

Community Member Profile Form - COVID-19 Vaccine Site Individual Encounter Form - Paper Tool

Instructions: This form is for individuals who are receiving the COVID-19 vaccine. Please complete Sections A, B, and C. The information that you collect about the people you serve at your vaccine site is very important and helps AAPCHO, PI-CoPCE, and HRSA better understand how to get more people vaccinated for COVID-19.

Questions 1-7 (Section A): The **CHW** fills out this section at the vaccination site.

Questions 1-10 (Section C): The **Community Member** fills out this section. CHWs may help by asking the questions and entering the answer.

After the community member completes Section C, please complete:

Questions 1-3 (Section B): The **CHW** fills out this section AFTER the encounter.

***Are you completing this encounter form for the CHW 1 (U3S) or CHW 2 (U3U) grant?**

- CHW 1 grant (U3S)
 CHW 2 grant (U3U)
-

Section A: The CHW fills out this section at the vaccination site.

1. Health Center Name: _____
2. CHW Unique Identifier. _____
3. Please provide the unique identifier assigned to the community member you are now interacting with (Site Location & Community Member Identity - Example: Site1-LEJO-0150 for patient/community member named "Joe Lee born on 01/15/1950"). _____
4. Encounter Type: Face-to-face / Telecommunication / Off-site / Other: _____
5. List the ZIP code where the contact is being made (example: vaccination site). _____
6. Interaction Date MM/DD/YYYY. _____
7. Is this the first time that you have contacted/interacted with this community member? CIRCLE ONE:
YES / NO
8. Which COVID-19 vaccine is being given to this individual today? SELECT ONE
 - The first shot of the Pfizer / Comirnaty COVID-19 vaccine
 - The second shot of the Pfizer / Comirnaty COVID-19 vaccine
 - The third shot of the Pfizer/ Comirnaty COVID-19 vaccine
 - The fourth shot of the Pfizer / Comirnaty COVID-19 vaccine
 - The first shot of the Moderna COVID-19 vaccine
 - The second shot of the Moderna COVID-19 vaccine
 - The third shot of the Moderna COVID-19 vaccine
 - The fourth shot of the Moderna COVID-19 vaccine
 - The (one shot) Johnson & Johnson (Janssen) vaccine
 - Something else/not sure/not yet determined

9. COMPLETE ONLY FOR BOOSTERS: Which COVID-19 vaccine did you previously receive before today's third or fourth shot (**please check your vaccination card**):
- The Pfizer COVID-19 vaccine series
 - The Moderna COVID-19 vaccine series
 - The Johnson & Johnson (Janssen) vaccine
 - Something else, or I'm not sure
 - I have not received the second shot/This does not apply to me
10. COMPLETE ONLY FOR BOOSTERS: Please list the date that you got your last COVID-19 vaccine shot. Make your best guess if you can't remember exactly. If you got the Pfizer or Moderna vaccine, list the day that you got your second shot. MM/DD/YYYY: _____

Section B: The CHW fills out this section AFTER the encounter (same day or after today). [OPTIONAL]

1. How many minutes did you spend in this encounter (from the moment you started talking with the community member to ending your conversation)? _____
2. What kind of assistance did you offer during your encounter? This is considered a social intervention/enabling service.

- | | |
|--|---|
| <input type="checkbox"/> Social Services Assessment - SS001 | <input type="checkbox"/> Health Education- Large Group (13 or more) - HE003 |
| <input type="checkbox"/> Case Management - CM001 | <input type="checkbox"/> Supportive Counseling - SC001 |
| <input type="checkbox"/> Referral- Health - RF001 | <input type="checkbox"/> Interpretation - IN001 |
| <input type="checkbox"/> Referral- Social Services - RF002 | <input type="checkbox"/> Outreach - OR001 |
| <input type="checkbox"/> Financial Counseling/Eligibility Assistance - FC001 | <input type="checkbox"/> Inreach - IR001 |
| <input type="checkbox"/> Health Education- Individual (one-on-one) - HE001 | <input type="checkbox"/> Transportation- Health - TR001 |
| <input type="checkbox"/> Health Education- Small Group (2-12) - HE002 | <input type="checkbox"/> Transportation- Social Services - TR002 |
| | <input type="checkbox"/> Other - OT001 - Please specify: _____ |

3. Please feel free to describe any kind of experience(s) you had during your encounter.

Section C. The Community Member fills out this section. CHWs may help by asking the questions and entering the answer.

Please let us know your zip code or where you live: _____

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

CHALLENGES

- No ride
 Work conflict
 Have to take care of my child(ren), elder(s), family members
 Didn't know where to get the vaccine
 Didn't know it was free

WHY I WAITED

- Vaccines scare me in general
 Vaccine side effects
 I don't trust doctors
 I don't trust vaccines in general
 This COVID-19 vaccine scares me
 I'm pregnant
 I have underlying health condition(s)

MY OTHER REASONS

- I did not think I was at high-risk
 I was not scared about getting COVID-19
 I don't know
 I'm still not comfortable
 Something else

- None - I didn't have any concerns making me hesitate to get a COVID-19 vaccine
 Not Applicable - I am receiving the 3rd or 4th / booster shot
 Something else made me wait until today (please specify what that is): _____

2. How old are you? _____

3. 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): _____

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

- Straight or heterosexual
 Lesbian or gay
 Bisexual
 Queer or pansexual
 Questioning
 Something else
 Don't know
 I prefer not to answer
 Something else not listed here (please specify): _____

5. Do you identify as Hispanic or Latino/Latina/Latinx (check one)?
- Yes
- No
- I prefer not to answer
6. What is your ethnicity? _____
7. What is your race? _____
8. 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:
9. What is your preferred language? _____
10. If you are getting the COVID-19 vaccine today as a result of someone reaching out to you with information, what sources of information made the difference for you to get vaccinated today?
- I got help from a CHW / health care worker**
- My CHW helped me
- Someone came to my home for door-to-door outreach
- Someone came to my home to give information
- Some other health worker provided me information
- I was at and got information from a community-based recreation center
- I was at and got information from a church/temple/religious site
- I was at and got information from school
- I was at and got information from the library/public building
- I was at and got information from an LGBTQ+ community/resource center
- I was at and got information from a community/resource center for a population of people sharing a common background with me
- I was at and got information from a facility helping unhoused people
- I received information**
- I saw a community website/blog
- I saw a social media site
- I received educational and/or informational fliers
- I received a telephone call (or calls)
- I received text messages
- I received email
- I received mail
- I joined a webinar
- I joined a training session
- I joined a virtual town hall
- I heard a radio spot
- I saw a TV spot
- I saw billboards/posters/signs around my community
- Someone left information hanging on my door knob
- I received a flyer
- I was in a focus group
- I attended and got information at a community fair or event
- I got scared / I am worried**
- I know someone who got sick or died from COVID-19
- I'm concerned about students going back to school
- Other**
- I didn't get information from any of the things listed here
- I got information from some other source not listed here (please specify): _____