1. YOU SAID - ASK US THIS! Please check all that apply.
   
   - Clinicians agree, but staff in our practice are hesitant to support use of COVID-19 vaccines
   - I have had COVID-19, most likely acquired in my practice
   - I personally know clinicians who have died from COVID-19
   - I personally know clinicians who have quit or retired early because of the pandemic
   - I have noticed my relationship with patients has been key to helping with their vaccine hesitancy
   - We have seen a negative health impact among our patients unable/unwilling to get preventive care during the pandemic
   - In our patients with chronic conditions, we have seen an increase in illness severity
   - I have increased unpaid or volunteer hours to help meet patient needs during the pandemic
   - I am using telehealth (video or phone) for at least 30% of my patient visits
   - My own health has suffered greatly - both mentally and physically - during the pandemic
   - None of the above

2. Approximately what percent of your practice members have been vaccinated (clinicians and staff)? Choose a percentage that represents your best approximation.

   - 0%
   - 10%
   - 20%
   - 30%
   - 40%
   - 50%
   - 60%
   - 70%
   - 80%
   - 90%
   - 100%

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

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

4. STRESSORS. Over the last 4 weeks, which of these things are true for your practice? Please check all that apply.

   - We have clinicians/staff who are out due to illness/self-quarantine
   - We have empty clinician/staff positions we cannot fill
   - We have practice members with COVID-19, or long haul COVID-19, who have run out of benefits
   - We have patients with COVID-19, or long haul COVID-19, who have run out of benefits
   - We have seen increased demand in our practice as other area hospitals or practices are at max capacity
   - I spend significant time trying to find COVID-19 vaccine for my most vulnerable patients
   - We want to administer the vaccine at our practice but cannot get access to it
   - We want to administer the vaccine at our practice but have received very limited supply
   - We were going to administer the vaccine at our practice but it was too hard to get and we gave up
   - Prevalence of community violence as experienced by my patients has risen during the pandemic
   - Prevalence of addiction among my patients has risen during the pandemic
   - I am fielding weekly calls from patients or colleagues who are experiencing a mental health crisis
   - I have seen an increase in obesity among my patients during the pandemic
   - Other (please specify)
5. **TELEHEALTH.** OVER THE LAST 4 WEEKS, what has been your experience with telehealth (video or phone based care)? It has been helpful for... *Please check all that apply. If not applicable, please choose “Neutral or N/A”*

<table>
<thead>
<tr>
<th></th>
<th>It’s great for this!</th>
<th>More help than not</th>
<th>Neutral or N/A</th>
<th>More bad than not</th>
<th>Eh! Don’t do it!</th>
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</thead>
<tbody>
<tr>
<td>Improving access in general</td>
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<td>Reaching my vulnerable patients</td>
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<td>My capacity to see patients</td>
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<td>Visits with established patients</td>
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<td>Visits with new patients</td>
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<td>Mental/behavioral health visits</td>
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<td>Well child exams</td>
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<td>Adult prevention</td>
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<td>Acute illness or injuries</td>
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<td>Visits for chronic conditions</td>
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<td>Addiction-based visits</td>
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<td>Assessing ADLs and memory</td>
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<tr>
<td>Other (please specify)</td>
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</table>

6. **COVID-19 VACCINE AND EQUITY.** What have you noticed about vaccine availability and distribution in your community? *Please check all that apply.*

- Our front line responders are getting timely access
- Our essential workers are getting timely access
- Our patients over the age of 75 are being prioritized
- Our patients in communities with high positivity rates are being prioritized
- Mass vaccination sites are targeting previously hard to reach areas
- If not near a mass vaccination site or large health system, you’re out of luck
- Minority communities are being prioritized
- Nursing home and long term care facilities are being prioritized
- My community is using primary care to help identify priority populations
- Those with privilege are having an easier time getting vaccinated
- The number of waiting lists and websites governing access to vaccine is creating confusion
- Seems like scheduling an appointment to get vaccine requires an advanced degree in IT or health literacy
- None of the above
- Other (please specify)

7. **VACCINE ADMINISTRATION.** What is your current status or position in the roll out of the vaccine thus far? *Please check all that apply.*

- My practice is seen to be a vaccination site by our health department, local hospital, and health system
- My practice is seen to be a vaccination site by our patients
- During the last 4 weeks, large businesses like Safeway and CVS had received vaccine, but not my practice

Larry A. Green Center: [www.green-center.org](http://www.green-center.org)
Our local health department has initiated a reliable communication channel with my practice (or vice versa)
My practice has been overlooked as a readily available vaccination site for our patients - we would happily be involved
My practice doesn't want to be a vaccination site
My practice is a major vaccinator in my community
My practice has created eligibility groups among our patients and expects to contact them in order of priority for vaccination
My practice is proactively reaching out to patients to get vaccinated based on local/state criteria
My practice has partnered with local pharmacies to prioritize patients receiving the vaccine
I can make no logical sense of the order in which people are being vaccinated in my community
Other (please specify)

8. FLASH QUESTION - LONG HAUL COVID-19. Little is known about long haul COVID in primary care settings. Please tell us about your experience - from if you are seeing it, to what it looks like, to how it effects your business or clinical practice, to how it effects your patients. **If not applicable, please write N/A.**

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

9. 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

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

11. 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?
   - ... primary care and an academic or residency practice?
   - Other (please specify)

12. Is your practice... **Please check all that apply.**
   - ... a rural practice?
   - ... a community health center?
   - ... an FQHC or FQHC look alike?
   - ... a free and charitable clinic?
   - ... designated patient-centered primary care home?
   - ... located within an office, school, or college?
13. Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A. Be sure to answer every row.

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<thead>
<tr>
<th></th>
<th>&lt;10%</th>
<th>10-19%</th>
<th>20-49%</th>
<th>&gt;50%</th>
<th>Don’t know</th>
<th>N/A</th>
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<tbody>
<tr>
<td>... Medicaid</td>
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<td>... race/ethnic minority patients</td>
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<td>... patients with multiple chronic conditions</td>
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14. Are you... Please check all that apply

- An owner or partner in your practice
- Self employed
- An employee in a hospital or health system
- An employee in an independent practice
- A volunteer
- Other (please specify)

15. What is your specialty?

- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Mental/Behavioral Health
- Pharmacy
- Other (please specify)

16. What type of certification do you have?

- MD
- DO
- NP
- PA
- PhD
- PharmD
- Other (please specify)

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

18. What is your zip code? If multi-state, please answer for the state in which your practice is located
19. 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 us to ask?

20. 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.

21. 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.

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

23. 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.