

**INSTRUCTIONS:**

The [HPSWRTP/PRMHW] Healthcare Workforce Fieldir required for the [HPSWRTP/PRMHW] evaluation and fo "Target population," here means the individuals that hav 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 information collection is to support the healthcare and public safety workforce. An agency may display a currently valid OMB control number. The OMB control number for this collection of information is estimated to be 0.5 hours per response, and completing and reviewing the collection of information is estimated to be 0.5 hours per response. For more information, including suggestions for reducing this burden, to HHS, please contact [paperwork@hhs.gov](mailto:paperwork@hhs.gov).

ing Tracker will gather information about survey data collection methods and progress. The information is  
or NORC to provide assistance as needed.  
/e 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

[Health and Public Safety Workforce Resiliency Training Program (HPSWRTP)/  
Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW)]  
The Healthcare Workforce Fielding Tracker

Organization Name:

|                                                                                                       |                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Please indicate whether the population that is receiving the survey most closely matches (select one) |                                                      |
| Everyone in target population to date<br>(This option is preferred if applicable)                     | <input type="checkbox"/><br><input type="checkbox"/> |
| Only those who have participated in one or more activities (to date)                                  |                                                      |
| 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).<br>For each demographic variable, individuals should be reported only in one category. |                                  |                              |                                            |                                           |       |                    |              |              |       |
| Age                                                                                                                                                                                                                        | 19 and younger                   | 20-29                        | 30-39                                      | 40-49                                     | 50-59 | 60 and Over        | Not provided | Total        | Notes |
|                                                                                                                                                                                                                            |                                  |                              |                                            |                                           |       |                    |              | 0            |       |
| Gender                                                                                                                                                                                                                     | Male                             | Female                       | Transgender, non-binary, or another gender | Not provided                              | Total | Notes              |              |              |       |
|                                                                                                                                                                                                                            |                                  |                              |                                            |                                           | 0     |                    |              |              |       |
| Race                                                                                                                                                                                                                       | 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     |
| Ethnicity                                                                                                                                                                                                                  | 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                                                                                                 |                   |                    |
| Total                                                                                                                   | 0                 | 0                  |
| Notes                                                                                                                   |                   |                    |