1. In the last 8 weeks, 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 skip ahead to Question 5. Otherwise, please proceed to the next question.

2. Who started the contact between you and your primary care doctor or clinic? Please check all that apply.
   - I contacted my doctor/clinic with a question or request
   - My doctor/clinic reminded me to do something
   - My doctor/clinic provided me with information
   - My doctor/clinic followed up with me after giving me a referral
   - My doctor/clinic checked in on me following a visit to their office
   - My doctor/clinic checked in on me just to see how I was doing

3. In the last 8 weeks, what types of contact have you had with your primary care doctor or clinic? We... Please check all that apply.
   - Spoke on the phone
   - Exchanged electronic messages or email
   - Had a phone-based appointment
   - Had a video-based appointment
   - Used phone or email after video appointment didn’t work
   - Saw my doctor/clinic in person in the office

4. In the last 8 weeks, what reasons did you have for contacting your primary care doctor/clinic? Please check all that apply.
   - I had a previously scheduled wellness/preventative care visit
   - I had a previously scheduled visit regarding a current chronic condition or illness
   - I needed a refill on my medication
   - I needed a form for work, school, or some other activity
   - I had a non-COVID-19 question or concern
   - I didn’t feel good/felt sick
   - I was having trouble with my allergies
   - I had an injury and needed help
   - I was generally upset and didn’t know who to call
   - I was having a physical reaction to upsetting events in the news
   - I was told I had been exposed to COVID-19

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5. Have you been tested for COVID-19?
   - Yes
   - No – no reason for it
   - No – I wanted to be tested by wasn’t allowed to be tested
   - No – but the doctor told me I probably had it and should self-quarantine
   - N/A

6. Were you diagnosed with COVID-19 or told you likely had it?
   - Yes
   - No

If you answered “No,” please skip ahead to Question 8. Otherwise, please proceed to the next question.

7. While you were sick with COVID-19, which of the following things happened? Please check all that apply.
   - I was in the hospital
   - I was told to self-isolate at home
   - My primary care doctor called me to check on me
   - My primary care doctor helped me to coordinate my care with others
   - The public health department called me to check on me
   - The hospital called me to check on me
   - None of the above

8. Many doctors and clinics are using alternatives to in-person appointments. Do you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>... feel comfortable meeting with your doctor on the phone?</td>
<td></td>
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<tr>
<td>... feel comfortable meeting with your doctor through video?</td>
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<tr>
<td>... feel comfortable with the technical knowledge required to meet on video?</td>
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<tr>
<td>... prefer to meet with your doctor in person?</td>
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<tr>
<td>... hope video and phone visits are still possible after the pandemic?</td>
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<tr>
<td>... feel it will be easier to get care with video and phone options available?</td>
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</tr>
</tbody>
</table>

9. Because of the pandemic, are you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>... overdue for an annual wellness visit?</td>
<td></td>
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<tr>
<td>... overdue for vaccinations or immunizations?</td>
<td></td>
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<tr>
<td>... overdue for routine cancer screening?</td>
<td></td>
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<tr>
<td>... overdue for routine lab work?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>... overdue for a chronic illness visit?</td>
<td></td>
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</tr>
<tr>
<td>... unlikely to see the doctor this year unless my situation is really serious?</td>
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</tr>
</tbody>
</table>
10. Because of the pandemic, are you AVOIDING your primary care doctor...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I haven’t decided</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>… even though you’re sick?</td>
<td></td>
<td></td>
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<tr>
<td>… even though you’re injured?</td>
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<tr>
<td>… because you don’t want to be a bother?</td>
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<tr>
<td>… because you could catch COVID-19 there?</td>
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<tr>
<td>… because you don’t like video or phone visits and that’s all they have?</td>
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<tr>
<td>… you’re not avoiding the doctor at all</td>
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</tbody>
</table>

11. Contact tracing involves interviewing those with COVID-19 to identify anyone who they may have come into contact with in order to track potential exposure and illness. If someone were to contact you about your potential exposure, who would you be most willing to talk to? Please rank order your choices from most preferred (1) to least preferred (5)

- Primary care doctors/clinics
- Public health departments
- Hospital worker or representative
- People from your community who have been hired and trained
- Other

12. When ranking "other" above, among the people you would be most willing to talk to if you were called as part of contact tracing, who do you imagine in that "other" category? If unknown, simply write unknown.

13. Has the death of George Floyd, and other similar racism-related events, had a noticeable impact on...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Some</th>
<th>Possibly</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>… your physical health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>… your mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>… your emotional well-being</td>
<td></td>
<td></td>
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<tr>
<td>… the conversations you have had with your doctor</td>
<td></td>
<td></td>
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<tr>
<td>… informal conversations you have had with others</td>
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<tr>
<td>… the well-being of friends who belong to minority groups</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>… the well-being of friends in general</td>
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</tr>
</tbody>
</table>


- Physical health
- Psychological health
- Emotional health
- Behavioral health
- Spiritual health
- None

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15. Do you think racism affects YOUR health? Please pick best possible answer.

- Physical health
- Psychological health
- Emotional health
- Behavioral health
- Spiritual health
- None

16. Do you think the impact of racism is something a primary care doctor can help you with?

- Yes
- Sometimes
- Unsure what that would mean
- Never thought about it
- No

17. Do you think racism is a public health concern?

- Yes
- Sometimes
- Unsure what that would mean
- Never thought about it
- No

18. Switching topics, how much might the following financial reasons influence your decision not to see your primary care doctor?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very little</th>
<th>Some</th>
<th>A lot</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I worry about affording the co-pay</td>
<td></td>
<td></td>
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<tr>
<td>I limit my medical care because I have a high deductible</td>
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<td></td>
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<tr>
<td>I limit my medical care because I have no insurance</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I limit my medical care when I have no cash left in my health savings account</td>
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<tr>
<td>I don’t have financial concerns</td>
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</tbody>
</table>

19. When thinking about your primary care experience over the last year, would you say... Be sure to answer every row.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>... I have a usual doctor’s office</td>
<td></td>
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<tr>
<td>... I have a doctor I can trust</td>
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<tr>
<td>... I feel connected to my doctor</td>
<td></td>
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<tr>
<td>... I can ask my doctor about anything, medical or not</td>
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<tr>
<td>... My doctor helps me to make sense of what’s going on with me</td>
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<td></td>
</tr>
<tr>
<td>... Seeing my doctor just makes me feel better</td>
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</tbody>
</table>
20. Does your doctor know you as a person?
   - Yes
   - No
   - Unsure
   - Never thought about it

21. How important is it to you that you feel known by your doctor?
   - It's very important to me - it's the basis of my care
   - It's important - I prefer when it's possible
   - It's nice, but it isn't necessary to me
   - Never thought about it, just is
   - I don't really know my doctor
   - N/A

22. How would you feel if your doctor's office went out of business? Please check all that apply.
   - I would panic - no idea where to go for care then
   - I would be heart broken - I depend on that relationship
   - Upset - it's hard to find a doctor I can trust
   - It wouldn’t affect me – I hardly ever see the doctor
   - I would start over with someone new but the care wouldn’t be as good
   - That's life - I would just move on

23. When thinking about your primary care experience over the last year, would you say you have experienced care that was ... Be sure to answer every row.

| ... primary – the first place you go for most of your health care needs | Yes, without a doubt! | Sometimes, but the pandemic makes this hard | No, but will again after the pandemic | Pipe-dream, this hasn't been for a long time | N/A |
| ... comprehensive – addressing the majority of your needs | |
| ... continuous – you usually get to see the same doctor each time | |
| ... coordinated – helping you to understand care received from multiple places | |
| ... integrated – attentive to both social and physical concerns | |
| ... grounding – gave you a sense of connection to a healer with your best interest at heart | |
24. What is the highest formal education you’ve received?
   - High school degree
   - 2 year college degree
   - 4 year college degree
   - Master’s degree
   - Doctoral degree
   - N/A

25. What income bracket best represents your household annual income?
   - Less than $50,000
   - Between $50,001 to $100,000
   - Between $100,001 to $150,000
   - More than $150,000

26. Which description best fits the type of area in which you live?
   - Urban/city
   - Suburban
   - Rural

27. Do you consider yourself to be a member of a minority group?
   - Yes
   - No

28. What is your age?
   - 18-35
   - 36-45
   - 46-55
   - 56-65
   - Over 65

29. How would you rate your health compared with other people your age?
   - Excellent
   - Mostly good
   - Good
   - Fair
   - Poor

30. How confident are you in the management of your care?
   - Very confident
   - Somewhat confident
   - Not very confident

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31. What is your gender?
   o Male
   o Female
   o Transgender
   o Non-binary
   o Other (please specify)

32. What is your current employment status?
   o Employed full time
   o Employed part time
   o Unemployed

33. In what state are you located?

34. During the COVID-19 pandemic, have you... please check all that apply
   o Experienced reduction in household income
   o Been laid off or furloughed
   o Lost your health insurance
   o None of these

35. During the pandemic, have you had trouble...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>... maintaining social distancing?</td>
<td></td>
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<td></td>
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<tr>
<td>... self-quarantining at home?</td>
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<tr>
<td>... finding information about COVID-19 you could trust?</td>
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<tr>
<td>... seeing a doctor?</td>
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<tr>
<td>... managing your chronic condition(s)?</td>
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<td></td>
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<tr>
<td>... feeling isolated or lonely?</td>
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<tr>
<td>... with addiction?</td>
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<tr>
<td>... with anxiety or depression?</td>
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</tbody>
</table>

36. How many times have you had an appointment with your primary care doctor/office in the last year?
   o I haven’t
   o At least once
   o 2-3 times
   o 4-6 times
   o More than 6 times

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