

Community Based Vaccine Outreach Program Reporting Module - Community Member Profile Form - COVID-19 Vaccine Site

OMB Number (0906-0064) Expires: 01/31/2022

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) building a public health workforce and (2) how that workforce is leveraged to increase vaccination rates and equitable access to vaccines, 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 01/31/2022. 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.

Instructions: 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 8 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!

* 1. **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.

Please provide the unique identifier assigned to you as a community outreach worker (by your employer).

* 2. Please provide the unique identifier assigned to the community member with whom you are now interacting.

* 3. List the ZIP code where the community member lives and/or is being contacted.

* 4. Please provide the date of your interaction with this community member. Use the following format for your answer: MM/DD/YYYY.

* 5. Is this the first time that you have contacted this community member?

Yes

No

* 6. Which COVID-19 vaccine is being given to this individual today:

The first shot of the **Pfizer** COVID-19 vaccine

The second shot of the **Moderna** COVID-19 vaccine

The second shot of the **Pfizer** COVID-19 vaccine

The (one shot) **Johnson & Johnson** (Janssen) vaccine

The first shot of the **Moderna** COVID-19 vaccine

Something else, not sure, or not yet determined

* 7. **Section B.** These are questions that the community member should answer themselves. However, you can help them by asking these questions and entering the answers they tell you into the form for them if it is easier.

Please list ALL of the reasons why you may have hesitated or delayed getting a COVID-19 vaccine before today.

None - I didn't have any concerns making me hesitate to get a COVID-19 vaccine

I did not have transportation/a way to actually get to a vaccine site (no ride)

I did not have time to get to a vaccine site because I had to work at my job(s)

I did not have time to get to a vaccine site because of my child care or other family commitments (busy with kids or family)

Information I learned about the vaccine scared me - but I later learned that this was wrong information

I was concerned about the vaccine's potential side effects

I did not think I was at high-risk for getting COVID-19 (the coronavirus /illness)

I was not scared about getting COVID-19 (the virus/illness) and therefore I didn't think I really needed the vaccine

I don't really trust doctors and/or the health care system

I don't really trust vaccines in general and I don't usually get any vaccines

This (COVID-19) vaccine in particular scares me, although I've gotten other types of vaccines before (like tetanus or flu shots)

I did not know where or how to get the vaccine

I did not know that the vaccine would be free (at no cost to me)

I really don't know why I was hesitant to get the vaccine before

Something else made me wait until today (please specify what that is):

* 8. How old are you?

* 9. Please check ALL of the following that you identify as:

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Genderqueer, gender nonconforming, or nonbinary |
| <input type="checkbox"/> Female | <input type="checkbox"/> Agender |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Something else not listed here (please specify): | |

* 10. Please check ALL of the following that you identify as:

- | | |
|---|---|
| <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Lesbian or gay | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Queer or pansexual | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Something else not listed here (please specify): | |

* 11. Please check ALL of the following that you identify as:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> I prefer not to answer |

* 12. Do you identify as Hispanic or Latino/Latina/Latinx (check one)?

- Yes No I prefer not to answer

* 13. Is English your first/primary language (the main one you speak)?

- Yes
- If your answer is "No" then please list the first/main language other than English that you usually use below:

* 14. This is the last question!

If you are getting the COVID-19 vaccine today as a result of someone reaching out to you with information, what sources of information did you get that made the difference and helped you decide to get vaccinated today?

- | | |
|---|--|
| <input type="checkbox"/> I saw a community website, blog, or web-based tool about COVID-19 vaccines | <input type="checkbox"/> I saw a TV spot |
| <input type="checkbox"/> A social media site (or related campaign) about COVID-19 vaccines | <input type="checkbox"/> I saw billboards or other types posters/signs around my community |
| <input type="checkbox"/> I received educational and/or informational fliers about COVID-19 vaccines | <input type="checkbox"/> Someone left information hanging on my door knob |
| <input type="checkbox"/> Someone came to my home for door-to-door outreach | <input type="checkbox"/> I received a flyer |
| <input type="checkbox"/> Someone came to my housing or apartment complex to give information | <input type="checkbox"/> I was in a focus group |
| <input type="checkbox"/> Some other health worker provided my information | <input type="checkbox"/> I attended and got information at a community fair or event |
| <input type="checkbox"/> I received a telephone call (or calls) | <input type="checkbox"/> I was at and got information from a community-based recreation center |
| <input type="checkbox"/> I received text messages | <input type="checkbox"/> I was at and got information from a church, temple, or other religious site |
| <input type="checkbox"/> I received email | <input type="checkbox"/> I was at and got information from a local school, college, or a community learning center |
| <input type="checkbox"/> I received mail | <input type="checkbox"/> I was at and got information from a local library or other public building |
| <input type="checkbox"/> I joined a webinar | <input type="checkbox"/> I was at and got information from an LGBTQ+ community/resource center |
| <input type="checkbox"/> I joined a training session | <input type="checkbox"/> I was at and got information from a community/resource center for a population of people sharing a common background with me (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
| <input type="checkbox"/> I joined a virtual town hall | <input type="checkbox"/> I was at and got information from a facility helping unhoused people (homeless shelter, etc.) |
| <input type="checkbox"/> I heard a radio spot | <input type="checkbox"/> I didn't get information from any of the things listed here |

I got information from some other source not listed here (please specify):