Quick COVID-19 Primary Care Survey
Series 18 fielded August 7 - 10, 2020

You said - ask this: How have our work hours and salaries been effected during the pandemic?

1. OVER THE LAST 4 WEEKS, compared to pre-pandemic levels, how have your work hours been effected?
   Have your weekly hours worked... Please choose best possible answer.
   - remained the same
   - minimally reduced (<15%)
   - moderately reduced (15-30%)
   - significantly reduced (31-50%)
   - dramatically reduced (>50%)
   - increased minimally (<15%)
   - increased moderately (15-30%)
   - increased significantly (31-50%)
   - I have not worked
   - Other (please specify)

2. OVER THE LAST 4 WEEKS, compared to pre-pandemic levels, how has your compensation been effected?
   Has your compensation... Please choose best possible answer.
   - remained the same
   - minimally reduced (<15%)
   - moderately reduced (15-30%)
   - significantly reduced (31-50%)
   - dramatically reduced (>50%)
   - increased minimally (<15%)
   - increased moderately (15-30%)
   - increased significantly (31-50%)
   - I have not been paid
   - Other (please specify)

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. OVER THE LAST 4 WEEKS, have any of these things happened in your practice? Please check all that apply.
   - Our practice has had layoffs/furloughs of clinicians or staff
   - Patients have a larger number of complaints per visit than they did pre-pandemic
   - Patient visits are more complex than they were pre-pandemic
   - Our patients are carrying a heavier than usual mental health burden
   - Our staff and colleagues require more psychological support to get through the day
   - There is noticeable increase in practice stress because of a COVID-19 surge
   - We've had patients die from COVID-19

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- We have clinicians/staff members out due to illness or self-quarantine
- Lack of staffing has made it harder to meet patient needs
- We lacked PPE
- None

5. **OVER THE LAST 4 WEEKS**, if all hours worked add up to 100%, what percentage of your time has been spent in...

<table>
<thead>
<tr>
<th>Activity</th>
<th>0%</th>
<th>1-15%</th>
<th>16-30%</th>
<th>31-45%</th>
<th>46-60%</th>
<th>&gt;60%</th>
<th>Don’t know</th>
<th>Can’t answer</th>
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</thead>
<tbody>
<tr>
<td>... in-person visits with patients</td>
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<td>... video visits with patients</td>
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<td>... phone visits with patients</td>
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<td>... non-visit clinical work (e.g. answering patient questions, documenting in EHR)</td>
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<td>... trying to find COVID-19 supplies (e.g. PPE, swabs, reagents)</td>
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6. **FLASH QUESTION A: OVER THE LAST 4 WEEKS**, what has most enabled your care of patients? *(e.g., received critical loans, funding of telehealth, team camaraderie, sense of purpose, etc.)*

7. **FLASH QUESTION B: OVER THE LAST 4 WEEKS**, what has most hindered your care of patients?

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

8. 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

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

10. 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)
11. 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

12. 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>
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<tbody>
<tr>
<td>... Medicaid</td>
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<td>... Medicare</td>
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<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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<td>... patients with multiple chronic conditions</td>
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13. What is your specialty?
   - Family medicine
   - Internal medicine
   - Pediatrics
   - Geriatrics
   - Mental/Behavioral Health
   - Pharmacy
   - Other (please specify)

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

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

16. Is there anything else you would like us to know about your experience in primary care during this pandemic?

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.*