**Please use this document for survey preparation only!**

**You must enter responses into the online survey at** <https://www.surveymonkey.com/r/LJPRTCZ>.

**Goal:** The goal of this survey is to assess provider preparedness and capacity to administer COVID-19 vaccines this fall, particularly as the demand for booster shots & children under 12 increases significantly.

**Providers:** We estimate that the survey can be completed in less than 5 minutes. It is **due by Tuesday, September 21 at 5 pm.**

\*Questions with an asterisk at the beginning are required for respondents to which they are displayed.

**Introduction**

\*Name of person completing:

\*Role of person completing:

\*Email of person completing:

\*Provider COVID ID (find yours [here](https://cdphvax.my.salesforce.com/), should start with CA):

Provider VFC PIN (if applicable):

**Capacity Planning**

\*Have you (has your practice) begun planning and preparing for booster dose administration?

* Yes
* No

\*Have you (has your practice) begun planning and preparing for vaccinations for children under 12?

* Yes
* No

\*What is the maximum total number of doses you plan to administer weekly by October 1? Please use a rough estimate based on your ability to increase capacity in the given timeframe

\*What is the maximum total number of doses you plan to administer weekly by November 1? Please use a rough estimate based on your ability to increase capacity in the given timeframe

\*Over the next 3-6 months, which of the following groups are you primarily planning to vaccinate? Please select all that apply and assume both boosters and vaccines for children under 12 are approved

* Unvaccinated
* Own patients seeking booster
* Own employees seeking booster
* General population seeking booster
* LTC residents
* In-home populations
* Children 12-17
* Children 11 & under
* Hard-to-reach populations2
* None of the above

\*How do you plan to support children under 12 vaccination?

* Mass vaccination sites
* Co-administration with flu vaccine
* Expanded clinic hours
* Special COVID-19 vaccination clinics
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_
* None/no plans to support this effort

\*How do you plan to support booster dose administration?

* Mass vaccination sites
* Co-administration with flu vaccine
* Expanded clinic hours
* Special COVID-19 vaccination clinics
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_
* None/no plans to support this effort

\*Approximately how many patients are in your practice? If you do not have a practice, enter 0.

\*What percent of your practice’s patients do you estimate will come to you for booster shots?

* <25%
* 25-50%
* 51-75%
* >75%
* Not sure

**Resources**

\*What resources, if any, do you need from the State to deliver vaccines quickly this Fall? Your responses will help us plan and prioritize State resources. Please select all that apply.

* Training for new or inexperienced staff or volunteers
* Personnel trained to administer doses
* Personnel trained to provide other services (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional vaccine transportation support
* Additional vaccine storage support
* Communication materials
* Onsite clinic coordination/implementation
* In-home services
* Transportation services
* Financial support
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*What administrative burdens, if any, impact your ability to vaccinate? Please select all that apply.

* Enrollment
* Ordering
* Reimbursement
* Reporting
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_

Please explain your answer to the above questions.