



QUICK COVID-19 PRIMARY CARE PATIENT SURVEY

SERIES 9 FIELDED OCTOBER 7 – NOVEMBER 2, 2021

1. Over the last year, how many times have you been in contact with your primary care doctor/clinic?

- I haven't
- At least once
- 2-3 times
- 4-6 times
- More than 6 times

If you answered "I haven't", please close this survey.

2. Who started the contact between you and your primary care doctor/clinic? Please check all that apply.

- I contacted my doctor/clinic with questions about COVID-19 or the COVID-19 vaccine
- I contacted my doctor/clinic with a question or request
- My doctor/clinic provided me with information about COVID-19
- My doctor/clinic checked in on me to see how I was doing.
- None of the above

3. What reasons did you have for contacting your primary care doctor/clinic? Please check all that apply.

- I had a routine visit to check on a chronic condition
- I have a routine visit to check on my health in general
- 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)

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

- I had a video appointment
- I had a phone appointment
- I had an in-person appointment
- I was able to text or email my doctor with questions
- None of the above

5. If you had a PHONE based visit, which of the following were true for you? Please check all that apply. If you did NOT have a phone based visit, please check "Does not apply"

- There was some trouble connecting because my phone number changed
- It was hard because I have limited cell phone service
- I had trouble understanding what the doctor was saying
- I had trouble finding a private location for the phone visit
- The visit was great – I hope phone visits are always possible
- It was easier to get to talk to the doctor because I could do it on the phone

- It was okay but I prefer to meet with my doctor in person
- Does not apply

6. If you had a VIDEO based visit, which of the following were true for you? Please check all that apply. If you did NOT have a video based visit, please check “Does not apply” or “I would have, but I don’t have good internet access.”

- It was hard because my internet is not strong – image was blurry or kept freezing
- It was easier than in person – faster to schedule and/or nice to be able to do it from home
- It was hard because I’m not really comfortable with computers or new software
- It took some coordination because I don’t have my own computer
- It was hard to find a private space for the video visit
- The visit was great – I hope video visits are always possible
- It was okay but I prefer to meet with my doctor in person
- Does not apply

7. What are the two most common places 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
- At an “online only” doctor’s office
- The emergency room
- I don’t really have a regular source of care
- No opinion

8. If you could choose what you most wanted, what are the two places you’d most want to get your primary care? Please pick only two.

- 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
- At an “online only” doctor’s office
- The emergency room
- I don’t have a preference
- I don’t really have a regular source of care

9. 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 my primary care doctor was able to see me.
- They helped me with my addiction.
- They helped me get secure housing.
- They helped me get some food.
- 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.
- Other (please specify)

10. Statement 1: My practice makes it easy for me to get care.

- Definitely
- Mostly
- Somewhat
- Not at all

11. Statement 2: My practice is able to provide most of my care.

- Definitely
- Mostly
- Somewhat
- Not at all

12. Statement 3: In caring for me, my doctor considers all factors that affect my health.

- Definitely
- Mostly
- Somewhat
- Not at all

13. Statement 4: My practice coordinates the care I get from multiple places.

- Definitely
- Mostly
- Somewhat
- Not at all

14. Statement 5: My doctor or practice knows me as a person.

- Definitely
- Mostly
- Somewhat
- Not at all

15. Statement 6: My doctor and I have been through a lot together.

- Definitely
- Mostly
- Somewhat
- Not at all

16. Briefly, what was the reason for your rating of Statement 6?

17. Statement 7: My doctor or practice stands up for me.

- Definitely
- Mostly

- Somewhat
- Not at all

18. Briefly, what is an example of your doctor or practice standing up for you?

19. Statement 8: The care I get takes into account knowledge of my family.

- Definitely
- Mostly
- Somewhat
- Not at all

20. Statement 9: The care I get in this practice is informed by knowledge of my community.

- Definitely
- Mostly
- Somewhat
- Not at all

21. Statement 10: Over time, my practice helps me to stay healthy.

- Definitely
- Mostly
- Somewhat
- Not at all

22. Statement 11: Over time, my practice helps me to meet my goals.

- Definitely
- Mostly
- Somewhat
- Not at all

23. Statement 12: My doctor is worthy of my trust.

- Definitely
- Mostly
- Somewhat
- Not at all

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

- Definitely
- Mostly
- Somewhat
- Not at all

25. Do you feel having a doctor that you can trust affects the quality of care you receive?

- Definitely
- Mostly
- Somewhat

- Not at all

26. Statement 13: I feel safe being vulnerable with my doctor.

- Definitely
- Mostly
- Somewhat
- Not at all

27. Is feeling safe being vulnerable in front of your doctor important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

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

- Definitely
- Mostly
- Somewhat
- Not at all

29. Statement 14: I feel respected by my doctor.

- Definitely
- Mostly
- Somewhat
- Not at all

30. Is being respected by your doctor important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

31. Does being respected by your doctor affect the quality of care you receive?

- Definitely
- Mostly
- Somewhat
- Not at all

32. Statement 15: My doctor/practice treats everyone the same regardless of identity, race, or ability to pay.

- Definitely
- Mostly
- Somewhat
- Not at all

33. Is being treated the same by your doctor, regardless of identity, race, or ability to pay, important to you?

- Definitely
- Mostly
- Somewhat
- Not at all

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

- Definitely
- Mostly
- Somewhat
- Not at all

35. How many years have you known your doctor?

36. How many years have you known your practice?

37. In the past year, approximately how many days of work have you missed because you were sick/not feeling well?

38. In what year were you born?

39. What is your current employment status?

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

40. 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

41. 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

42. What is your gender?

- Male
- Female
- Transgender
- Non-binary
- Other (please specify)

43. How is your health compared to other people your age?

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Urban/city
- Suburban
- Rural

45. In what state are you located?

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

- Yes
- No

47. Are you Hispanic of Latinx?

- Yes
- No

48. 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)

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