



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 8 FIELDED JULY 15 - 27, 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. When you think about using phone or video for a visit with your doctor/clinic, do you...

	Yes	Usually	No
... have reliable access to internet?			
... have a device you can use for video visits?			
... have a data/phone plan that makes it possible to use video visits?			
... feel comfortable with the technical knowledge required to meet on video?			

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 – if you have had no experience, choose N/A.

	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. Would you consider having a primary care doctor who is virtual only (no in-person appointments available) as your main source of care?

- Yes – I would definitely see a virtual only provider
- Yes – I might be open to it
- No – I do not think I would want virtual only provider
- No – I definitely would not
- I’m not sure

7. Where would you prefer to get your primary care in terms of virtual and in-person, on a scale of 1 to 10 (with 1 being virtual only and 10 being in-person only)?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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Virtual care only.

24/7 online and video access.
In-person visits

Mostly virtual visits. In person for only specific issues (e.g., acute sick visit).

Virtual visits available on request.

In-person visits if exam or testing needed; virtual visits available for routine chronic follow up, behavioral health, etc.

Mostly in-person visits. Virtual visits for only specific issues (e.g., behavioral health, nutrition counseling).

In-person visits, phone calls, and secure messaging only.

Virtual visits not available.

8. 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 who knows me					

9. How much might the following financial reasons influence your decision not to see your primary care doctor?

	Very little	Some	A lot	N/A
I worry about affording the co-pay				
I limit my medical care because I have a high deductible				
I limit my medical care because I have no insurance				
I limit my medical care when I have no cash left in my health savings account				
I don’t think about costs when going to the doctor				
I don’t have financial concerns				

10. Do you think primary care should be available to everyone, regardless of insurance or their ability to pay?

- Yes
- No
- I'm not sure

11. 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

12. IF YOU HAVE NOT been vaccinated for COVID-19, do you think you will... if vaccinated, please choose N/A

- ... definitely get a vaccine
- ... definitely NOT get a vaccine
- I haven't decided
- N/A - I have already been vaccinated

13. Which of the following reasons did you consider when deciding on whether to become vaccinated?

Please check all that apply.

- I want to be vaccinated to protect myself or my friends/family
- I want to be vaccinated because I am worried about the delta variant
- I worried about side effects but was vaccinated anyway
- I worried about side effects and so did not get vaccinated
- I don't think I need the vaccine
- I generally don't take vaccines
- I don't trust the government
- I want to know more about how well the vaccines work
- I can't afford the vaccine right now
- The vaccines were developed and tested too quickly
- I have difficulty traveling to a vaccination site
- I'm waiting to get the vaccine from my doctor
- I worry about providing a social security number or government issued ID

14. How important to you are the opinions of the following people as you make decisions about COVID-19 vaccination?

	Extremely important	Somewhat important	Not Important	N/A
Federal health agencies (e.g., 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				

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. Do you usually have your child(ren) vaccinated for common illnesses?

- Yes
- No

18. 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 a while to see how it is working
- ... only get my child vaccinated if their school requires it
- ... decide against getting them vaccinated
- My child is already vaccinated

19. During the pandemic, have you struggled more than usual with...

	Yes	Most of the time	Sometimes	No	N/A
... seeing a primary care doctor?					
... seeing a doctor for specialty care?					
... managing childcare?					
... school aged children home during the day?					
... feeling isolated or lonely?					
... addiction?					
... anxiety or depression?					

20. 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
- Other concerns (please specify)
- None of these

21. In what year were you born?

22. What is your current employment status?

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

23. 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

24. 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

25. What is your gender?

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

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

- Urban/city
- Suburban
- Rural

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

- Yes
- No
- Other (please specify)

28. In what state are you located?

29. What is your zip code?

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

- Yes
- No

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

- Yes
- No
- N/A

32. Do you feel your level of medical insurance status affects the level of health care you receive?

- Yes
- No
- Unsure

33. Are you Hispanic or Latinx?

- Yes
- No
- Prefer not to say

34. 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)

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

- Yes, I have 1 chronic condition
- Yes, I have 2-3 chronic conditions
- Yes, I have many, 3 or more, chronic conditions
- No chronic disease

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