



**LAS POSITAS**  
COLLEGE

## LPC Student Perspectives on COVID-19 Vaccination

Dear LPC Student,

The purpose of this survey is to get your perspective regarding vaccinations for the coronavirus that causes COVID-19. As we plan to carefully return back to campus, your feedback will help us better understand our students' opinions on the COVID-19 vaccines. We are not collecting identifying information for the purposes of the survey; your responses will remain anonymous. The survey should take less than 5 minutes to complete. Please respond soon but no later than Wednesday, June 30, 2021. At the end of this survey, you will have an opportunity to enter to win one of five \$100 gift cards.

Sincerely,  
Las Positas College



## LPC Student Perspectives on COVID-19 Vaccination

### Vaccine Perspectives

\* Do you plan to enroll at Las Positas College in Fall 2021?

- Yes
- No
- Unsure

Have you received, or do you plan to receive, a COVID-19 vaccine?

- Yes – Fully Vaccinated
- Yes – Partially Vaccinated (*For vaccines requiring two doses*)
- No – But I plan to get the vaccine
- No – Do not plan to get vaccinated for COVID-19
- Undecided

What are your main reasons for choosing “undecided” or “do not plan to get vaccinated”? (*Respond if applicable.*)

- I am concerned about the vaccine's safety
- I am concerned about the vaccine's side effects
- I do not trust the information about the vaccine
- I need more information about the vaccine
- I can't get the vaccine due to underlying medical condition(s)
- I am pregnant
- It is too hard to get the vaccine
- I don't know how to get a vaccine
- I don't think I'm eligible to get the vaccine (non-medical reasons)
- I have a fear of needles
- My religious beliefs prevent me from getting the vaccine
- I do not think COVID-19 is real
- I'd rather take my chances getting COVID-19
- Other (please specify)

Does Not Apply

What would help you consider getting the COVID-19 vaccine? (*Respond if applicable.*)

Should Las Positas College require students to be vaccinated for COVID-19 before enrolling in classes for fall 2021?

- Definitely should
- Probably should
- Probably should not
- Definitely should not

Briefly, explain why LPC should or should not require students to be vaccinated for COVID-19:

Have you had COVID-19? *(We realize this can be a personal question. These responses are anonymous and you can decline to answer.)*

- Yes – Confirmed by a COVID-19 test
- Yes – Not confirmed by a COVID-19 test
- No – Have not had COVID-19
- Not sure
- Decline to Answer



## LPC Student Perspectives on COVID-19 Vaccination

### Background Information

**These survey items help us interpret the results by allowing us to determine how representative they are of the LPC student population.**

#### Gender

- Female
- Male
- Different Identity
- Decline to Answer

#### Age

- 17 or younger
- 18-19
- 20-21
- 22-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60 or older

**Race / Ethnicity (select all that apply)**

- Asian / Asian American (*Indian, Chinese, Japanese, Korean, Loatian, Camobodian, Vietnamese, Filipino, Other Asian*)
- Black or African American
- Latino / Hispanic (*Mexican, Mexican-American, Chicano, Central American, South American, Other Hispanic/Latino*)
- Native American or Alaskan Native
- Pacific Islander or Hawaiian Native
- Middle Eastern or North African (*Egyptian, Iranian, Iraqi, Israeli, Jordanian, Lebanese, Moroccan, Palestinian, Syrian, Turkish, Other*)
- White / European American
- Other (please specify)
- Decline to Answer

**Do any of these financial-related items apply to you?**

- I plan to apply for financial aid
- I'm experiencing food insecurity (e.g. unable to afford groceries, limited access to healthy foods, etc.)
- I'm experiencing housing insecurity (e.g., unable to pay rent, unstable housing arrangement, sleeping in a car, etc.)
- I do not plan to apply for financial aid



## LPC Student Perspectives on COVID-19 Vaccination

### Contact Information for the Gift Card(s) Drawing

**Thank you for providing your feedback on this important topic. Please provide your contact information to be entered for a chance to win a \$100 gift card. The information you provide here is solely for this purpose; it will not be linked back to your survey responses.**

I would like to be included in the drawing for one of five \$100 gift cards.

Yes

No

#### Contact Information

Full Name

Email Address

Phone Number