



## QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 5 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
- 4-6 times
- More than 6 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.**

- 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

**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 preventative care visit
- I had a previously scheduled visit regarding a current chronic condition or illness
- I needed a refill on my medication
- I didn't feel good/felt sick
- I had an injury and needed help
- I just didn't "feel right" and didn't know who to call
- I was having a physical reaction to upsetting events in the news
- I was sick and worried I had COVID-19
- I was told I had been exposed to COVID-19
- Other (please specify)

**5. Have you been tested for COVID-19?**

- Yes – because I had symptoms
- Yes – as part of random screening
- Yes – because I needed proof of a negative test for work
- Yes, because I needed proof of a negative test for travel
- Yes, because I needed proof of a negative test to visit with family
- 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. If you were tested for COVID-19, how long did it take you to get your results? Please pick best possible answer.**

- Less than an hour
- Between 1 and 4 hours
- About a day
- About two days
- Several days
- I can't remember
- I have never been tested

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

- Yes
- No

**If you answered “No,” please skip ahead to Question 9. Otherwise, please proceed to the next question.**

**8. 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

**9. What challenges would you experience if you had to use video or phone to have a visit with your doctor/clinic? Do you... Please check all that apply.**

	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?				
... 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?				

**10. Have you had any of the following experiences with primary care during the pandemic?** *Please check all that apply.*

- I have had a video appointment with my doctor/clinic
- I have had a phone appointment with my doctor/clinic
- I have been able to email questions to my doctor/clinic
- I have been able to text my doctor with questions
- I have used a patient portal to contact my practice
- None of the above

**11. If you have had experience using technology to connect with your doctor during the pandemic, how would you rate the experience on a scale of 1 to 5 with 1 being the worst experience and 5 being the best.** *Be sure to answer every row.*

	1- oh, it was the worst!	2	3- neutral	4	5- loved it, it was the best!	N/A
Video appointment						
Phone appointment						
Email questions and receive answers						
Text with questions and receive answers						
Use patient portal to contact my practice						

**12. Before the pandemic, where did you prefer to get your primary care?** *Please rank your choices, 1 being the highest importance and 7 being the lowest. If not applicable, please choose N/A.*

- At a doctor's office covered by my insurance
- In the doctor's office at my job
- At an urgent care clinic that only takes walk-in appointments
- At a retail clinic, like Walmart or CVS
- At an online only doctor's office
- A concierge practice where I have 24/7 access to my doctor
- I didn't - I went to the emergency room

**13. During the pandemic, where would you prefer to get your primary care?** *Please rank your choices, 1 being the highest importance and 7 being the lowest. If not applicable, please choose N/A.*

- At a doctor's office covered by my insurance
- In the doctor's office at my job
- At an urgent care clinic that only takes walk-in appointments

- At a retail clinic, like Walmart or CVS
- At an online only doctor's office
- A concierge practice where I have 24/7 access to my doctor
- I don't - I go to the emergency room

**14. 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?			

**15. 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				

**16. Contact tracing involves interviewing those with COVID-19 to identify anyone who they may have come into contact with in order to track potential exposure and illness. If someone were to contact you about your potential exposure, who would you be most willing to talk to? Please pick best possible choice.**

- Primary care doctors/clinics
- Public health departments
- Hospital worker or representative
- People from your community who have been hired and trained
- Other (please specify)

**17. Based on your experience, to what extent do the circumstances below make COVID-19 more dangerous to people?**

	No increase	Maybe some increase	Meaningful increase	Shockingly high increase	I don't know	N/A
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						

**18. 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 cost when deciding to see the doctor				
I don't have financial concerns				

**19. 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 and/or Medicare Advantage
- Yes, through the state Marketplace
- Yes, through my spouse or family member
- I don't know
- No
- Other (please specify)

**20. 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						
... I am more likely to use video or phone with a doctor that knows me						

**21. Does your doctor know you as a person?**

- Yes
- No
- Unsure
- Never thought about it

**22. When thinking about your primary care experience over the last year, would you say you have experienced care that was ... Be sure to answer every row.**

	Yes, without a doubt!	Sometimes, but the pandemic makes this hard	No, but will again after the pandemic	Pipe-dream, this hasn't been for a long time	N/A
... primary – the first place you go for most of your health care needs					
... comprehensive – addressing the majority of your needs					
... continuous – you usually get to see the same doctor each time					
... coordinated – helping you to understand care received from multiple places					
... integrated – attentive to both social and physical concerns					
... grounding – gave you a sense of connection to a healer with your best interest at heart					

**23. When there is a new COVID-19 vaccine, I will be ready to take it.**

- Yes
- Yes – but after it has been out for a bit
- No
- Maybe
- COVID is a hoax
- I don't know
- Other (please specify)

**24. How much do you agree with the following statements – do you definitely agree, mostly agree, somewhat agree, not agree at all, or are you undecided?**

	Definitely agree	Mostly agree	Somewhat agree	Do not agree at all	Undecided
I have no concerns about a new COVID-19 vaccine – happy to take it					
I don't trust COVID-19 information that comes from the Trump administration					
I don't trust COVID-19 information that comes from the CDC					
I don't trust COVID-19 information that comes from public health leaders					
The COVID-19 vaccines were developed too quickly to be safe					
I worry about unknown side effects to the vaccine					
I worry the vaccine will make me sick					
I worry that I won't be able to afford the vaccine					

**25. During the 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

**26. During the pandemic, have you struggled more than usual with...**

	Yes	Most of the time	Sometimes	No	N/A
... putting food on the table?					
... finding a safe place to live?					
... maintaining employment?					
... paying your bills?					

**27. During the pandemic, have you struggled more than usual with...**

	Yes	Most of the time	Sometimes	No	N/A
... maintaining physical/social distancing?					
... self-quarantining at home?					
... finding information about COVID-19 you could trust?					
... seeing a primary care doctor?					
... seeing a doctor for specialty care?					
... managing childcare?					
... adjusting to school aged children home during the day?					
... feeling isolated or lonely?					
... with addiction?					
... with anxiety or depression?					

**28. In what year were you born?**

**29. What is your current employment status?**

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

**30. What is your gender?**

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

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

- Urban/city
- Suburban
- Rural

**32. In what state are you located?**

**33. What is your zip code?**

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

- Yes
- No



**35. Do you feel your insurance status or minority status prevents you from getting the best possible health care for you?**

- Yes
- No

**36. Are you Hispanic or Latinx?**

- Yes
- No
- Prefer not to say
- Other (Please specify)

**37. What is your race/ethnicity?**

- American Indian/Indigenous or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Prefer not to say
- Other (please specify)

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