



### Engagement

<b>Age</b>	<input type="checkbox"/> 0-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64	<input type="checkbox"/> 65+
<b>Race/Ethnicity</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Latino	<input type="checkbox"/> White	<input type="checkbox"/> Other
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
<b>Borough</b>	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island
<b>Zip Code</b>	<input type="checkbox"/> 10456	<input type="checkbox"/> 10459	<input type="checkbox"/> 10460	<input type="checkbox"/> Out of Area	<input type="checkbox"/> Not provided
<b>Community</b>	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Black	<input type="checkbox"/> Latino	<input type="checkbox"/> LGBTQI+TGNCNB	<input type="checkbox"/> Undocumented
<b>Individual Barriers</b>	<input type="checkbox"/> Sex Workers	<input type="checkbox"/> Homeless	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Undocumented	<input type="checkbox"/> Mental Health
<b>Barriers to Vaccination</b>	<input type="checkbox"/> Preexisting Conditions	<input type="checkbox"/> Access to Vaccine	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Effectiveness	<input type="checkbox"/> Myths
	<input type="checkbox"/> Other	<input type="text"/>			

### Needs & Referrals

<b>Vaccination</b>	<input type="checkbox"/> Fully Vaccinated	<input type="checkbox"/> One Dose	<input type="checkbox"/> Unvaccinated	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment
<b>Food</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Shelter</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Financial Assistance</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Primary Care</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Employment</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Behavioral Health</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
<b>Legal Assistance</b>	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		

<b>Additional persons</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>Transportation needed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Interpreter needed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Appointment

<b>First Name</b>	<input type="text"/>	<b>Last Name</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>E-mail</b>	<input type="text"/>