1. **What is the capacity of your practice to test patients for COVID-19?** *Please select the best answer.*
   - o 1 – We have no current capacity
   - o 2 – We have capacity based on CDC guidelines/restrictions only
   - o 3 – We have capacity beyond CDC guidelines/restrictions based on clinician judgement
   - o 4 – We can test anyone for any reason

2. **Is the current status of COVID-19 in the US 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?** *Please check all that apply.*
   - o Clinicians (e.g., MDs, DOs, NPs, PAs) out due to illness or self-quarantine
   - o Nursing staff (e.g., RNs, LVNs, MAs) out due to illness or self-quarantine
   - o Front desk out due to illness or self-quarantine
   - o Not enough sick visits available
   - o Large number of patient questions via phone/portal/secure message
   - o Lack of supplies to treat patients
   - o Limiting well/chronic care visits to minimize exposure for healthy patients
   - o Limiting well/chronic care visits to make space for sick visits
   - o None

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

4. **What is your specialty?**
   - o Family medicine
   - o Internal medicine
   - o Pediatrics
   - o Other (please specify)

5. **In what state is your practice located?**

6. **Is your practice...**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>... a rural practice?</td>
<td></td>
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<td>... larger than 3 clinicians?</td>
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<td>... more than 50% commercially insured patients?</td>
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7. **Is there anything else you would like us to know about your current experience managing COVID-19 patients and concerns?**