



## QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 7 FIELDLED MAY 13 - 26, 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 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)
- I wanted to get the COVID-19 Vaccine
- Other (please specify)

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

- I have met with my doctor/clinic in person
- 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

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

- ... get care for a problem that would have gone untreated without telehealth?
- ... connect more with your doctor as a result of telehealth?
- ... 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 device (eg difficulty viewing screens, navigating, etc.)?
- ... have a mobile phone plan that would allow for time to meet with your doctor?
- ... have broadband access 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?
- ... use a family or friend's phone or computer because you do not have one available?

- I have no opinion
- Other (please specify)

**5. 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						

**6. 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?			

**7. From now through the end of the year, how likely are you to see your doctor ...**

	I plan on it	I'm likely	I'm not sure	Not this year
... for a wellness visit?				
... to receive a vaccination for non-COVID illnesses?				
... to receive a COVID-19 vaccine				
... for regular preventive cancer screenings?				
... for a chronic illness visit?				
... if you feel sick?				
... if you had a non-life-threatening injury?				
... if you had an emotional concern?				

**8. 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.
- 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.
- 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.
- I feel that my doctor knows me as a person.
- Other (please specify)

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

	Yes	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					

**10. Have you been vaccinated for COVID-19?**

- Yes, I've been fully vaccinated
- I've started – I've received the first dose of a two-dose vaccine
- No, I have not gotten the vaccine

**11. If you have not been vaccinated for COVID-19, do you think you will...**

- ... definitely get a vaccine
- ... probably get a vaccine
- ... probably NOT get a vaccine
- ... definitely NOT get a vaccine
- N/A - I have already been vaccinated

**12. How much do (or did) the concerns listed below affect your decision to become vaccinated?**

	A major concern	A minor concern	Not a concern
I worry about side effects			
I don't think I need it			
I don't trust the government			
I want to know more about how well they work			
The vaccines were developed and tested too quickly			
I have difficulty traveling to a vaccination site			
I worry about providing a social security number or government issued ID			

I may have to miss work to get the vaccine			
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**13. When you think about COVID-19 vaccines, which of the following are true? Please check all that apply.**

- They make me more hopeful about the future
- I was hesitant to get a vaccine but became more confident
- I got the vaccine to protect myself
- I got the vaccine to protect my loved ones
- I'm waiting to see what happens to other people first, then I'll think about the vaccine
- I'm waiting for herd immunity
- I'm waiting to get my vaccine from my doctor or a place I know
- I would have preferred vaccination from my doctor but it was not available
- Now that I am vaccinated, I feel more comfortable going to my doctor
- Now that I am vaccinated, I feel more comfortable being around at-risk family members
- I would be hesitant to get a COVID-19 booster vaccine
- Other (please specify)

**14. If you were previously hesitant about the COVID-19 vaccine but changed your mind, who/what made you more confident with getting the COVID-19 vaccine?**

**15. Are you the parent or guardian for a child under the age of 18?**

- Yes
- No

**If you answered "No" please skip ahead to Question 23. Otherwise, please proceed to the next question.**

**16. How old is your child(ren)? Please check all that apply**

- Younger than 12 years old
- 12 - 15 years old
- 16 - 18 years old

**17. Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?**

- ... get them vaccinated right away
- ... wait awhile to see how it is working
- ... only get my child vaccinated if their school requires it
- ... decide against getting them vaccinated
- ... continue to home school if my school requires vaccination
- My child is already vaccinated
- Other (please specify)

**18. How important to you are the opinions of the following people as you consider whether or not to vaccinate your child?**

	Extremely important	Somewhat important	Not Important	N/A
Federal health agencies (eg CDC, HHS, NIH)				
My local public health department				

President Joe Biden				
Dr. Anthony Fauci				
Twitter groups				
Facebook discussions				
News programs				
My elected officials				
My own primary care doctor/clinic				
Family or friends				
Employer or coworkers				
Religious leader				

**19. What would make you feel confident about getting the COVID vaccine for your child?**

**20. Where would you be most willing to go to get your child vaccinated?**

- A primary care doctor/pediatrician
- A local health department
- A large vaccination site
- A school-based health center
- A pharmacy
- Other (please specify):

**21. Because of the pandemic, which of the following things happened? Please check all that apply.**

- My child has experienced anxiety or depression
- My child has become withdrawn
- My child has become less active
- My child has gained weight
- I worry my child is behind on their learning
- My child is overdue for a wellness visit or vaccines
- I am burned out and exhausted as a result of home/virtual schooling
- I needed to quit my job in order to accommodate my child being at home
- My child is doing better due to virtual/home schooling
- Virtual/home schooling has reduced bullying of my child
- My family is closer as a result of virtual/home schooling
- Virtual/home schooling is more convenient for my family
- Other (please specify)

**22. What else would you like to share about your experience with home/virtual school or caring for your kids during the pandemic?**

**23. 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?					

... getting health insurance?					
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**24. During the COVID-19 pandemic, have you had trouble...**

	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?					

**25. During the COVID-19 pandemic, have you... please check all that apply**

- Experienced reduction in household income
- Been laid off
- Been furloughed
- Lost my health insurance
- Spent savings
- Spent retirement money
- Applied for a loan or financial assistance
- Received a loan or financial assistance
- Started a new medicine for a mental health condition
- None of these

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

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

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

**28. 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

**29. 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

**30. What is your gender?**

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

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

- Urban/city
- Suburban
- Rural

**32. Do you have health insurance? Please pick best possible answer.**

- Yes
- No
- Other (please specify)

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes

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

**38. 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)

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

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

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