



VACCINE SURVEY

Bring your vaccination card and completed survey to Meals on Wheels Community Center and receive a complimentary \$20 Target gift

MOWMP.ORG



Thank you for taking the time to complete our survey regarding your recent vaccination experience. Your willingness to share your thoughts is genuinely appreciated.

What zip code do you live in?

Which vaccinations did you receive?

Please check all that apply

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

What motivated you to get vaccinated today?

Please check all that apply

- ☐ Protect my health
- ☐ Protect the health of family and friends
- ☐ Protect the health of coworkers
- ☐ Protect the health of the community
- ☐ Get back to regular activities. E.g., see friends, travel
- ☐ Because my doctor encouraged me
- ☐ Because my friends/family encouraged me
- ☐ Other (Please specify)
- ☐ Not sure
- ☐ Prefer not to answer

How satisfied were you with the information you received about the vaccine?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Unsure
- ☐ Prefer not to answer

How much trust do you have in the process of getting the vaccine?

- ☐ Strong
- ☐ Moderate
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

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

- ☐ Very
- ☐ Somewhat
- ☐ Not likely
- ☐ Prefer not to answer

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

- ☐ Very
- ☐ Somewhat
- ☐ Not likely
- ☐ Prefer not to answer

How old are you today?

- ☐ Under 18 years
- ☐ 18-49 years
- ☐ 75-84 years
- ☐ 50-54 years
- ☐ 55-59 years
- ☐ 60-64 years
- ☐ 65-74 years
- ☐ Over 85 Years
- ☐ Prefer not to answer

(CONTINUED ON BACK)

What race do you identify as?

Please 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
- ☐ Multiple races or ethnicities
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White/Caucasian
- ☐ Other (Please Specify)
- ☐ Prefer not to answer

What gender do you identify as?

Please check all that apply

- ☐ Female ☐ Male
- ☐ Transgender
- ☐ Non-binary or gender non-conforming
- ☐ Other (Please specify)
- ☐ Prefer not to answer

Which sexual orientation do you identify with?

Please check all that apply

- ☐ Straight or Heterosexual
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Other (Please specify)
- ☐ Prefer not to answer

Comments
and Feedback

Did anyone come with you to this event today?

- ☐ Yes ☐ No
- ☐ Prefer not to answer

How old was the person who came with you today?

- ☐ Under 18 years ☐ 18–49 years
- ☐ 75–84 years ☐ 50–54 years
- ☐ 55–59 years ☐ 60–64 years
- ☐ 65–74 years ☐ Over 85 Years
- ☐ Prefer not to answer

What is the primary language spoken at home?

- ☐ Arabic ☐ Chinese ☐ English
- ☐ French ☐ Japanese ☐ Portuguese
- ☐ Spanish
- ☐ Other (Please specify)
- ☐ Prefer not to answer

Do you have a disability?

- ☐ Yes ☐ No
- ☐ Prefer not to answer

If Yes, please indicate disability type

Please check all that apply

- ☐ Mobility limitations
- ☐ Intellectual or developmental
- ☐ Blind or visually impaired
- ☐ Deaf or hard of hearing
- ☐ Other

ACKNOWLEDGEMENT FORM

THE INCENTIVE IS INTENDED FOR OLDER ADULTS AND/OR PEOPLE WITH DISABILITIES.

Meals on Wheels of the Monterey Peninsula, is authorized to provide a \$20 gift card per vaccination shot to individuals who have been vaccinated against COVID-19 or Influenza. For purposes of record keeping, this form must be completed by both the recipient and the Community Health Worker in order for the recipient to receive a \$20 gift card.

I _____ (print your name) acknowledge the following:

- I have presented proof that I have been vaccinated against COVID-19 or Influenza;
- As an incentive for being vaccinated, I have received a \$20 gift card per vaccination shot to be used to purchase groceries and/or retail items;
- I have not previously received a \$20 gift card for the shot I am now receiving a \$20 gift card for;
- I acknowledge that the \$20 gift card is funded under a federal award by the U.S. Department of Health and Human Services; and
- Given that the \$20 gift card is federally funded, I acknowledge that I may not exchange the gift card for cash or use the gift card to purchase certain unallowable and/or illegal items or products, including but not limited to the following:
 - Alcoholic beverages;
 - Tobacco products;
 - Firearms or weapons; and
 - Controlled substances.

Recipient's Signature

Date

Recipient's City and State

Community Health Worker's Signature

Date