

# Vermont Mask Survey

*The Vermont Mask Survey was created to gather information about the negative health effects Vermonters are experiencing as a result of wearing masks.*

If you are experiencing difficulties, please fill out a survey. All questions are optional.

**1. Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. County or Town of Residence:** \_\_\_\_\_  
(This will help track where the survey has reached)

**3. Are you required to wear a mask at work?** \_\_\_\_ Yes

**4. Average # of Days a Week Wearing a Mask:**  
\_\_\_\_ 1 Day \_\_\_\_ 2 Days \_\_\_\_ 3 - 4 Days \_\_\_\_ 4 - 5 Days \_\_\_\_ 6 - 7 Days

**5. Average # of Hours Wearing a Mask Each Day:**  
\_\_\_\_ 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:**

	Every Time	1/2 of the Time	Occasionally	Never
1. Head-aches				
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:** (Use additional paper if needed. 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:** \_\_\_\_\_

For more information: [vtmasksurvey.com](http://vtmasksurvey.com)

Send Responses to: Mask Survey, P.O. Box 55, Marshfield, VT 05658 or [vtmasksurvey@mail.com](mailto:vtmasksurvey@mail.com)

***Thank you for your participation!***