



Community  
Wellness Bus

**COMMUNITY WELLNESS BUS**  
**DATA TRACKING**  
*GOOGLE FORM TEMPLATE*



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## Community Wellness Bus Data Tracking Form

Data collection is imperative to the sustainment and expansion of the Community Wellness Bus program. This form is to be filled out each shift (i.e. one entry per day).

sah.subscriptions@gmail.com [Switch account](#)



Not shared

\* Indicates required question

What is the Date? \*

Date

yyyy-mm-dd

What location did the CWB visit today? \*

Salvation Army

Gore and Albert

Soup Kitchen

Verdi LBS

Other: \_\_\_\_\_

What is the total number of individuals who visited the CWB today? \*

Your answer \_\_\_\_\_

Where would you have sought out care if you did not visit the CWB? \*

Your answer \_\_\_\_\_

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### Community Wellness Bus Data Tracking Form

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#### Peer Support

Please fill out this section if an individual(s) accessing CWB services required peer support.

How many individuals required **peer support**? If none, enter 0. \*

Your answer \_\_\_\_\_

Please describe the nature of support given today. (i.e. Individual requested housing information).

Your answer \_\_\_\_\_

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### Hygiene/Basic Necessities

Please fill out this section if an individual(s) accessing CWB services required hygiene/basic necessities.

How many **hygiene kits** were distributed? If none, enter 0. \*

Your answer

How many individuals required **other hygiene products**? If none, enter 0. \*

Your answer

How many **feminine hygiene kits** (i.e. pads, tampons) were distributed? If none, enter 0. \*

Your answer





How many **women's socks** were distributed? If none, enter 0. \*

Your answer \_\_\_\_\_

How many **women's underwear** were distributed? If none, enter 0. \*

Your answer \_\_\_\_\_

How many **men's socks** were distributed? If none, enter 0. \*

Your answer \_\_\_\_\_

How many **men's underwear** were distributed? If none, enter 0. \*

Your answer \_\_\_\_\_

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### Harm Reduction

*\*Please fill out the CWB NEO360 Data Tracking Form required by Algoma Public Health.\**

How many individuals required **harm reduction supplies** (excluding Naloxone)? If \* none, enter 0. \*

Your answer \_\_\_\_\_

How many individuals required **Naloxone**? If none, enter 0. \*

Your answer \_\_\_\_\_

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### Medical Attention/Supplies

Please fill out this section if an individual accessing CWB services required medical attention and/or supplies.

How many individuals required **medical attention/supplies**? If none, enter 0. \*

Your answer

If individuals required medical attention today, please describe what they were seeking treatment for.

Your answer

How many individuals required **health teaching**? If none, enter 0. \*

Your answer

How many visitors identified as Indigenous?

Your answer





How many visitors identified as pregnant?

Your answer \_\_\_\_\_

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How many visitors identified as LGBTQIA2S+?

Your answer \_\_\_\_\_

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How many visitors identified as sex workers?

Your answer \_\_\_\_\_

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How many bus visitors participated in the **health day activity** today? \*

Your answer \_\_\_\_\_

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### Referrals

How many individuals required a **referral(s)** (i.e. primary care, SAH ED, John Howard, etc.)? If none, enter 0. \*

Your answer \_\_\_\_\_

How many referrals were made to **primary care** (i.e. Dr. McLean, IDA, etc.)? If none, enter 0. \*

Your answer \_\_\_\_\_

How many referrals were made to the **emergency department at SAH**? If none, enter 0. \*

Your answer \_\_\_\_\_





How many referrals were made to the **John Howard Society**? If none, enter 0. \*

Your answer

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How many referrals were made to **Withdrawal Management**? If none, enter 0. \*

Your answer

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How many referrals were made to **other community supports**? If none, enter 0. If referrals were made, please identify the service/organization.

Your answer

