



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 6 FIELDLED APRIL 17 – 20, 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
- Lack of personal protective equipment (PPE)
- Reusing PPE and/or relying on homemade PPE options
- Need to layoff or furlough practice members
- Limiting well/chronic care visits for COVID-19 related reasons
- Large decrease in patient volume
- Patients who struggle with virtual health (computer or internet limitations)

4. We would like to understand how much virtual care is now happening: a little, a lot, or not happening. **OVER THE PAST WEEK**, how much of the care you've provided has generally been ...

	A little (< 20%)	Some (20-50%)	A lot (> 50%)	Not happening
... handled through video				
... handled through telephone visits				
... handled through e-visits				
... handled through portal or secure messaging?				
... handled in-person				
... reimbursed?				

5. **FLASH QUESTION A:** Below are some characteristics of patients you might see. To what extent have you noticed an increased COVID-related health burden for them in the past week: People with:

	No increase	Maybe some increase	Meaningful increase	Shockingly high increase	Unsure	No way to know
Pre-existing chronic conditions						

Pre-existing mental health concerns						
Jobs classified as essential						
Jobs that require working outside the home						
Lost employment						
Unable to participate in physical distancing						
No or limited access to internet and data use						

**6. FLASH QUESTION B:** How about people who are...

	No increase	Maybe some increase	Meaningful increase	Shockingly high increase	Unsure	No way to know
African American						
Asian American						
Native American						
Latinx American						
Non-English speaking						
Immigrants of any kind						
Without strong social networks						
Elderly and have at-home support						
Elderly and don't have at-home support						
Elderly and in assisted living facilities						

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

**7. Is your practice...**

	Yes	No
... owned by you?		
... independent and part of a larger group?		
... owned by a hospital or health system?		
... a government owned practice?		
... a rural practice?		
... larger than 3 clinicians?		
... a primary care setting?		
... a convenience care setting (retail, walk in, urgent)?		
... a direct primary care or membership-based practice?		

**8. What is your specialty?**

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

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

**10. Is there anything else you would like us to know about your experience in primary care during this pandemic?**

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

- Yes
- No

**12. 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.***