

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

How old are you today? *

Select only one

- Under age 18
- Age 18 - 49
- Age 50 - 54
- Age 55 - 59
- Age 60 - 64
- Age 65 - 74
- Age 75 - 84
- Age 85+
- I prefer not to answer

Did anyone come with you to this event today? *

Select only one

- Yes
- No
- I prefer not to answer

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

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
- Multiple races or ethnicities
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- 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