

## Tool to Assist Troop Leaders in Establishing Mask Protocol

*Please use the following questions to help determine your individual troop's mask protocol for in-person gatherings. Please note that this survey is a decision-making tool for your use only, and that the council is not requiring you to submit your results.*

After selecting your answers, add the values for each selected choice and record your total at the end of the survey.

1. Overall, how comfortable are you if members of your troop do NOT wear masks while meeting in-person?
  - Extremely comfortable (4)
  - Very comfortable (3)
  - Moderately comfortable (2)
  - Somewhat comfortable (1)
  - Not at all comfortable (0)
  
2. Are you fully vaccinated, or soon to be fully vaccinated?
  - Yes (1)
  - No (0)
  
3. How many eligible members of your household are fully vaccinated, or will soon be fully vaccinated?
  - All (4)
  - Most (3)
  - About half (2)
  - Less than half (1)
  - None (0)
  
4. Are you in regular contact with someone who is immunocompromised or ineligible for the COVID-19 vaccination?
  - Yes (0)
  - No (1)
  
5. Are you immunocompromised or ineligible for the COVID-19 vaccination?
  - Yes (0)
  - No (1)
  
6. If you or someone dependent on you contracts COVID-19, and you must take time off from work, will you experience financial hardship?
  - Yes (0)
  - No (1)
  - Not applicable (1)

7. What are the COVID-19 advisory levels for your area? (Refer to [CDC COVID-19 Community Level](#) site for advisory levels.)

Very high/Extreme (0)

High (1)

Moderate (2)

Low (3)

8. How many eligible members of your troop are fully vaccinated, or will soon be fully vaccinated?

All (4)

Most (3)

About half (2)

Less than half (1)

None (0)

I'm not sure (0)

**Add the values of your selected choices and record your total below.**

**Final Total:** \_\_\_\_\_

If your total is...

15 and up	Masks optional
9-14	Masks optional, but with reservations
8 and below	Masks optional, but strongly recommended

## Tool for Troop Leaders to Give to Parents/Guardians

*Please share the following questions with the parents/guardians of the girls in your troop to gauge their thoughts on mask protocol for your in-person gatherings. Please note that this survey is a decision-making tool, and that the council is not requiring you to submit the results.*

*You can administer the survey via paper or electronically through online tools such as Google Forms or SurveyMonkey. It is recommended that the responses be anonymous with your assurance that individual answers will not be shared. If you wish to administer this via paper, you can find a downloadable version on our website. To determine the overall score for your troop, find the average of the scores from the parents/guardians surveys.*

Add the values for each selected choice and record the total at the end of the survey.

1. Overall, how comfortable are you if your girl does NOT wear a mask while meeting in-person?
  - Extremely comfortable (4)
  - Very comfortable (3)
  - Moderately comfortable (2)
  - Somewhat comfortable (1)
  - Not at all comfortable (0)
  - Prefer not to answer (0)
  
2. Overall, how comfortable are you if members of your girl's troop do NOT wear masks while meeting in-person?
  - Extremely comfortable (4)
  - Very comfortable (3)
  - Moderately comfortable (2)
  - Somewhat comfortable (1)
  - Not at all comfortable (0)
  - Prefer not to answer (0)
  
3. Is your girl fully vaccinated, or soon to be fully vaccinated?
  - Yes (1)
  - No (0)
  - Prefer not to answer (0)
  
4. How many eligible members of your household are fully vaccinated, or will soon be fully vaccinated?
  - All (4)
  - Most (3)
  - About half (2)
  - Less than half (1)
  - None (0)
  - Prefer not to answer (0)

5. Is your girl in regular contact with someone who is immunocompromised or ineligible for the COVID-19 vaccination?
  - Yes (0)
  - No (1)
  - Prefer not to answer (0)
  
6. Is your girl immunocompromised or ineligible for the COVID-19 vaccination?
  - Yes (0)
  - No (1)
  - Prefer not to answer (0)
  
7. If you, or someone dependent on you, contracts COVID-19, and you must take time off from work, will you experience financial hardship?
  - Yes (0)
  - No (1)
  - Not applicable (1)
  - Prefer not to answer (0)

**Add the values of the selected choices and record the total below.**

**Final Total:** \_\_\_\_\_

If the total is...

10 and up	Masks optional
7-9	Masks optional, but with reservations
6 and below	Masks optional, but strongly recommended