

**INSTRUCTIONS:**

The [HPSWRTP/PRMHW] Healthcare Workforce Fieldir required for the [HPSWRTP/PRMHW] evaluation and fo "Target population," here means the individuals that ha whether they have participated to date).

Refer to the following definitions below for more informa

**Population that received the survey**

Checkbox options

Notes on who received the survey

**Survey Fielding information**

Date Sent

Time of Day Sent

Number of Email Addresses Sent To

Number of Bounceback Emails Received

Number in Target Population Without Email Info

Total Number of People in Target Population

Notes

**Target Population Demographics**

Please report the demographics of those invited to parti population, each individual should be reported in only o

Age

Gender

Race

Ethnicity

Type of Primary Discipline/Profession

OMB Control Number: 0915-XXXX  
Expiration Date: MM/DD/20XX

**Public Burden Statement:** The purpose of this informa  
healthcare and public safety workforce. An agency may  
displays a currently valid OMB control number. The OM  
burden for this collection of information is estimated to e  
and completing and reviewing the collection of informati  
including suggestions for reducing this burden, to HRSA  
paperwork@hrsa.gov.

ing Tracker will gather information about survey data collection methods and progress. The information is  
or NORC to provide assistance as needed.  
ve been targeted/invited to participate in any aspect of your program since funding began (regardless of  
tion on how to complete each required field.

### Definition

For this question, please indicate if all target population individuals (to date) received the survey or only individuals who participated in at least one activity (select one).

Any information or questions about who received an email invitation to the survey. This is useful for data analysis. (E.g., Email outreach does not include students. We were unable to obtain email addresses for students in the target population.)

### Definition

MM/DD/YY that the email was sent to the target population

Time of day (morning, afternoon, evening) that the email was sent to the target population

Total number of target population email addresses that the email was sent to. Please plan to send the initial email and all follow-up reminder emails to all members of the target population.

Total number of emails that were returned to sender with an error message (e.g., undeliverable)

Total number in the target population who were not emailed (e.g., if you do not have email addresses for these individuals)

Total number in the target population. This needs to be the sum of 'Number of Email Addresses Sent To' (D4) and 'Number of Target Population Without Email Info' (F4). ( $D4+F4=G4$ )

### Definition

icipate in the survey (the total program target population). To allow for us to adjust findings to reflect the target  
ne category).

Number of individuals in the program target population by age group - across all sites (15-24, 25-34, 35-44, 45-54, 55-64, 65+)

Number of individuals in the program target population by gender - across all sites (male, female, or transgender/non-binary/another gender)

Number of individuals in the program target population by race- across all sites (American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, White, More than one race, Other)

Number of individuals in the program target population by ethnicities - across all sites (Hispanic or Latino/a, Non-Hispanic or Non-Latino/a)

Number of individuals in the total program target population by discipline/profession across all sites.

tion collection is to evaluate federal programs designed to support the mental health and resiliency of the  
not conduct or sponsor, and a person is not required to respond to, a collection of information unless it  
B Control Number for this information collection is 0915-XXXX and is valid until MM/DD/20XX. Public reporting  
average xx hours per response, including the time for reviewing instructions, searching existing data sources,  
on. Send comments regarding this burden estimate or any other aspect of this collection of information,  
\ Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or

Organization Name:

Please indicate whether the population that is receiving the survey most closely matches (select one)

Everyone in target population to date (This option is preferred if applicable)	<input type="checkbox"/>
Only those who have participated in one or more activities (to date)	<input type="checkbox"/>

Enter any notes on who received the survey Please enter notes here

**Survey Fielding Information**

	Date Sent	Time of Day Sent	Number of Email Addresses Sent To	Number of Bounceback Emails Received	Number in Target Population Without Email Info	Total Number of People in Target Population	Notes
Initial Email Invitation						0	
Reminder 1						0	
Reminder 2						0	
Reminder 3						0	
Last chance 1						0	
Last chance 2						0	

**Target Population Demographics**

*Please report the demographics of those that received the survey (this will allow us to determine if responses are representative). For each demographic variable, individuals should be reported only in one category.*

	19 and younger	20-29	30-39	40-49	50-59	60 and Over	Not provided	Total	Notes
<b>Age</b>								0	
<b>Gender</b>	Male	Female	Transgender, non-binary, or another gender	Not provided	Total	Notes			
					0				
<b>Race</b>	American Indian or Alaska Native	Asian	Black or African-American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Other	Not Provided	Total
									0
<b>Ethnicity</b>	Hispanic or Latina/o	Non-Hispanic or Non-Latina/o	Not provided	Total	Notes				
				0					

Type of Primary Discipline/Profession	Number of Workers	Number of Students
Nurse (registered nurse, licensed practical nurse)		
Advance Practice Registered Nurse (nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife)		
Physician		
Medical or other resident		
Physician assistant		
Professional counselor, social worker, or psychologist		
Dentist		
Pharmacist		
Physical therapist, occupational therapist, or speech-language therapist		
Emergency responder/Public safety		
Community health worker/Peer support		
Technician/Assistant (e.g., nursing assistant, medical assistant, pharmacy technician, dental assistant; phlebotomist)		
Environmental support (e.g., custodial, medical equipment)		
Administrator		
Other medical staff		
Other non-medical staff		
<b>Total</b>	0	0
<b>Notes</b>		