



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 4 FIELDDED DECEMBER 10 - 11, 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 followed up with me after giving me a referral
- My doctor/clinic checked in on me following a visit to their office
- My doctor/clinic checked in on me just to see how I was doing

3. In the last 8 weeks, what types of contact have you had with your primary care doctor or clinic? We... Please check all that apply.

- We spoke on the phone
- We exchanged electronic messages or email
- We had a phone-based appointment
- We had a video-based appointment
- I saw my doctor/clinic in person in the office

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/preventative care 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 generally upset and didn't know who to call
- I was having a physical reaction to upsetting events in the news
- I was told I had been exposed to 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

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. Many doctors and clinics are using alternatives to in-person appointments. Do you...

	Yes	No	Unsure	N/A
... feel comfortable meeting with your doctor on the phone?				
... 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?				
... hope video and phone visits are still possible after the pandemic?				
... feel it will be easier to get care with video and phone options available?				

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 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 have a high deductible plan so I limit my medical care				
I have no insurance so I limit my medical care				
I don't have cash let in my health savings account				
I don't think about cost when deciding to see 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. My practice makes it easy for me to get care.

- Definitely
- Mostly
- Somewhat
- Not at all

19. My practice is able to provide most of my care.

- Definitely

- Mostly
- Somewhat
- Not at all

20. In caring for me, my doctor considers all the factors that affect my health.

- Definitely
- Mostly
- Somewhat
- Not at all

21. My practice coordinates the care I get from multiple places.

- Definitely
- Mostly
- Somewhat
- Not at all

22. My doctor or practice knows me as a person.

- Definitely
- Mostly
- Somewhat
- Not at all

23. My doctor and I have been through a lot together.

- Definitely
- Mostly
- Somewhat
- Not at all

24. My doctor or practice stands up for me.

- Definitely
- Mostly
- Somewhat
- Not at all

25. The care I get takes into account knowledge of my family.

- Definitely
- Mostly
- Somewhat
- Not at all

26. The care I get in this practice is informed by knowledge of community.

- Definitely
- Mostly
- Somewhat

- Not at all

27. Over time, my practice helps me to stay healthy.

- Definitely
- Mostly
- Somewhat
- Not at all

28. Over time, my practice helps me to meet my goals.

- Definitely
- Mostly
- Somewhat
- Not at all

29. 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

30. 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
- Greater than \$150,000

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

- Urban/city
- Suburban
- Rural

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

- Yes
- No

33. What is your age?

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

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

- Excellent
- Mostly good
- Good
- Fair
- Poor

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

- Very confident
- Somewhat confident
- Not very confident

36. What is your gender?

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

37. What is your current employment status?

- Employed full time
- Employed part time
- Underemployed (I need more work)
- Unemployed

38. 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

39. 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?					

40. 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
- 4-6 times
- More than 6 times

41. Is there anything else you would like us to know about your experience with primary care during the COVID-19 pandemic?