



## QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 6 FIELDED MARCH 19 - 29, 2021

**1. During the pandemic (March 13, 2020 through now), how many times have you been in contact with your primary care doctor/clinic? This could be you reaching out to them, or them reaching out to you.**

- 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 because I had questions about COVID-19
- I contacted my doctor/clinic because I had questions about the COVID-19 vaccine
- 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 about COVID-19
- 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. What types of contact have you had with your primary care doctor or clinic during the pandemic? We... Please check all that apply.**

- Spoke to receptionist/staff on the phone
- Received a notice via email or mail
- 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 each other in person

**4. What reasons did you have for contacting your primary care doctor/clinic? Please check all that apply.**

- I had a previously scheduled routine visit
- 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" or was depressed and didn't know who to call
- I needed a trusted source to talk to about COVID-19 (for example, information, exposure, vaccine)
- 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, travel, or family visit
- 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, where did you go to get tested? Please pick best possible answer.**

- I went to my primary care doctor/clinic
- I was referred by my primary care doctor to a testing site
- I booked my test online and went where they told me to go
- I found a drive through testing site on my own
- I went to the hospital
- I can't remember
- I was never tested

**7. How have you contacted your doctor/clinic during the pandemic? Did you... Please check all that apply.**

- ... speak with your doctor/clinic by phone?
- ... speak with your doctor/clinic using video?
- ... communicate with your doctor/clinic using email or secure messaging?
- ... see your doctor/clinic in person?
- I did not have contact with my doctor or clinic during the pandemic

**8. What do you think about using phone or video for a visit with your doctor/clinic? Do you... Please check all that apply.**

- ... 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?
- ... have a mobile phone plan that would allow for time to meet with your doctor?
- ... have broadband access at home?
- ... have difficulty finding privacy for a telehealth visit at home?
- ... have a device you can use for video visits?
- ... have a data plan that makes it possible to use video visits?
- ... 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?
- I have no opinion

**9. 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

**10. 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						

**11. 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

**12. 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

**13. Because of the pandemic, are you...**

	Yes	No	Unsure
... overdue for an annual wellness visit?			
... overdue for vaccinations or immunizations?			
... overdue for routine lab work?			
... overdue for a chronic illness visit?			
... generally in poorer physical health than you were before the pandemic?			
... generally in poorer psychological health than you were before the pandemic?			

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

	Yes	No	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			

**15. During the pandemic, primary care was there for me! How do I know? Please check all that apply.**

- When I needed someone to trust, I could call my primary care doctor or clinic.
- I was feeling isolated and they made me feel connected.
- I called them for help when I did know who to call.
- They were a trusted place for me to get information.
- They took care of me, my friends, or my family when we were all scared.
- During the pandemic, they never closed.
- They helped me with my addiction.
- They helped me get secure housing.
- They helped me get some food.
- They reduced or ignored my bill.
- They kept me out of the hospital.
- I tried another doctor's office and it was closed - but my primary care doctor helped me.
- My doctor or practice helped me to feel better.
- If they weren't open, I would have gone to the hospital or urgent care.
- They helped me to feel okay about taking the vaccine.
- My primary care doctor/clinic is worthy of my trust.
- Other (please specify)

**16. What are your preferences/experiences with COVID-19 vaccines? We would like to understand your confidence in available vaccines and whether you have or would be interested in taking any of them. Please check all that apply.**

- I have already gotten a first dose
- I have received both doses of vaccine
- I received the single dose vaccine
- I can't wait to get vaccinated - I wish it could happen more quickly
- I haven't decided if I will get vaccinated
- I don't plan to get vaccinated
- I feel confident in making my vaccine decision
- I trust my doctor to talk to me about the vaccines
- I trust the public health department to talk to me about vaccines
- I wish I could be vaccinated by my primary care doctor or practice
- I called my primary care practice to schedule my vaccination - they referred me elsewhere
- I received my COVID vaccine from my primary care doctor
- I'm waiting to see what happens to other people first, then I'll think about it
- I'm waiting for herd immunity

- I'm waiting to get it at my pharmacy
- Other (please specify)

**17. 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)

**18. 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						

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

- Yes
- No
- Unsure
- Never thought about it

**20. Do you know your doctor as a person?**

- Yes
- No
- Unsure
- Never thought about it

**21. 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					

**22. 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?					

**23. 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?					

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

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

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

**26. What is your annual household income?**

- Under \$25,000
- Between \$25,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$149,999
- Between \$150,000 and \$199,999
- More than \$200,000
- Prefer not to say

**27. What is your education level?**

- Some high school
- High school degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Trade school/technical college degree
- Other

**28. What is your gender?**

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

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

- Urban/city
- Suburban
- Rural

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

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

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

- Yes
- No

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

- Yes
- No

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

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

**35. 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)

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