1. **YOU SAID – ASK US THIS!** What have you noticed in your practice or of yourself? *Please check all that apply*

- Women members of the office are losing more hours than men to pandemic-related child or elder care needs
- In-person volume is within 10% of pre-pandemic levels
- Fee for service volume is within 10% of pre-pandemic levels
- Practice revenue is within 10% of pre-pandemic levels
- When we furloughed practice members, it did not mean sending them home, it meant reducing their hours
- We did not furlough practice members during the pandemic
- Practice clinicians and staff continue to feel pandemic caused frustration, anxiety, and low morale
- The need to be on constant high alert in the practice is mentally exhausting
- We have had clinicians retire early, or plan for early retirement, because of COVID-19
- We have had clinicians leave the practice, or plan to leave the practice soon, because of COVID-19
- The news reports PPE is available, but we can’t easily find it
- Practice members are experiencing video fatigue - strained eyes, strained neck, low energy from video reliance
- None of these
- I now work many hours unpaid (please write number of hours worked unpaid) ____________

2. **OVER THE LAST 4 WEEKS**, have COVID-19 related changes and pressures in your practice put unusual strain on your practice?

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

3. **Which of these things is TRUE for practice?** *Please check all that apply.*

   - o We have permanently lost practice members because of COVID-19 (e.g., quit, sick, early retirement)
   - o I am uncertain if my practice will remain open past December 2020 without financial assistance
   - o It will take us more than one year to recover from financial losses incurred during the pandemic
   - o My level of mental and/or emotional exhaustion is at an all-time high
   - o Our practice is economically stabilizing, but practice members are clinically fragile
   - o When available, our office will be providing rapid testing for the virus that causes COVID-19
   - o At least 30% of the work done by the practice is unpaid
   - o We will soon need to repay pandemic-incurred loans and I am worried about that strain on our practice
   - o Our practice or health system received financial relief, but clinicians and staff did not
   - o Our patients with chronic conditions are in noticeably worse health resulting from the pandemic
   - o The physical health of our patients has decreased during the pandemic
   - o The mental health of our patients has decreased during the pandemic
   - o None
   - o Other (please specify)
4. **FLASH QUESTION**: How are you preparing for flu season? *For example, will do rapid flu testing, are you able to get the supplies you need, do you have a plan for how to handle respiratory symptoms...?*

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

5. **Is your practice**...
   - ... owned by you?
   - ... independent and part of a larger group?
   - ... owned by a hospital or health system?
   - ... a government owned practice?
   - None of the above

6. **Is the size of your practice**...
   - ... 1-3 clinicians?
   - ... 4-9 clinicians?
   - ... greater than 10 clinicians?

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

8. **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

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

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<th>&gt;50%</th>
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10. What is your specialty?
   - Family medicine
   - Internal medicine
   - Pediatrics
   - Geriatrics
   - Mental/Behavioral Health
   - Pharmacy
   - Other (please specify)

11. What type of certification do you have?
   - MD
   - DO
   - NP
   - PA
   - PhD
   - PharmD
   - Other (please specify)

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

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

14. Is there anything else you would like us to know about your experience in primary care during this pandemic, or any questions you would like to ask us?

15. Are you willing to participate in other research activities with our team? If so, please leave your email address here. *Your email address will not be shared or used for any other reason.*

16. Are you willing to talk to a reporter about your experiences in a practice during the pandemic? If so, please leave your email address here. *Your email address will not be shared or used for any other reason.*

17. Would you like to receive an email invitation to this survey each week?
   - Yes
   - No

18. 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.*