



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 2 FIELDED MAY 22-25, 2020

1. 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 5. Otherwise, please proceed to the next question.

2. 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
- My doctor/clinic provided me with information
- My doctor/clinic called to check up on me

3. What types of contact have you had with your primary care doctor or clinic? We... Please check all that apply.

- Spoke on the phone
- Exchanged electronic messages or email
- Had a phone-based appointment
- Had a video-based appointment
- Used phone or email after video appointment didn't work
- Saw my doctor/clinic in person in the office or in the parking lot

4. In the last 8 weeks, what reasons did you have for contacting your primary care doctor/clinic? Please check all that apply.

- I had a previously scheduled wellness visit
- I had a previously scheduled visit regarding a current chronic condition or illness
- I needed a refill on my medication
- I needed a form for work, school, or some other activity
- 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
- 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)

5. Have you been tested for COVID-19?

- Yes
- No – no reason for it
- No – I wanted to be tested by wasn't allowed to be tested
- No – but the doctor told me I probably had it and should self-quarantine
- N/A

6. Were you diagnosed with COVID-19 or told you likely had it?

- Yes
- No

If you answered “No,” please skip ahead to Question 8. Otherwise, please proceed to the next question.

7. 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
- The public health department called me to check on me
- The hospital called me to check on me
- None of the above

8. 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?				

9. Because of the pandemic, are you...

	Yes	No	Unsure
... overdue for an annual wellness visit?			
... overdue for vaccinations or immunizations?			
... overdue for routine cancer screening?			
... overdue for routine lab work?			
... overdue for a chronic illness visit?			
... unlikely to see the doctor this year unless my situation is really serious?			

10. Because of the pandemic, are you AVOIDING your primary care doctor...

	Yes	No	I haven't decided	N/A
... even though you're sick?				
... even though you're injured?				
... because your practice is probably already too busy?				
... because you don't want to be a bother?				
... because you could catch COVID-19 there?				
... because you don't like video or phone visits and that's all they have?				
... you're not avoiding the doctor at all				

11. How much might the following financial reasons influence your decision not to see your primary care doctor?

	Very little	Some	A lot	N/A
I worry about affording the co-pay				
I limit my medical care because I have a high deductible				
I limit my medical care because I have no insurance				
I limit my medical care when I have no cash left in my health savings account				
I don't think about costs when going to the doctor				
I don't have financial concerns				

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

	I plan on it	I'm likely	I'm not sure	Not this 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?				

13. Do you have health insurance? Please pick best possible answer.

- Yes, through my employer
- Yes, I am self-employed through work
- Yes, I have Medicaid
- Yes, I have Medicare
- Yes, I have Medicare Advantage
- Yes, I have both Medicaid and Medicare
- Yes, through the state Marketplace
- Yes, through my spouse or family member
- Yes, through school
- Yes, through COBRA

- Yes, through my union
- I don't know
- No
- Other (please specify)

14. When thinking about your primary care experience over the last year, would you say... Be sure to answer every row.

	Yes	Most of the time	Sometimes	No	Unsure	N/A
... I have a usual doctor's office						
... I have a doctor I can trust						
... I feel connected to my doctor						
... I can ask my doctor about anything, medical or not						
... My doctor helps me to make sense of what's going on with me						
... Seeing my doctor just makes me feel better						

15. Does your doctor know you as a person?

- Yes
- No
- Unsure
- Never thought about it

16. How important is it to you that you feel known by your doctor?

- It's very important to me - it's the basis of my care
- It's important - I prefer when it's possible
- It's nice, but it isn't necessary to me
- Never thought about it, just is
- I don't really know my doctor
- N/A

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

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

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

- High school degree
- 2 year college degree
- 4 year college degree

- Master's degree
- Doctoral degree
- N/A

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

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

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

- Urban/city
- Suburban
- Rural

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

- Yes
- No

22. What is your age?

- 18-35
- 36-45
- 46-55
- 56-65
- Over 65

23. How would you rate your health compared with other people your age?

- Excellent
- Mostly good
- Good
- Fair
- Poor

24. How confident are you in the management of your care?

- Very confident
- Somewhat confident
- Not very confident

25. What is your gender?

- Male
- Female
- Transgender
- Non-binary
- Other (please specify)

26. What is your current employment status?

- Employed full time
- Employed part time
- Unemployed

27. During the COVID-19 pandemic, have you... please check all that apply

- Experienced reduction in household income
- Been laid off
- Been furloughed
- Lost your health insurance
- Spent savings
- Spent retirement money
- Applied for a loan or financial assistance
- 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?

- I haven't
- At least once
- 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?