



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 10 FIELDED NOVEMBER 15 – NOVEMBER 23, 2021

1. Have you been in contact with your primary care doctor/clinic in the past 12 months? This could be you reaching out to them, or them reaching out to you.

- Yes
- No

If you answered “No”, please close this survey.

2. 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 was depressed and didn't know who to call
- I needed someone I could trust to talk to about COVID-19 (for example, information, exposure, vaccine)
- I wanted to get the COVID-19 Vaccine

3. 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 text my doctor with questions
- I have used a patient portal to contact my practice
- None of the above

4. If you used VIDEO or PHONE for your visit, please tell us something about that experience. Did you...? Please check all that apply – if none, check None.

- ... get care for a problem that would have gone untreated without video or phone?
- ... reach out to your doctor more often because you could use video or phone?
- ... 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 difficulty using your computer or phone (eg difficulty viewing screens, navigating, etc.)?
- ... have the data plan or internet access you needed to make it work?
- ... have trouble finding a private place for the conversation?
- ... feel like meeting your doctor in person would have been better?
- ... use a family or friend's phone or computer because you do not have one available?
- I have no opinion
- Other (please specify)
- None – I did not use video or phone

5. 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 didn't 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 scared.
- 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.
- 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.
- None of the above

6. When you decide that there is something about your health that you need help with... Please provide brief answers in your own words.

- ... what makes you decide to seek help? (We don't always seek help – why now?)
- ... where do you go first? (For example... primary care, emergency room, urgent care, family friend...)
- ... what do you expect when you get there? (In other words, what are you expecting from the experience? Or when you leave, how will you know you got what you were looking for?)
- ... what types of things influence where you decide to go? (For example... someone you know, you feel safe, other places cost too much)

7. If you had no limits (such as insurance coverage, or what you could afford), what would be your first choice for handling most of your health concerns? Where or to whom would you want to go?

8. What are the TOP 5 REASONS you would go to see a primary care doctor?

9. What are the TOP 5 REASONS you would go to see a specialist?

10. In what year were you born?

11. What is your current employment status?

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

12. 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

13. 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

14. What is your gender?

- Male
- Female
- Transgender
- Non-binary or gender non-conforming
- Other (please specify)

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

- Urban/city
- Suburban
- Rural

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

- Yes
- No
- Other (please specify)

17. In what state are you located?

18. What is your zip code?

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

- Yes
- No

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

- Yes
- No

21. Are you Hispanic or Latinx?

- Yes

- No
- Prefer not to say
- Other (please specify)

22. 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)

23. Do you have any chronic conditions (e.g. high blood pressure, diabetes, kidney disease, etc.)?

- 1
- 2-3
- 3 or more
- No chronic disease

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