

\* 1. How likely are you to receive the COVID-19 vaccine when it becomes available to you?

☐ Very Unlikely

☐ Unlikely

☐ Unsure

☐ Likely

☐ Very Likely

☐ I have received the vaccine already

\* 2. What are your biggest concerns, if any, pertaining to the COVID-19 vaccine? (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of education (I don't feel informed enough about the vaccine) | <input type="checkbox"/> Concern about the science of the mRNA vaccines   |
| <input type="checkbox"/> Immediate side effects interfering with my ability to work         | <input type="checkbox"/> Individual with chronic illness(es) and how the vaccine may affect them  |
| <input type="checkbox"/> Speed of approval  | <input type="checkbox"/> Vaccination and pregnancy/breastfeeding  |
| <input type="checkbox"/> Safety   | <input type="checkbox"/> I have had COVID-19 and am unsure if I need the vaccine or if it is safe to receive the vaccine  |
| <input type="checkbox"/> Effectiveness  | <input type="checkbox"/> I don't want to take the vaccine from someone more vulnerable (would get vaccinated when more vaccine is readily available to entire population) |
| <input type="checkbox"/> Long-term effects  | <input type="checkbox"/> No concerns  |
| <input type="checkbox"/> COVID-19 is mutating, will the vaccine have lasting immunity       |   |
| <input type="checkbox"/> Other (please specify)   |   |

3. MTAAP is interested in partnering with schools to help teachers and staff make informed decisions about the COVID-19 vaccine. If you would be interested in being a contact person for your school, please leave your name and email below (optional)

Name

School

City/Town

ZIP/Postal Code

Email Address