



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 1 FIELDED MARCH 13 – 16, 2020

1. What is the capacity of your practice to test patients for COVID-19? *Please select the best answer.*

- 1 – We have no current capacity
- 2 – We have capacity based on CDC guidelines/restrictions only
- 3 – We have capacity beyond CDC guidelines/restrictions based on clinician judgement
- 4 – We can test anyone for any reason

2. Is the current status of COVID-19 in the US putting unusual strain on your practice?

<input type="radio"/> 1- no impact	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5- severe impact
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3. Has COVID-19 led to any of the following stresses in your practice? *Please check all that apply.*

- Clinicians (e.g., MDs, DOs, NPs, PAs) out due to illness or self-quarantine
- Nursing staff (e.g., RNs, LVNs, MAs) out due to illness or self-quarantine
- Front desk out due to illness or self-quarantine
- Not enough sick visits available
- Large number of patient questions via phone/portal/secure message
- Lack of supplies to treat patients
- Limiting well/chronic care visits to minimize exposure for healthy patients
- Limiting well/chronic care visits to make space for sick visits
- None

So that we can better understand your answers, please respond to the following:

4. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Other (please specify)

5. In what state is your practice located?

6. Is your practice...

	Yes	No
... a rural practice?		
... larger than 3 clinicians?		
... more than 50% commercially insured patients?		

7. Is there anything else you would like us to know about your current experience managing COVID-19 patients and concerns?