

AGENCY DISCLOSURE NOTICE

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2021 MAY 13

Message (M1)

Our records show that you are eligible to receive the COVID-19 vaccine from the Department of Defense (DoD). The following questionnaire is to help the Department of Defense understand current COVID-19 vaccine demand and provide instructions on how to receive the COVID-19 vaccine at a DoD vaccination site. Participation in this questionnaire is voluntary.

Question 1 (Q1)

Have you already received one or more doses of the COVID-19 vaccine?

- A. Yes
 - a. Data Type: Radio Button
 - b. Required: Conditional
 - c. Rule: IF not blank THEN move to **Q2**
- B. No, but I am interested in receiving the vaccine
 - a. Data Type: Radio Button
 - b. Required: Conditional
 - c. Rule: IF not blank THEN move to **M2/CM**
- C. No, I am not interested in receiving the vaccine
 - a. Data Type: Radio Button
 - b. Required: Conditional
 - c. Rule: IF not blank THEN move to **M2/CM**

Overall Rule: Set radio buttons to single select.

Question 2 (Q2)

Please select which COVID-19 vaccine brand you have received one or more doses:

- A. Pfizer-BioNtech

- a. Data Type: Radio Button
 - b. Required: Conditional
 - c. Rule: IF Pfizer-BioNtech is 'NOT BLANK' THEN move to **Q3**.
- B. Moderna
- a. Data Type: Radio Button
 - b. Required: Conditional
 - c. IF Moderna is 'NOT BLANK' THEN move to **Q3**.
- C. Johnson & Johnson-Janssen
- a. Data Type: Radio Button
 - b. Required: Conditional
 - c. IF Johnson & Johnson-Janssen is 'NOT BLANK' THEN move to **M3/CM**

Overall Rule: Set radio buttons to single select.

Question Q3 (Q3)

For the Pfizer-BioNtech or Moderna COVID-19 vaccine, please indicate which option applies to you:

- A. I have received only one dose.
 - a. Data Type: Radio Button
 - b. Required: Conditional
- B. I have received two doses.
 - a. Data Type: Radio Button
 - b. Required: Conditional

Rule: Set radio buttons to be single-select.

Rule: IF one of the two options is NOT BLANK, THEN move to **M3 and CM**

Message (M2)

DoD sites are now offering COVID-19 vaccinations to all DoD authorized vaccine eligible personnel.

As indicated by our records, you are eligible to receive the COVID-19 vaccine at a military clinic or hospital whether you receive routine care at a military clinic or hospital or not. For information on how to get the COVID-19 vaccine at a DoD vaccination site near you, please visit www.tricare.mil/vaccineappointments. Receiving the vaccine is completely voluntary.

You may elect to receive the vaccine through other organizations that might offer the COVID-19 vaccine such as hospitals, state/local vaccination drives/pharmacies, or your medical provider. Please reach out to them for more information.

The Military Health System is committed to protecting your health and fighting the COVID-19 virus. Have a wonderful day. Goodbye.

Message (M3)

If you or other DoD eligible or authorized personnel have received the vaccine outside of the DoD vaccination site, pharmacies, or your TRICARE provider, such as a health department or FEMA site, please ensure your primary care physician has proof of your vaccination.

The Military Health System is committed to protecting your health and fighting the COVID-19 virus. Have a wonderful day. Goodbye.

Closing Message (CM)

The Military Health System is committed to protecting your health and fighting the COVID-19 virus. Have a wonderful day. Goodbye.

Additional Functional Requirements

1. Questionnaire Frequency: One time distribution to primary email address on record.