

Negative Impacts of Wearing Masks for Virus Prevention
by Employees and the General Public

Survey Questions

* All Questions are Optional *

1. Today's Date: _____/_____/2020

2. County of Residence: _____
(This will help track where the survey has reached)

3. Are you required to wear a mask at work? N/A YES NO N/A

4. Average # of Days a Week Wearing a mask: N/A
 _____ 1 Day _____ 2 Days _____ 3 - 4 Days _____ 4 - 5 Days _____ 6 - 7 Days

5. Average # of Days a Week Wearing a mask: N/A
 _____ 1 hour or less _____ 2 - 4 hours _____ 5 - 7 hours _____ 8 hours _____ 8 + hours

6. On average, how often do you experience the following when wearing a mask:

N/A	Every Time	1/2 of the Time	Occasionally	Never
1. Headaches				
2. Difficulty Breathing				
3. Skin Irritation				
4. Difficulty Communicating Clearly				
5. Physical Discomfort				
6. Mental/Emotional Discomfort				
7. Difficulty Cleaning Your Hands every time you touch your mask?				

7. Additional Comments and Explanations Welcome:
Please do not include business names or other specifics to keep this survey confidential.

8. Please initial or sign an "X" to signify that your answers are genuine and represent one Vermont citizen: _____

For more information: vtmasksurvey.com

Send Responses to: Mask Survey, P.O. Box 55, Marshfield, VT 05658 **or** vtmasksurvey@mail.com

Thank you for your participation!