



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 12 FIELDLED AUGUST 30-SEPTEMBER 8, 2022

1. Have you been seen by your primary care doctor/clinic in the past 12 months?

- ☐ Yes
- ☐ No

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

2. Due to the pandemic, I have missed the following doctor appointments. Please check all that apply.

- ☐ Annual physicals
- ☐ Appointments related to mental health concerns
- ☐ Appointments related to reproductive health or sexual activity
- ☐ Appointments related to substance use
- ☐ Cancer screenings
- ☐ Chronic condition screenings (high blood pressure, diabetes, etc.)
- ☐ Colonoscopies
- ☐ Mammograms
- ☐ Pain management appointments
- ☐ Physical therapy
- ☐ Routine dental appointments
- ☐ Routine eye appointments
- ☐ Vaccination appointments (for things like flu and pneumonia)
- ☐ None of the above

3. Due to the pandemic, I have delayed the following doctor appointments. Please check all that apply.

- ☐ Annual physicals
- ☐ Appointments related to mental health concerns
- ☐ Appointments related to reproductive health or sexual activity
- ☐ Appointments related to substance use
- ☐ Cancer screenings
- ☐ Chronic condition screenings (high blood pressure, diabetes, etc.)
- ☐ Colonoscopies
- ☐ Mammograms
- ☐ Pain management appointments
- ☐ Physical therapy
- ☐ Routine dental appointments
- ☐ Routine eye appointments
- ☐ Vaccination appointments (for things like flu and pneumonia)
- ☐ None of the above

4. If you have a child 18 or under: Due to the pandemic, my child has missed the following doctor appointments. Please check all that apply.

- ☐ I do not have a child 18 or under therefore I cannot answer this question
- ☐ Appointments related to mental health concerns
- ☐ Appointments related to reproductive health or sexual activity
- ☐ Appointments related to substance use
- ☐ Immunizations
- ☐ Routine dental appointments
- ☐ Routine eye appointments
- ☐ Well-child visits
- ☐ None of the above

5. If you have a child 18 or under: Due to the pandemic, my child has delayed the following doctor appointments. Please check all that apply.

- ☐ I do not have a child 18 or under therefore I cannot answer this question
- ☐ Appointments related to mental health concerns
- ☐ Appointments related to reproductive health or sexual activity
- ☐ Appointments related to substance use
- ☐ Immunizations
- ☐ Routine dental appointments
- ☐ Routine eye appointments
- ☐ Well-child visits
- ☐ None of the above

6. Due to the pandemic, the following statements are currently true regarding my primary care doctor's practice. Please check all that apply.

- ☐ I have been unable to see my doctor in person, though I would like to
- ☐ I have been unable to see my doctor via telehealth using phone or video, though I would like to
- ☐ I have avoided office visits because of the cost
- ☐ It is harder to get appointments than it was before the pandemic
- ☐ My personal primary care doctor retired
- ☐ My practice closed
- ☐ None of the above

7. My primary care doctor helped me deal with the pandemic by... Please check all that apply.

- ☐ Answering my questions about COVID-19
- ☐ Answering my questions about COVID-19 vaccines
- ☐ Helping me get my COVID-19 vaccination
- ☐ Helping me deal with anxiety and/or depression
- ☐ Helping me deal with feeling isolated
- ☐ Helping me find support outside of my primary care needs: finding housing, food, getting bills paid, etc.
- ☐ Helping me find support to cover my medication costs
- ☐ Helping me with addiction issues

- ☐ Helping me when I didn't feel right and didn't know where to go
- ☐ Other (please specify)
- ☐ None of the above

8. I was COVID-19 positive and my primary care doctor helped me by... Please check all that apply.

- ☐ I was never diagnosed with COVID-19 and therefore cannot answer this question
- ☐ Helping me when I was discharged from the hospital
- ☐ Helping me address my long-term COVID-19 effects
- ☐ Listening to me when I needed to talk to someone about how my diagnosis affected me
- ☐ Monitoring my illness while I was home so that I did not have to go to the hospital
- ☐ Referring me to the hospital following diagnosis
- ☐ Other (please specify)
- ☐ None of the above

9. Have there been recent changes to your practice that you do not like? Please explain.

10. Have there been recent changes to your practice that you like? Please explain.

11. What do you expect from primary care when you visit a doctor?

12. 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

13. 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

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

- ☐ Urban/city
- ☐ Suburban
- ☐ Rural

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

- ☐ Yes
- ☐ No

16. What is your age?

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

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

- ☐ Excellent
- ☐ Mostly good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident

19. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-binary

20. What is your current employment status?

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

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