



Project ALIVE Montana

Thank you for taking the time to fill out the Project ALIVE survey! Project ALIVE (Accessible Life-Saving Integrated Vaccine Equity) is a short-term focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas.

The purpose of this survey is to identify barriers people with disabilities face in your state when accessing the COVID-19 vaccine. Rooted in the values of self-determination and self-direction, the project does not seek to persuade or convince, but will serve as a resource for those who want the vaccine and those seeking further information in order to make an informed decision.

Your answers are fully anonymous and will be used for internal purposes of this project that will help Project ALIVE identify barriers and implement strategies.

The survey should take 15 minutes to complete. We ask that you complete the survey to the best of your ability; there are no right or wrong answers.

If you need the survey in alternative format, please contact Priya Penner at priya@disasterstrategies.org.

1) Where did you receive the survey from?

Living Independently for Today and Tomorrow (LIFTT)

Summit

Other - Write In: _____

If you need help filling out this survey, contact John Robison at LIFTT by email at johnr@lifft.org or call 406-970-0040; or Mariah Armstrong at Summit by email marmstrong@summitilc.org or call 406-728-1630.

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Part 1

Please answer yes or no to each of the following questions:

2) Did you get the COVID-19 vaccine?

Yes

No

3) If not, why?

4) I want the vaccine, but I feel pressured to not get vaccinated.

Yes

No

5) Are you up-to-date with the COVID-19 boosters?

Yes

No

6) If not, why?

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Please answer yes or no to each of the following questions to the best of your knowledge:

7) Do you know the differences between the flu and COVID-19?

Yes

No

8) Do you think you can die from COVID-19?

Yes

No

9) Do you believe there is a cure for COVID-19?

Yes

No

10) I can't get COVID-19 again because I already had it.

Yes

No

11) Can you spread COVID-19 if you're vaccinated and boosted?

Yes

No

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12) Do you believe that getting vaccinated means you will never get COVID-19?

Yes

No

13) Is social distancing effective in protecting you against COVID-19?

Yes

No

14) Do you believe masking is an effective way to protect against COVID-19?

Yes

No

15) Do you know the difference between the different types of masks (ex: N-95, N-94, KN-95, etc.)?

Yes

No

16) Does washing your hands with either soap and water, or using hand sanitizer help combat COVID-19 and other respiratory diseases?

Yes

No

17) Can you easily get tested for COVID-19?

Yes

No

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18) Do you know the differences between the various methods of testing?

Yes

No

19) Do you know when you should get tested for COVID-19?

Yes

No

20) Did you know that free tests are available to the public?

Yes

No

21) Do you know how to get the vaccine if you want it?

Yes

No

22) Do you believe the COVID-19 vaccine is harmful?

Yes

No

23) Do you believe the vaccine reduces your chances of getting COVID-19?

Yes

No

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24) Do you think the COVID-19 vaccine will give you COVID-19?

Yes

No

25) Does becoming vaccinated protect others around you?

Yes

No

26) Does the different information about COVID-19 and the vaccine impact your decision to become vaccinated?

Yes

No

27) Do you think COVID-19 is real?

Yes

No

Please choose the best option for each of the following questions:

28) What kind of mask is most effective?

N-95 masks

N-94 masks

KN-95 masks

Cloth masks

Neck gaiter or scarf masks

Pulling shirt above nose / mouth

None of the above

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29) Social distancing requires people stay ____ away from others.

- Less than 2 feet
- 2 feet
- 6 feet
- 9 feet

30) How important is testing for COVID-19?

- Extremely important
- Sort of important
- Neutral
- Sort of unimportant
- Extremely unimportant

Part 2

31) Have you felt that you were prevented from getting the COVID-19 vaccination?

- Yes
- No

32) If yes, please select all that apply from the following options. The lack of the following have prevented me from getting the COVID-19 vaccine:

- Information about the vaccination process
- Information about the vaccination process that is accessible to me
- Accessible registration
- Transportation to or from the vaccine site

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- Accessible transportation to or from the vaccine site
- Sign Language Interpretation (i.e., American Sign Language, etc.) at the vaccination site
- Spoken language interpretation (i.e., Spanish, etc.)
- Physical access for wheelchair(s) / mobility device(s) at the vaccination site
- Sensory accommodations at the vaccination site (examples: scent-free environment, low-level lighting, quiet room to receive or recover from the vaccine, etc.)
- The vaccine site won't let in my service animal
- Other - Write In: _____

33) If accessible information about the vaccination process was not provided, please select the accommodation you were in need of for information about the vaccination that prevented you from getting the COVID-19 vaccine?

- Braille
- Easy-read
- Plain language
- Sign language
- Text-Only
- Other - Write In: _____

34) If accessible registration was not provided, please select what accommodations were lacking from the registration and prevented you from getting the COVID-19 vaccine.

- Easy-read
- Large-point font
- Screen reader-accessible
- Other - Write In: _____

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35) I am uncertain to get the vaccine.

Yes

No

36) If yes, please select all that apply. I am uncertain about receiving the vaccine because:

I am afraid I will encounter accessibility barriers (e.g., lack of information in braille, easy-read, plain language, sign language, text-only; overstimulating environments; etc.)

I am afraid I will be deported / asked invasive questions on immigration status

I am afraid others will judge me based on my disability

I am afraid of needles

I had bad experiences with vaccines in the past

I had a bad experience trying to get the COVID-19 vaccine

Other - Write In: _____

Part 4

Please answer yes/no or true/false to each of the following questions:

37) Do you have a trusted source of information?

Yes

No

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38) If yes, from whom? (Select all that apply)

- Doctor
- Healthcare Professional
- Teacher
- Local Center for Independent Living (CIL)
- Religious / Spiritual Leader
- Parent or Elder Family Member
- Elder Community Leader
- Local News (e.g., TV / Radio)
- Local Public Health or Government Official
- Social Media
- Other - Write In: _____

39) I'm experiencing pressure to not get vaccinated.

- Yes
- No
- Prefer not to answer

40) If yes, from whom?

- My community
- Friends
- Family
- Prefer not to answer
- Other - Write In: _____

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41) I am fully vaccinated, so it is okay to resume normal activities without masking, social distancing, etc.

- True
- False

42) There is no need to continue to protect myself from COVID-19.

- True
- False

43) Do you feel tired from protecting yourself from COVID-19?

- Yes
- No

44) Do you feel vaccine fatigue?

- Yes
- No

45) Do you feel like COVID-19 is over?

- Yes
- No

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46) Is there anything else you'd like to share with us regarding accessing the COVID-19 vaccine in your community?

General Questions

Part 4

47) Who is filling out this survey?

- Self
- Family Member
- Friend
- Direct Service Provider
- CIL staff member
- Other - Write In: _____

48) Do you have a disability / are you Disabled?

- Yes
- No
- Prefer not to respond



49) If yes, please check all that apply to you:

- Autism
- Blind or low vision
- Cancer
- Chronic health condition
- Cognitive disability
- Deaf or Hard of Hearing
- Diabetes
- Epilepsy or seizures
- Immunocompromised
- Intellectual disability (ID)
- Learning disability
- Mobility disability
- Multiple chemical sensitivities
- Neurological disability
- Partial or completely missing limbs
- Post-Traumatic Stress Disorder (PTSD)
- Psychiatric / Mental Health
- Speech or language disability
- Traumatic Brain Injury (TBI)
- Prefer not to respond
- Other - Write In: _____

50) What is your zip code? * Required

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These next set of questions are optional and will help Project ALIVE understand who and who may not be receiving information about COVID-19 and COVID-19 vaccines.

51) Please indicate your gender(s). Select all that apply.

Gender non-conforming, including non-binary; pangender; gender fluid, bigender; agender, etc.

Man

Woman

Intersex

Two Spirit

Trans woman/transfeminine

Trans man/transmasculine

Prefer not to respond

Another gender - Write In: _____

52) Please indicate your sexual orientation.

Bisexual

Gay

Lesbian

Queer

Pansexual

Straight / Heterosexual

Asexual

Two Spirit

Prefer not to respond

Another sexuality - Write In: _____

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53) Please indicate your race/ethnicity(ies). Select all that apply.

Native to North America

Asian or Asian American

Black or African American

Hispanic, Latino, Latina or Latinx/é

Middle Eastern or Northern African

Native Hawaiian or Other Pacific Islander

White

Prefer not to respond

Another race/ethnicity - Write In: _____

Thank You!

Thank you for your time filling out this survey! Your response is greatly appreciated and will allow Project ALIVE to help your community increase access to the COVID-19 vaccine if they so choose.

To connect with Project ALIVE, please contact Elissa Ellis at: 501-753-3400 or eellis@april-rural.org. For more information on local resources, please contact one of the following Centers for Independent Living.

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