COVID-19 Observation Form

COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccinate with Confidence
Strategy to Reinforce Confidence in Covid-19 Vaccines
Meeting name: ______________________________________ Date: _____________________
Hosting organization: ___________________________________________________________
Location: ______________________________________ Observer: ______________________

1. How many participants were there?

2. How would you describe the participants (include demographic details, e.g., race/ethnicity, gender, occupation, etc.)?

3. What topics were discussed?

4. What was the tone of the discussion?

5. What concerns about COVID-19 vaccine did you hear?

6. Did you hear any misinformation about COVID-19 vaccines? What did you hear?

7. Why do people in this community want to be vaccinated?

8. Why do people in this community not want to be vaccinated?

9. What barriers do people in this community face when trying to get vaccinated?

10. What are some ways to increase confidence in and uptake of COVID-19 vaccines in this community?