1. **YOU SAID – ASK US ABOUT OUR WELL-BEING:** These are your questions. **IN THE LAST 8 WEEKS**, would you say... *Please pick the best possible response to each statement.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>YES in the strongest terms!</th>
<th>Definitely</th>
<th>Mostly</th>
<th>Somewhat</th>
<th>Not at all</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>... My burnout has been at an all-time high</td>
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<tr>
<td>... burnout in my practice has been at an all-time high</td>
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<tr>
<td>.... my colleagues and I had known resources to help us with COVID-19 related job stress</td>
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<td>... our patients responded well to changes in the office, such as wearing masks</td>
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<tr>
<td>... my physical well-being has suffered because of my work</td>
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<tr>
<td>... my psychological well-being has suffered because of my work</td>
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<tr>
<td>... the well-being of my family has suffered because of my work</td>
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<tr>
<td>... I have struggled to know when I could end my work day</td>
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</tbody>
</table>

2. Are COVID-19 related changes and pressures in your practice putting unusual strain on your practice?

   - o 1- no impact
   - o 2
   - o 3
   - o 4
   - o 5- severe impact

3. Has COVID-19 led to any of the following stresses in your practice in the last 4 weeks? *Please check all that apply.*

   - o My practice is closed right now (temporarily or permanently)
   - o Practice members have quit saying that COVID-19 made work unsafe for them
   - o Clinician salaries have been skipped or deferred
   - o Practice layoffs/furlough of clinicians or staff
   - o We have had to destroy expired vaccines and/or medications
   - o Limiting of preventive and/or chronic care visits by the practice
   - o The practice offers preventive and/or chronic care but patients are not scheduling them
   - o Our face-to-face patient volume is lower by more than 50%
   - o Our face-to-face patient volume is lower by 30%
   - o Our non face-to-face volume is at an historic high
   - o Digital health or telehealth billing has been denied
   - o We have had to rescind offers to hire new clinicians

Larry A. Green Center: [www.green-center.org](http://www.green-center.org)
4. **OVER THE PAST WEEK**, would you say your modes of care delivery have been... *Please pick the best possible answer.*

- ... video, phone, and in-person - about equal
- ... video and phone - about equal
- ... video and in-person - about equal
- ... phone and in-person - about equal
- ... more video than anything
- ... more phone than anything
- ... more in-person than anything

5. **FLASH QUESTION A: OVER THE LAST 4 WEEKS**, what has been your experience with access to personal protective equipment (PPE)? *Please check all that apply.*

- We have not been able to acquire PPE in general
- We have severely limited access to PPE in general
- I am often using the same mask for a week at a time
- We have had to purchase PPE at extremely high prices
- Our hospital system or parent organization has PPE but we've not received it
- Masks, in particular, are hard to come by
- Gowns, in particular, are hard to come by
- Gloves, in particular, are hard to come by
- We have enough PPE for usual care, but not for COVID-19 testing
- We have enough PPE for our practice members, but none to offer our patients
- We have enough PPE for seeing limited numbers of patients but not enough to increase patient volume
- We recycle the PPE we have but sorely need new PPE supplies
- Other (please specify)

6. **FLASH QUESTION B: FOR THE NEXT 4 WEEKS**, are you likely to... *Please check all that apply.*

- ... reduce the number of patients you see in person?
- ... run out of PPE?
- ... have to reuse PPE?
- ... have enough billable services to stay open?
- ... have enough cash on hand to stay open?
- ... receive prospective payments from any payer?
- Other (please specify)

So that we can better understand your answers, please respond to the following:

7. **Is your practice...**

- ... owned by you?
- ... independent but part of a larger group?
- ... owned by a hospital or health system?
- ... a government owned practice?
- None of the above
8. Is the size of your practice...
   - 1-3 clinicians?
   - 4-9 clinicians?
   - greater than 10 clinicians?

9. Is your practice setting...
   - a primary care setting?
   - primary care and a convenience care setting (retail, walk in, urgent?)
   - direct primary care or membership-based practice?
   - Other (please specify)

10. Is your practice... Please check all that apply
   - a rural practice?
   - a community health center?
   - designated patient-centered primary care home?
   - located within an office, school, or college?
   - None of the above

11. Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A.

<table>
<thead>
<tr>
<th></th>
<th>&gt;10%</th>
<th>&gt;50%</th>
<th>Don’t know</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
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<tr>
<td>Medicare</td>
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<tr>
<td>low income patients</td>
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<td>non-English speaking patients</td>
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<td>race/ethnic minority patients</td>
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<tr>
<td>patients with multiple chronic</td>
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<tr>
<td>conditions</td>
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12. What is your specialty?
   - Family medicine
   - Internal medicine
   - Pediatrics
   - Geriatrics
   - Mental/Behavioral Health
   - Pharmacy
   - Other (please specify)

13. In what state is your practice located? If multi-state, please answer for the state in which your practice is located.

14. What is your zip code? If multi-state, please answer for the state in which your practice is located.

15. Is there anything else you would like us to know about your experience in primary care during this pandemic?
16. Would you like to receive an email invitation to this survey each week?
   - Yes
   - No

17. Please enter your email address here to receive the survey invitation. We will not use your email address for anything else and it will not be shared for any reason.