



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 3 FIELDDED MARCH 27 – 30, 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 click 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 personal protective equipment (PPE)
- Lack of basic 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

4. Approximately what percentage of office visits/contacts **IN THE LAST WEEK** were ...

	None (0%)	A little (< 20%)	Some (20-50%)	A lot (> 50%)	Unsure
... handled through video					
... handled through telephone visits					
... handled through e-visits					
... handled through patient portal or secure messaging					
... handled in the parking lot outside the office					
... routine visits, such as well, chronic care, or non-COVID-19 acute visits					
... reimbursed					
... fee for service					

**5. FLASH QUESTION: OVER THE NEXT 4 WEEKS will you...**

	Yes	No	Maybe	Unsure	Happened already
... close your office temporarily to in person visits?					
... close your office temporarily due to clinician or staff illness?					
... close your office temporarily due to lack of PPE and other supplies?					
... close your office temporarily due to lack of revenue?					
... close your office <i>permanently</i> due to lack of revenue?					
... have enough cash on hand to function?					

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

**6. Is your practice...**

	Yes	No
... a rural practice?		
... larger than 3 clinicians?		
... more than 50% commercially insured patients?		
... owned by you?		
... owned by an academic center?		
... a type of community health center?		

**7. What is your specialty?**

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

**8. In what state is your practice located?** *If multi-state, please answer for the state in which your practice is located.*

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

**10. Would you like to receive an email invitation to this survey each week?**

- Yes
- No
- I think I'm already subscribed

**11. Please enter your email address here to receive the survey invitation.** *We will not use your email address for anything else and it will not be shared for any reason.*