Individual vaccine survey

What zip code do you live in? *

Which vaccinations did you receive? *
Check all that apply

☐ COVID-19 Vaccination (Moderna/Pfizer)
☐ COVID Booster
☐ Flu/Influenza vaccine
☐ Pneumococcal
☐ Shingles
☐ Other
☐ None

What other motivation did you have for getting vaccinated today?

How satisfied were you with the information you received about the vaccine? *
Select only one

☐ Very satisfied
☐ Satisfied
☐ Unsure
☐ Dissatisfied
☐ Very dissatisfied

How much trust do you have in the process of getting the vaccine? *
Select only one

☐ Strong trust
☐ Moderate trust
☐ No trust
☐ Don’t know

How likely are you to get another booster or new COVID vaccine in the future? *
Select only one

☐ Very likely
☐ Somewhat likely
☐ Not likely

How likely are you to get an annual flu/influenza shot in the future? *
Select only one

☐ Very likely
☐ Somewhat likely
☐ Not likely

How old are you today? *
Select only one

☐ Age 18 - 49
☐ Age 50 - 54
☐ Age 55 - 59
☐ Age 60 - 64
☐ Age 65 - 74
☐ Age 75 - 84
☐ Age 85+
☐ Prefer not to answer

Did anyone come with you to this event today? *
Select only one

☐ Yes
☐ No
☐ I prefer not to answer
How old was the person who came with you today? *
Select only one
- [ ] Age 18 - 49
- [ ] Age 75 - 84
- [ ] Age 50 - 54
- [ ] Age 55 - 59
- [ ] Age 60 - 64
- [ ] Age 65 - 74
- [ ] Age 85+
- [ ] Prefer not to answer

What race do you identify as? *
Check all that apply
- [ ] American Indian, Alaska Native, or Indigenous
- [ ] Asian or Asian American
- [ ] Black or African American
- [ ] Hispanic, Latino/a/x, or Latin American
- [ ] Middle Eastern, or North African
- [ ] Multiracial or multi-ethnic
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Other
- [ ] I prefer not to answer

What gender do you identify as? *
Check all that apply
- [ ] Female
- [ ] Male
- [ ] Transgender
- [ ] Non-binary or gender non-conforming person
- [ ] Different identity
- [ ] I prefer not to answer

Please specify the gender you identify with

Which sexual orientation do you identify with? *
Check all that apply
- [ ] Straight or Heterosexual
- [ ] Lesbian or Gay
- [ ] Bisexual
- [ ] Other
- [ ] I prefer not to answer

Please specify your sexual orientation

What is the primary language you speak at home? *
Select only one
- [ ] Arabic
- [ ] Chinese
- [ ] English
- [ ] French
- [ ] Japanese
- [ ] Portuguese
- [ ] Spanish
- [ ] Other
- [ ] I prefer not to answer

Please specify the primary language you speak at home

Do you have a disability? *
Select only one
- [ ] Yes
- [ ] No
- [ ] I prefer not to answer

Please indicate the type of disability
Check all that apply
- [ ] Mobility limitations
- [ ] Intellectual or developmental disability
- [ ] Blind or visually impaired
- [ ] Deaf or hard of hearing
- [ ] Other