COVID-19 VACCINE SURVEY/QUESTIONAIRE

PLEASE CIRCLE YOUR ANSWERS (“YES” OR “NO”), FILL IN YOUR NAME AND UNIT NUMBER, PUT SURVEY IN ENVELOPE (attached) AND POST ON THE CLIP OUTSIDE YOUR DOOR ON \_\_\_\_\_\_\_\_\_\_\_ (insert date) FOR COLLECTION.

YOU MAY DECLINE FROM PARTICIPATING IN THIS SURVEY BY CHECKING THIS BOX AND POSTING ON THE CLIP OUTSIDE YOUR DOOR. YOU WILL HAVE THE OPPORTUNITY TO ADJUST YOUR ANSWERS AT A LATER DATE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization date) *may* have the opportunity to participate in a vaccine distribution program in partnership with the CDC (Centers for Disease Control) and \_\_\_\_\_\_\_\_\_ (insert Walgreens or CVS) Pharmacy. Participating or not participating in this program has no impact on your housing or rent. We will keep you updated with more information.

1. Would you be willing to receive the COVID-19 vaccine if made available to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) by the CDC and administered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(pharmacy name) pharmacy personnel at the property where you live, at no cost to you? (please circle) YES NO
2. Would you be willing to receive the vaccine if it is administered through two shots, 2-4 weeks apart? YES NO
3. Would you be willing to provide personal medical information on a consent form, which property staff would collect from you and provide to pharmacy personnel? YES NO
4. Would you be willing to provide a copy of your medical insurance card(s) to property staff to make a copy for the vaccine administration? YES NO
5. Would you prefer to only receive a vaccination from your own personal medical provider at a later date, without the assistance of \_\_\_\_\_\_\_\_\_\_\_ (name of organization), as vaccines become more available in our area? YES NO
6. Do you prefer not to receive the vaccine at all? YES NO
7. If you do not want to receive the vaccine at all, it would help us if you would explain your reasons in the space below.

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NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_