Community Based Vaccine Outreach Program Reporting Module – Community Member Profile Form \*\*\* BOOSTER SHOTS ONLY \*\*\* – COVID-19 Vaccine Site

OMB Number (0906-0064)

Expires: 11/30/2024

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on activities supported through HRSA's Community-Based Vaccine Outreach Programs (HRSA-21-136 and HRSA-21-140). HRSA will use these data to monitor the supported activities by awardees related to (1) vaccination rates and equitable access, to ensure that the most vulnerable populations and communities are reached and vaccinated throughout the period of performance. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0064 and it is valid until 11/30/2024. Public reporting burden for this collection of information is estimated to average .27 hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

<u>Instructions</u>: The information that you collect about the people you serve at your vaccine site is very important and helps HRSA better understand how to get more people vaccinated for COVID-19. This information, and the work you that are doing, can help to save lives!

There are a total of 14 questions in this form. The first 6 questions (Section A) you should answer. The next 9 questions (Section B) the community member you are interacting with should answer. You can help by asking the Section B questions and entering the community member's answers for them if you or they prefer. We just ask that you make sure everything is filled out as honestly and as completely as possible.

Thank you very much in advance for your help in providing this important information!

**Section A.** This section is for you (the community outreach worker) to fill out when you interact with a member of the community at your vaccine site.

IMPORTANT NOTE: This form is ONLY for reporting BOOSTER shots. If you are giving this individual the first or second shot in the COVID-19 vaccine series, please do NOT report this information here - instead, close this form (do not report any data here) and use the COVID-19 site form to report this information.

* 1. Please provide the unique identifier assigned to you as a community outreach worker (by your employer).
This should roughly follow the following format: WINDY-ALPHA-00001. Please do <b>not</b> enter your name or any
other personally identifiable information.

nteracting. This should roughly fol	ntifier assigned to the community member with whom you are now llow the following format: WINDY-ALPHA-00001-00001. Please do not enter
a name or any other personally ide	entifiable information.
: 2. List the ZID code where the or	ommunity mamber lives and/or is being contacted
3. List the ZIP code where the co	ommunity member lives and/or is being contacted.
4. Please provide the date of you	ur interaction with this community member. Use the following format for you
answer: MM/DD/YYYY.	
* 5. Is this the first time that you	u have contacted this community member?
Yes	a have contacted the community member.
○ No	
* 6. Which COVID-19 vaccine is	is being given to this individual today:
A <u>BOOSTER</u> shot of the <b>Pfizer</b>	COVID-19 vaccine
A <u>BOOSTER</u> shot of the <b>Moder</b>	r <b>na</b> COVID-19 vaccine
A <u>BOOSTER</u> shot of the <b>Johns</b>	son & Johnson (Janssen) vaccine
Something else, not sure, or no	t yet determined
	community member should answer themselves. However, you can help them by asking these sell you into the form for them if it is easier.
* 7. Which COVID-19 vaccine of	did you <u>previously</u> receive, before today's booster shot:
The <b>Pfizer</b> COVID-19 vaccine s	series
The <b>Moderna</b> COVID-19 vaccin	ne series
The <b>Johnson &amp; Johnson</b> (Jans	ssen) vaccine
Something else, or I'm not sure	
	ot your last COVID-19 vaccine shot. Make your best guess if you can't Pfizer or Moderna vaccine, list the day that you got your <u>second</u> shot.
9. How old are you?	

10.	Please check ALL of the following that you identify as:	
	Male	
	Female	
	Transgender	
	Genderqueer, gender nonconforming, or nonbinary	
	Agender	
	I prefer not to answer	
	Something else not listed here (please specify):	
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' 11.	Please check ALL of the following that you identify as:	
	Straight or heterosexual	
	Lesbian or gay	
	Bisexual	
	Queer or pansexual	
	Questioning	
	Don't know	
	I prefer not to answer	
	Something else not listed here (please specify):	
		1
12.	Please check ALL of the following that you identify as:	
	White	
	Black or African American	
	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Other Pacific Islander	
	I prefer not to answer	
· 13.	Do you identify as Hispanic or Latino/Latina/Latinx (check one)?	
0	Yes	
0	No	
$\bigcirc$	I prefer not to answer	

15. This is the last question!	sine booster shot today as a result of	someone reaching out to you w
· · · · · · · · · · · · · · · · · · ·	tion did you get that made the differe	
I saw a community website, blog, or web-based tool about COVID-19 vaccines  A social media site (or related	I joined a training session  I joined a virtual town hall  I heard a radio spot	I was at and got information from church, temple, or other religious.  I was at and got information from local school, college, or a communication of the college of the co
A social media site (or related campaign) about COVID-19 vaccines	I saw a TV spot	learning center  I was at and got information fro
Someone came to my home for door-to-door outreach	I saw billboards or other types posters/signs around my community	local library or other public build
Someone came to my housing or apartment complex to give information	Someone left information hanging on my door knob  I received a flyer	LGBTQ+ community/resource of I was at and got information fro
Some other health worker provided me information	I was in a focus group	community/resource center for population of people sharing a common background with me (I Americans club, a meeting place
I received a telephone call (or calls)	I attended and got information at a community fair or event	Spanish-speakers, etc.)
I received text messages  I received email	I was at and got information from a community-based recreation center	I was at and got information fro facility helping unhoused people (homeless shelter, etc.)
I received mail		A friend, family member, or neig
I joined a webinar		suggested I get the booster vac I didn't get information from any the things listed here
I got information from some other sour	ce not listed here (please specify):	trie triirigs listed fiere
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