



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 11 FIELDED FEBRUARY 11-MARCH 15, 2022

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. How many times have you been in contact with your primary care doctor/clinic?

- I haven't
- Once
- Twice
- 3 or more times

3. What types of contact have you had with your primary care doctor or clinic? 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. What reasons did you have for being in contact with your primary care doctor/clinic? Please check all that apply.

- I had a previously scheduled wellness/preventive care visit
- I had a previously scheduled visit regarding a current chronic condition or illness
- I had a non-COVID-19 question or concern (injury, illness, or physical symptom)
- I was just generally upset, anxious or depressed and didn't know who to call
- I needed someone I could trust to get health or COVID information
- Other (please specify)

5. Have you been tested for COVID-19?

- Yes – at home
- Yes – at my primary care doctor's office
- Yes – at a place outside my home and not my usual doctor
- No – no reason for it
- 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

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 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. How much might the following financial reasons influence your decision not to see your primary care doctor? Please check all that apply.

- The co-pay is high so I limit my medical care
- 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 think about cost when deciding to see the doctor
- None of the above

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

	Yes	No	Sometimes	Most of the time	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						

12. Does your doctor know you as a person?

- Yes
- No
- Unsure
- Never thought about it

13. 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

14. Has there been a change in your primary care doctor since the state of the pandemic? Please check all that apply.

- Yes – my doctor/nurse practitioner left the practice or retired
- Yes – my practice closed and I had to find a new doctor/nurse practitioner
- Yes – my practice closed and I haven't found a new doctor/nurse practitioner yet
- Yes – my practice moved or changed names
- Yes – my insurance changed so I had to see a different doctor
- No change in the doctor/nurse practitioner I see
- None of the above

15. What are the two most common place you go to for primary care? Please pick the two best options.

- A regular doctor's office
- A doctor's office at my job site
- An urgent care clinic that only takes walk-in appointments
- A retail clinic, like Walmart or CVS
- An "only only" doctor's office
- The emergency room

- I don't really have a regular source of care
- No opinion

16. If you could choose what you most wanted, what are the two places you would most want to get your primary care? Please pick the two best options.

- A regular doctor's office
- A doctor's office at my job site
- An urgent care clinic that only takes walk-in appointments
- A retail clinic, like Walmart or CVS
- An "only only" doctor's office
- The emergency room
- I don't really have a regular source of care
- No opinion

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

- When I needed someone to trust, my doctor was there for me
- I was feeling isolated and they made me feel connected
- They took care of me, my friends, or my family when we were all scared
- I couldn't get into a specialist for help, but primary care was able to see me
- The doctor/practice called me to find out how I was doing
- I called my practice for trusted information about COVID or the vaccines
- They helped me with my addiction
- They helped me get housing or food
- They kept me out of the hospital
- If they weren't open, I would have gone to the hospital or urgent care
- None of the above

18. Do you feel your doctor/clinician is worthy of your trust?

- Definitely
- Mostly
- Somewhat
- Not at all

19. Is having a doctor that you can trust important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

20. Do you think having a doctor/nurse practitioner you can trust affects the quality of care you receive?

- Definitely
- Mostly
- Somewhat
- Not at all

21. Do you feel safe being vulnerable with your doctor/clinician?

- Definitely
- Mostly
- Somewhat
- Not at all

22. Is feeling safe being vulnerable in front of your doctor/clinician important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

23. Does feeling safe being vulnerable affect the quality of care you receive?

- Definitely
- Mostly
- Somewhat
- Not at all

24. Does your doctor/practice treat everyone the same regardless of identity, race, or ability to pay?

- Definitely
- Mostly
- Somewhat
- Not at all

25. Is being treated the same regardless of identity, race, or ability to pay, important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

26. Does being treated the same by your doctor/practice, regardless of identity, race, or ability to pay, affect the quality of care you receive?

- Definitely
- Mostly
- Somewhat
- Not at all

27. What is the highest formal education you have received?

- High school degree
- 2 year college degree
- 4 year college degree
- Master's degree
- Doctoral degree
- N/A

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

- Less than \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$150,000
- Greater than \$150,000

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

- Urban/city
- Suburban
- Rural

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

- Yes
- No

31. What is your age?

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

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

- Excellent
- Mostly good
- Good
- Fair
- Poor

33. How confident are you in the management of your own health care?

- Very confident
- Somewhat confident
- Not very confident

34. What is your gender?

- Male
- Female
- Transgender
- Non-binary

35. What is your current employment status?

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

- Unemployed

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