

COVID-19 Data Collection Survey Tool Questions [REVISED 1/29/2021]

As part of COVID-19 (Coronavirus) emergency-response efforts, we are asking health centers to fill out a weekly survey to help track health center capacity and the impact of COVID-19 on health center operations, patients, and staff. The Health Resources and Services Administration will use the information collected to better understand training and technical assistance, funding, and other health center resource needs.

Please refer to the [COVID-19 Data Collection Survey Tool User Guide](#) to assist you in completing the survey.

[Part 1. Main Questions – All Responding Health Centers]

Question Number	Question Field	Description	Answer Field
Question 1	Please enter your email address	[you@example.com]	[text field]
Question 2	Please select the State/Territory that your health center is located in:	[Select an answer choice from the list]	Pick List of all the States + US Territories
Question 3	Please select your health center name and associated Grant Number:	[Select an answer choice from the list]	Pick List of all of the Health Centers + Active H80 Grants
Question 4	Does your health center currently have the ability to test patients for COVID-19? (Testing refers to specimen collection regardless of where the specimen is processed. Include tests for SARS-CoV-2 virus detection (PCR, antigen) only. Do not include tests for antibody detection (serology).)	[Select an answer choice from the list]	Pick List Y/N
Question 5	Does your health center currently have walk-up/drive-up COVID-19 testing sites?	[This question does not appear if N was selected for Question 3.] [Select an answer choice from the list]	Pick list Y/N
Question 6	On average for this week , how quickly is your health center able to obtain COVID-19 test results for SARS-CoV-2 virus detection (PCR, antigen)? (Do not include test processing times for antibody detection (serology).)	[This question does not appear if N was selected for Question 3.] [Select answer choices from the list]	Select one: <ul style="list-style-type: none"> • < 1 hour • 12 hours or less • 24 hrs • 2-3 days • 4-5 days

			• More than 5 days																																														
Question 7	<p>By race and ethnicity, how many of your patients received a test for SARS-CoV-2 virus detection (PCR, antigen) in the last week? (Testing refers to specimen collection regardless of where the specimen is processed. Do not include tests for antibody detection (serology).)</p> <p>[Enter the number of patients tested by race and ethnicity below]</p> <table border="1"> <thead> <tr> <th colspan="2">Hispanic/Latino</th> </tr> </thead> <tbody> <tr><td>1a</td><td>Asian</td></tr> <tr><td>1b1</td><td>Native Hawaiian</td></tr> <tr><td>1b2</td><td>Other Pacific Islander</td></tr> <tr><td>1c</td><td>Black/African American</td></tr> <tr><td>1d</td><td>American Indian/Alaska Native</td></tr> <tr><td>1e</td><td>White</td></tr> <tr><td>1f</td><td>More than One Race</td></tr> <tr><td>1g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2" style="text-align: center;"><i>Subtotal Hispanic/Latino</i></td></tr> <tr> <th colspan="2">Non-Hispanic/Latino</th> </tr> <tr><td>2a</td><td>Asian</td></tr> <tr><td>2b1</td><td>Native Hawaiian</td></tr> <tr><td>2b2</td><td>Other Pacific Islander</td></tr> <tr><td>2c</td><td>Black/African American</td></tr> <tr><td>2d</td><td>American Indian/Alaska Native</td></tr> <tr><td>2e</td><td>White</td></tr> <tr><td>2f</td><td>More than One Race</td></tr> <tr><td>2g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2" style="text-align: center;"><i>Subtotal Non-Hispanic/Latino</i></td></tr> <tr><td colspan="2">Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>h</td><td>Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>i</td><td style="text-align: right;">Total</td></tr> </tbody> </table>	Hispanic/Latino		1a	Asian	1b1	Native Hawaiian	1b2	Other Pacific Islander	1c	Black/African American	1d	American Indian/Alaska Native	1e	White	1f	More than One Race	1g	Unreported/Refused to Report Race	<i>Subtotal Hispanic/Latino</i>		Non-Hispanic/Latino		2a	Asian	2b1	Native Hawaiian	2b2	Other Pacific Islander	2c	Black/African American	2d	American Indian/Alaska Native	2e	White	2f	More than One Race	2g	Unreported/Refused to Report Race	<i>Subtotal Non-Hispanic/Latino</i>		Unreported/Refused to Report Race and Ethnicity		h	Unreported/Refused to Report Race and Ethnicity	i	Total	[This question does not appear if N was selected for Question 3. Please enter a numerical value excluding commas (ex. 123123)]	Number Field
Hispanic/Latino																																																	
1a	Asian																																																
1b1	Native Hawaiian																																																
1b2	Other Pacific Islander																																																
1c	Black/African American																																																
1d	American Indian/Alaska Native																																																
1e	White																																																
1f	More than One Race																																																
1g	Unreported/Refused to Report Race																																																
<i>Subtotal Hispanic/Latino</i>																																																	
Non-Hispanic/Latino																																																	
2a	Asian																																																
2b1	Native Hawaiian																																																
2b2	Other Pacific Islander																																																
2c	Black/African American																																																
2d	American Indian/Alaska Native																																																
2e	White																																																
2f	More than One Race																																																
2g	Unreported/Refused to Report Race																																																
<i>Subtotal Non-Hispanic/Latino</i>																																																	
Unreported/Refused to Report Race and Ethnicity																																																	
h	Unreported/Refused to Report Race and Ethnicity																																																
i	Total																																																
Question 8	<p>By race and ethnicity, how many of your patients have tested positive for SARS-CoV-2 virus detection (PCR, antigen) in the last week? (Report all positive results regardless of where patients were tested. Do not include positive test results for antibody detection (serology).)</p> <p>[Enter the number of patients who tested positive for SARS-CoV-2 virus detection (PCR, antigen) by race and ethnicity below.]</p> <table border="1"> <thead> <tr> <th colspan="2">Hispanic/Latino</th> </tr> </thead> <tbody> <tr><td>1a</td><td>Asian</td></tr> <tr><td>1b1</td><td>Native Hawaiian</td></tr> <tr><td>1b2</td><td>Other Pacific Islander</td></tr> <tr><td>1c</td><td>Black/African American</td></tr> <tr><td>1d</td><td>American Indian/Alaska Native</td></tr> <tr><td>1e</td><td>White</td></tr> <tr><td>1f</td><td>More than One Race</td></tr> <tr><td>1g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2" style="text-align: center;"><i>Subtotal Hispanic/Latino</i></td></tr> <tr> <th colspan="2">Non-Hispanic/Latino</th> </tr> <tr><td>2a</td><td>Asian</td></tr> <tr><td>2b1</td><td>Native Hawaiian</td></tr> <tr><td>2b2</td><td>Other Pacific Islander</td></tr> <tr><td>2c</td><td>Black/African American</td></tr> <tr><td>2d</td><td>American Indian/Alaska Native</td></tr> <tr><td>2e</td><td>White</td></tr> <tr><td>2f</td><td>More than One Race</td></tr> <tr><td>2g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2" style="text-align: center;"><i>Subtotal Non-Hispanic/Latino</i></td></tr> <tr><td colspan="2">Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>h</td><td>Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>i</td><td style="text-align: right;">Total</td></tr> </tbody> </table>	Hispanic/Latino		1a	Asian	1b1	Native Hawaiian	1b2	Other Pacific Islander	1c	Black/African American	1d	American Indian/Alaska Native	1e	White	1f	More than One Race	1g	Unreported/Refused to Report Race	<i>Subtotal Hispanic/Latino</i>		Non-Hispanic/Latino		2a	Asian	2b1	Native Hawaiian	2b2	Other Pacific Islander	2c	Black/African American	2d	American Indian/Alaska Native	2e	White	2f	More than One Race	2g	Unreported/Refused to Report Race	<i>Subtotal Non-Hispanic/Latino</i>		Unreported/Refused to Report Race and Ethnicity		h	Unreported/Refused to Report Race and Ethnicity	i	Total	[Please enter a numerical value excluding commas (ex. 123123)]	Number Field
Hispanic/Latino																																																	
1a	Asian																																																
1b1	Native Hawaiian																																																
1b2	Other Pacific Islander																																																
1c	Black/African American																																																
1d	American Indian/Alaska Native																																																
1e	White																																																
1f	More than One Race																																																
1g	Unreported/Refused to Report Race																																																
<i>Subtotal Hispanic/Latino</i>																																																	
Non-Hispanic/Latino																																																	
2a	Asian																																																
2b1	Native Hawaiian																																																
2b2	Other Pacific Islander																																																
2c	Black/African American																																																
2d	American Indian/Alaska Native																																																
2e	White																																																
2f	More than One Race																																																
2g	Unreported/Refused to Report Race																																																
<i>Subtotal Non-Hispanic/Latino</i>																																																	
Unreported/Refused to Report Race and Ethnicity																																																	
h	Unreported/Refused to Report Race and Ethnicity																																																
i	Total																																																
Question 9	<p>How many health center staff members have tested positive for COVID-19 in the last week? (Report positive results for viral detection (PCR, antigen) tests only. Do not include positive test</p>	[Please enter a numerical value excluding commas (ex. 123123)]	Number Field																																														

	results for antibody detection (serology).)		
Question 10	What percentage of health center staff members were unable to work due to COVID-19 (e.g., due to site/service closure, exposure, family/home obligations, lack of PPE, etc.) in the last week ?	[Select an answer choice]	Slider – Range 0-100 Interval of 5
Question 11	How many of your health center sites were temporarily closed due to COVID-19 this week ? (Include only those sites in your HC program scope of project.)	[Please enter a numerical value excluding commas (ex. 123123)]	Number Field
Question 12	How does this last week's number of visits compare to your average number of weekly visits pre-COVID-19? (Consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits.)	[With 100% being average, <100% being below average, >100% being above average]	Slider - Range 10-150 Interval of 5
Question 13	What percentage of your health center's visits in the last week were virtual (e.g., telehealth/telephonic)? (Consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.).)	[Select an answer choice]	Slider – Range 0-100 Interval of 5
Question 14	How long will your health center have an adequate supply of PPE (e.g., masks, gloves, gowns, etc.) to serve your patients? <i>(If your health center is not currently having supply challenges, please select "No supply challenge at this time," regardless of the number of days for which you have a supply in stock. Please also select this option if your health center does not use a particular item.)</i> <ul style="list-style-type: none"> • Surgical masks • N95/PPR masks • Gowns • Gloves • Face masks/goggles 	[Select an answer choice for each type of PPE]	Pick an Option <ul style="list-style-type: none"> • 6 or fewer days • 7-13 days • 14-20 days • 21-27 days • 28 or more days • No supply challenge at this time
Question 15	How many health center staff members have initiated (1 st dose received) their COVID-19 immunization series in the last week ? [Enter the number of staff who initiated an FDA-approved vaccine series in the last week below.] [Note: Exclude vaccines administered to health center staff while participating in clinical trials.]	[Please enter a numerical value excluding commas (ex. 123123)]	Number Field
Question 16	How many health center staff members have completed (2 nd dose received) their COVID-19 immunization series in the last week ? [Enter the number of staff who completed an FDA-approved vaccine series in the last week below.] [Note: Exclude vaccines administered to health center staff while participating in clinical trials.]	[Please enter a numerical value excluding commas (ex. 123123)]	Number Field
Question 17	By race and ethnicity, how many patients have initiated (1 st dose received) their COVID-19	[Please enter a numerical value	Number Field

	<p>immunization series in the last week? [Enter the number of patients who initiated an FDA-approved vaccine series in the last week, by race and ethnicity below.] [Note: Exclude vaccines administered to health center patients while participating in clinical trials.] [Enter the number of patients tested by race and ethnicity below]</p> <table border="1"> <thead> <tr><th colspan="2">Hispanic/Latino</th></tr> </thead> <tbody> <tr><td>1a</td><td>Asian</td></tr> <tr><td>1b1</td><td>Native Hawaiian</td></tr> <tr><td>1b2</td><td>Other Pacific Islander</td></tr> <tr><td>1c</td><td>Black/African American</td></tr> <tr><td>1d</td><td>American Indian/Alaska Native</td></tr> <tr><td>1e</td><td>White</td></tr> <tr><td>1f</td><td>More than One Race</td></tr> <tr><td>1g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2">Subtotal Hispanic/Latino</td></tr> <tr><th colspan="2">Non-Hispanic/Latino</th></tr> <tr><td>2a</td><td>Asian</td></tr> <tr><td>2b1</td><td>Native Hawaiian</td></tr> <tr><td>2b2</td><td>Other Pacific Islander</td></tr> <tr><td>2c</td><td>Black/African American</td></tr> <tr><td>2d</td><td>American Indian/Alaska Native</td></tr> <tr><td>2e</td><td>White</td></tr> <tr><td>2f</td><td>More than One Race</td></tr> <tr><td>2g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2">Subtotal Non-Hispanic/Latino</td></tr> <tr><td colspan="2">Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>h</td><td>Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>i</td><td>Total</td></tr> </tbody> </table>	Hispanic/Latino		1a	Asian	1b1	Native Hawaiian	1b2	Other Pacific Islander	1c	Black/African American	1d	American Indian/Alaska Native	1e	White	1f	More than One Race	1g	Unreported/Refused to Report Race	Subtotal Hispanic/Latino		Non-Hispanic/Latino		2a	Asian	2b1	Native Hawaiian	2b2	Other Pacific Islander	2c	Black/African American	2d	American Indian/Alaska Native	2e	White	2f	More than One Race	2g	Unreported/Refused to Report Race	Subtotal Non-Hispanic/Latino		Unreported/Refused to Report Race and Ethnicity		h	Unreported/Refused to Report Race and Ethnicity	i	Total	<p>excluding commas (ex. 123123)]</p>	
Hispanic/Latino																																																	
1a	Asian																																																
1b1	Native Hawaiian																																																
1b2	Other Pacific Islander																																																
1c	Black/African American																																																
1d	American Indian/Alaska Native																																																
1e	White																																																
1f	More than One Race																																																
1g	Unreported/Refused to Report Race																																																
Subtotal Hispanic/Latino																																																	
Non-Hispanic/Latino																																																	
2a	Asian																																																
2b1	Native Hawaiian																																																
2b2	Other Pacific Islander																																																
2c	Black/African American																																																
2d	American Indian/Alaska Native																																																
2e	White																																																
2f	More than One Race																																																
2g	Unreported/Refused to Report Race																																																
Subtotal Non-Hispanic/Latino																																																	
Unreported/Refused to Report Race and Ethnicity																																																	
h	Unreported/Refused to Report Race and Ethnicity																																																
i	Total																																																
<p>Question 18</p>	<p>By race and ethnicity, how many patients have completed (2nd dose received) their COVID-19 immunization series in the last week? [Enter the number of patients who completed an FDA-approved vaccine series in the last week, by race and ethnicity below.] [Note: Exclude vaccines administered to health center patients while participating in clinical trials.]</p> <table border="1"> <thead> <tr><th colspan="2">Hispanic/Latino</th></tr> </thead> <tbody> <tr><td>1a</td><td>Asian</td></tr> <tr><td>1b1</td><td>Native Hawaiian</td></tr> <tr><td>1b2</td><td>Other Pacific Islander</td></tr> <tr><td>1c</td><td>Black/African American</td></tr> <tr><td>1d</td><td>American Indian/Alaska Native</td></tr> <tr><td>1e</td><td>White</td></tr> <tr><td>1f</td><td>More than One Race</td></tr> <tr><td>1g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2">Subtotal Hispanic/Latino</td></tr> <tr><th colspan="2">Non-Hispanic/Latino</th></tr> <tr><td>2a</td><td>Asian</td></tr> <tr><td>2b1</td><td>Native Hawaiian</td></tr> <tr><td>2b2</td><td>Other Pacific Islander</td></tr> <tr><td>2c</td><td>Black/African American</td></tr> <tr><td>2d</td><td>American Indian/Alaska Native</td></tr> <tr><td>2e</td><td>White</td></tr> <tr><td>2f</td><td>More than One Race</td></tr> <tr><td>2g</td><td>Unreported/Refused to Report Race</td></tr> <tr><td colspan="2">Subtotal Non-Hispanic/Latino</td></tr> <tr><td colspan="2">Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>h</td><td>Unreported/Refused to Report Race and Ethnicity</td></tr> <tr><td>i</td><td>Total</td></tr> </tbody> </table>	Hispanic/Latino		1a	Asian	1b1	Native Hawaiian	1b2	Other Pacific Islander	1c	Black/African American	1d	American Indian/Alaska Native	1e	White	1f	More than One Race	1g	Unreported/Refused to Report Race	Subtotal Hispanic/Latino		Non-Hispanic/Latino		2a	Asian	2b1	Native Hawaiian	2b2	Other Pacific Islander	2c	Black/African American	2d	American Indian/Alaska Native	2e	White	2f	More than One Race	2g	Unreported/Refused to Report Race	Subtotal Non-Hispanic/Latino		Unreported/Refused to Report Race and Ethnicity		h	Unreported/Refused to Report Race and Ethnicity	i	Total	<p>[Please enter a numerical value excluding commas (ex. 123123)]</p>	<p>Number Field</p>
Hispanic/Latino																																																	
1a	Asian																																																
1b1	Native Hawaiian																																																
1b2	Other Pacific Islander																																																
1c	Black/African American																																																
1d	American Indian/Alaska Native																																																
1e	White																																																
1f	More than One Race																																																
1g	Unreported/Refused to Report Race																																																
Subtotal Hispanic/Latino																																																	
Non-Hispanic/Latino																																																	
2a	Asian																																																
2b1	Native Hawaiian																																																
2b2	Other Pacific Islander																																																
2c	Black/African American																																																
2d	American Indian/Alaska Native																																																
2e	White																																																
2f	More than One Race																																																
2g	Unreported/Refused to Report Race																																																
Subtotal Non-Hispanic/Latino																																																	
Unreported/Refused to Report Race and Ethnicity																																																	
h	Unreported/Refused to Report Race and Ethnicity																																																
i	Total																																																
<p>Question 19</p>	<p>What challenges does your health center face in deploying the COVID-19 vaccine?</p> <ul style="list-style-type: none"> • None • Vaccine supply • Vaccine storage capacity • Staffing to administer the vaccine • Financial reimbursement for costs associated with vaccine administration • Vaccine confidence • Other – please specify 	<p>[Select all answers that apply from the list]</p> <p>[Please briefly describe the challenges]</p>	<p>Pick List Multi-select (subcategory choices)</p> <p>[Free text is optional]</p>																																														
<p>Question 20</p>	<p>Please provide any additional information,</p>		<p>[Free text]</p>																																														

	comments, or challenges you are experiencing due to COVID-19.		
--	---	--	--

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay and are critical in the national response to COVID-19. These forms provide HRSA with the information essential for analyzing health center progress, challenges, and needed technical assistance around COVID-19. The OMB control number for this information collection is 0906-xxxx and it is valid through XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, 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.