THE LARRY A. Green Center

QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 1 FIELDED MAY 4-11, 2020

- 1. In the last 8 weeks, have you had trouble making an appointment with your doctor/clinic?
 - Yes
 - o No
 - Didn't have the need
- 2. In the last 8 weeks, how many times have you been in contact with your primary care doctor/clinic?
 - I haven't
 - At least once
 - 2-3 times
 - More than 3 times

If you answered "I haven't," please skip ahead to Question 6. Otherwise, please proceed to the next question.

- 3. Who started the contact between you and your primary care doctor or clinic? Please check all that apply.
 - I contacted my doctor/clinic with a question or request
 - My doctor/clinic reminded me to do something
 - o My doctor/clinic provided me with information
 - My doctor/clinic called to check up on me
- 4. What types of contact have you had with your primary care doctor or clinic? We... Please check all that apply.
 - Spoke on the phone
 - Conducted a doctor's visit on the phone
 - o Exchanged electronic messages or email
 - Had a video-based appointment
 - Used phone or email after video appointment didn't work
 - Had a phone-based appointment
 - Saw my doctor/clinic in person in the office
 - Saw my doctor/clinic in person in the parking lot
- 5. What challenges would you experience if you had to use video or phone to have a visit with your doctor/clinic? Do you...

	Yes	No	Unsure	N/A
feel comfortable meeting with your doctor on the phone?				
have a mobile phone plan that would allow for time to meet				
with your doctor?				
have broadband access at home?				
have broadband access somewhere other than home?				

have a computer or tablet you can use for video visits?		
have a data plan that makes it possible to use video visits?		
feel comfortable meeting with your doctor through video?		
feel comfortable with the technical knowledge required to		
meet on video?		
prefer to meet with your doctor in person?		

- 6. In the last 8 weeks, what reasons did you have for contacting your primary care doctor/clinic? *Please check all that apply.*
 - o I had a previously scheduled wellness visit
 - I had a previously scheduled visit regarding a current chronic condition or illness
 - o I needed a refill on my medication
 - I needed a form for work, school, or some other activity
 - o I had a non-COVID-19 question or concern
 - I didn't feel good/felt sick
 - I was having trouble with my allergies
 - I had an injury and needed help
 - I was sick and worried I had COVID-19
 - o I was told I had been exposed to COVID-19
 - I helped a family member or friend to get care for possible COVID-19
 - Other (please specify)
- 7. Have you been tested for COVID-19?
 - o Yes
 - No no reason for it
 - No I wanted to be tested by wasn't allowed to be tested
 - o No but the doctor told me I probably had it and should self-quarantine
 - o N/A
- 8. Were you diagnosed with COVID-19 or told you likely had it?
 - Yes
 - o No

If you answered "No," please skip ahead to Question 10. Otherwise, please proceed to the next question.

- 9. While you were sick with COVID-19, which of the following things happened? Please check all that apply.
 - I was in the hospital
 - I was told to self-isolate at home
 - My primary care doctor called me to check on me
 - My primary care doctor helped me to coordinate my care with others
 - o The public health department called me to check on me
 - o The hospital called me to check on me
 - None of the above

10	. Before	e the pandemic, where did you prefer to ge	et you	primary ca	are? Please ra	nk you	ır choices.	
	0 0 0 0 0	At a traditional doctor's office In the doctor's office at my job At an urgent clinic that only takes walk-in At a retail clinic, like Walmart or CVS An online only doctor's office A concierge practice where I have 24/7 ac I didn't - I went to the emergency room I have no preference						
11.	. When	thinking about your primary care experier	nce ov	er the last y	ear, would yo	ou say	Be sure	to answer
	every	row.						
			Yes	Most of the time	Sometimes	No	Unsure	N/A
	I ha	ive a usual doctor's office						
	I ha	ive a doctor I can trust						
	I fe	el connected to my doctor						
	I ca	n ask my doctor about anything, medical						
	or no	t						
	Му	doctor helps me to make sense of what's						
	going	on with me						
	See	ing my doctor just makes me feel better						
12.	. Does y	your doctor know you as a person?						
	0	Yes						
	0	No						
	0	Unsure						
	0	Never thought about it						
13.	. How i	mportant is it to you that you feel known k	oy you	r doctor?				
	0	It's very important to me - it's the basis of	my ca	re				
	0	It's important - I prefer when it's possible						
	0	It's nice, but it isn't necessary to me						
	0	Never thought about it, just is						
	0	I don't really know my doctor						
	0	N/A						

14. How would you feel if your doctor's office went out of business? Please check all that apply.

- o I would panic no idea where to go for care then
- o I would be heart broken I depend on that relationship
- O Upset it's hard to find a doctor I can trust
- It wouldn't affect me I hardly ever see the doctor
- o I would start over with someone new but the care wouldn't be as good
- o That's life I would just move on

15.	Because	of the	pandemic,	are v	ou
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	Yes	No	Unsure
overdue for an annual wellness visit?			
overdue for preventative care or screenings			
overdue for a chronic illness visit?			
avoiding the doctor even though you are sick?			
avoiding the doctor even though you are injured?			
scared to be in the doctor's office because COVID-19 could be there?			
unlikely to see the doctor this year unless my situation is really serious?			

16. From now through the end of the year, how likely are you to see your doctor ...

	I plan on	l'm	I'm not	Not this
	it	likely	sure	year
for a wellness visit?				
to receive a vaccination for non-COVID illnesses?				
for regular preventive cancer screenings?				
for a chronic illness visit?				
if you feel sick?				
if you had a non-life-threatening injury?				
if you had an emotional concern?				

17. Do you think it's safe to "open up" the cou

- Yes
- o No
- Unsure
- It depends (briefly explain your answer)

18. What is the highest formal education you've received?

- High school degree
- o 2 year college degree
- 4 year college degree
- Master's degree
- Doctoral degree
- o N/A

19. What income bracket best represents your household annual income?

- Less than \$50,000
- o Between \$50,001 to \$100,000
- o Between \$100,001 to \$150,000
- o More than \$150,000

20. Which description best fits the type of area in which you live?

- Urban/city
- Suburban

22. What is y	our age?
0 18	8-35
	6-45
0 46	6-55
o 56	6-65
o O	ver 65
23. How wou	uld you rate your health compared with other people your age?
o E>	kcellent
o M	lostly good
o G	ood
o Fa	
o Po	oor
24. How con	fident are you in the management of your care?
o Ve	ery confident
o So	omewhat confident
0 N	ot very confident
25. What is y	your gender?
o M	lale
o Fe	emale
	ransgender
	on-binary
o O	ther (please specify)
26. What is y	our current employment status?
o Er	mployed full time
o Er	mployed part time
o U	nder-employed (I need more work!)
o U	nemployed
27. During th	ne COVID-19 pandemic, have you please check all that apply
0 Ex	sperienced reduction in household income
	een laid off
	een furloughed
	ost your health insurance
o Sp	pent savings
	Larry A. Green Center: <u>www.green-center.org</u>

o Rural

YesNo

21. Do you consider yourself to be a member of a minority group?

- Spent retirement money
- o Applied for a loan or financial assistance
- o Received a loan or financial assistance
- None of these
- 28. During the pandemic, have you had trouble...

	Yes	Most of the time	Sometimes	No	N/A
maintaining social distancing?					
self-quarantining at home?					
finding information about COVID-19 you could trust?					
keeping your job?					
seeing a doctor?					
feeling isolated or lonely?					
with addiction?					
with anxiety or depression?					

- 29. How many times have you had an appointment with your primary care doctor/office in the last year?
 - o I haven't
 - At least once
 - o 2-3 times
 - More than 3 times
- 30. Is there anything else you would like us to know about your experience with primary care during the COVID-19 pandemic?