| | myVector |
| O - | TMIS |
| O 1 | Workforce Mgmt |
| \bigcirc | Other |
| | |

| 2. | For the web | application | selected i | in Question | 1, please | select the |
|----|-------------|-------------|------------|-------------|-----------|------------|
| | appropriate | response. * | | | | |

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-------------------|------------|------------|------------|----------------------|
| The app meets my needs / requirements. | \bigcirc | | | \bigcirc | |
| The app is easy to use. | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| The app was easy to find. | \bigcirc | \bigcirc | \bigcirc | | \bigcirc |
| The app was easy to navigate. | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| The app saved me time. | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| | | | | | |

3. Please explain your responses above. Please do not include any PII in your response.

| response. | | | |
|-----------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |