1. Have you been in contact with your primary care doctor/clinic in the past 12 months? This could be you reaching out to them, or them reaching out to you.
   - Yes
   - No

If you answered “No”, please close this survey.

2. What reasons did you have for contacting your primary care doctor/clinic? Please check all that apply.
   - I had a previously scheduled routine visit
   - I needed a refill on my medication
   - I didn’t feel good/felt sick
   - I had an injury and needed help
   - I just didn’t “feel right” or was depressed and didn’t know who to call
   - I needed a trusted source to talk to about COVID-19 (for example, information, exposure, vaccine)
   - I wanted to get the COVID-19 Vaccine
   - Other (please specify)

3. Have you had any of the following experiences with primary care during the pandemic? Please check all that apply.
   - I have met with my doctor/clinic in person
   - I have had a video appointment with my doctor/clinic
   - I have had a phone appointment with my doctor/clinic
   - I have been able to email questions to my doctor/clinic
   - I have been able to text my doctor with questions
   - I have used a patient portal to contact my practice

4. When you think about using phone or video for a visit with your doctor/clinic, do you...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Usually</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>... have reliable access to internet?</td>
<td></td>
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<tr>
<td>... have a device you can use for video visits?</td>
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<tr>
<td>... have a data/phone plan that makes it possible to use video visits?</td>
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<tr>
<td>... feel comfortable with the technical knowledge required to meet on video?</td>
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</tbody>
</table>

5. If you have had experience using technology to connect with your doctor during the pandemic, how would you rate the experience on a scale of 1 to 5 with 1 being the worst experience and 5 being the best. Be sure to answer every row – if you have had no experience, choose N/A.

<table>
<thead>
<tr>
<th></th>
<th>1- oh, it was the worst!</th>
<th>2</th>
<th>3- neutral</th>
<th>4</th>
<th>5- loved it, it was the best!</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video appointment</td>
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<tr>
<td>Phone appointment</td>
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</tbody>
</table>
6. Would you consider having a primary care doctor who is virtual only (no in-person appointments available) as your main source of care?

- Yes – I would definitely see a virtual only provider
- Yes – I might be open to it
- No – I do not think I would want virtual only provider
- No – I definitely would not
- I’m not sure

7. Where would you prefer to get your primary care in terms of virtual and in-person, on a scale of 1 to 10 (with 1 being virtual only and 10 being in-person only)?

<table>
<thead>
<tr>
<th>O 1</th>
<th>O 2</th>
<th>O 3</th>
<th>O 4</th>
<th>O 5</th>
<th>O 6</th>
<th>O 7</th>
<th>O 8</th>
<th>O 9</th>
<th>O 10</th>
</tr>
</thead>
</table>

**Virtual care only.**
24/7 online and video access.
In-person visits not available.

**Virtual visits available on request.**
In-person visits if exam or testing needed; virtual visits available for routine chronic follow up, behavioral health, etc.

**Mostly in-person visits.**
Virtual visits for only specific issues (e.g., behavioral health, nutrition counseling).

**In-person visits, phone calls, and secure messaging only.**
Virtual visits not available.

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

<table>
<thead>
<tr>
<th>... I have a usual doctor’s office</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>... I have a doctor I can trust</td>
<td></td>
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<tr>
<td>... I feel connected to my doctor</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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<tr>
<td>... Seeing my doctor just makes me feel better</td>
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<tr>
<td>... I am more likely to use video or phone with a doctor who knows me</td>
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</tbody>
</table>

9. How much might the following financial reasons influence your decision not to see your primary care doctor?

<table>
<thead>
<tr>
<th>I worry about affording the co-pay</th>
<th>Very little</th>
<th>Some</th>
<th>A lot</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I limit my medical care because I have a high deductible</td>
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<tr>
<td>I limit my medical care because I have no insurance</td>
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<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 think about costs when going to the doctor</td>
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<tr>
<td>I don’t have financial concerns</td>
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</tbody>
</table>

Larry A. Green Center: [www.green-center.org](http://www.green-center.org)
10. Do you think primary care should be available to everyone, regardless of insurance or their ability to pay?
   - Yes
   - No
   - I’m not sure

11. Have you been vaccinated for COVID-19?
   - Yes, I’ve been fully vaccinated
   - I’ve started – I’ve received the first dose of a two-dose vaccine
   - No, I have not gotten the vaccine

12. IF YOU HAVE NOT been vaccinated for COVID-19, do you think you will… if vaccinated, please choose N/A
   - ... definitely get a vaccine
   - ... definitely NOT get a vaccine
   - I haven’t decided
   - N/A - I have already been vaccinated

13. Which of the following reasons did you consider when deciding on whether to become vaccinated? Please check all that apply.
   - I want to be vaccinated to protect myself or my friends/family
   - I want to be vaccinated because I am worried about the delta variant
   - I worried about side effects but was vaccinated anyway
   - I worried about side effects and so did not get vaccinated
   - I don’t think I need the vaccine
   - I generally don’t take vaccines
   - I don’t trust the government
   - I want to know more about how well the vaccines work
   - I can’t afford the vaccine right now
   - The vaccines were developed and tested too quickly
   - I have difficulty traveling to a vaccination site
   - I’m waiting to get the vaccine from my doctor
   - I worry about providing a social security number or government issued ID

14. How important to you are the opinions of the following people as you make decisions about COVID-19 vaccination?

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Extremely important</th>
<th>Somewhat important</th>
<th>Not Important</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal health agencies (e.g., CDC, HHS, NIH)</td>
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<tr>
<td>My local public health department</td>
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<tr>
<td>President Joe Biden</td>
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<tr>
<td>Dr. Anthony Fauci</td>
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<tr>
<td>Twitter groups</td>
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<tr>
<td>Facebook discussions</td>
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<tr>
<td>News programs</td>
<td></td>
<td></td>
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<tr>
<td>My elected officials</td>
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</tbody>
</table>
15. Are you the parent or guardian for a child under the age of 18?
   - Yes
   - No

If you answered “No” please skip ahead to Question 23. Otherwise, please proceed to the next question.

16. How old is your child(ren)? Please check all that apply
   - Younger than 12 years old
   - 12 - 15 years old
   - 16 - 18 years old

17. Do you usually have your child(ren) vaccinated for common illnesses?
   - Yes
   - No

18. Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?
   - ... get them vaccinated right away
   - ... wait a while to see how it is working
   - ... only get my child vaccinated if their school requires it
   - ... decide against getting them vaccinated
   - My child is already vaccinated

19. During the pandemic, have you struggled more than usual with...

<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>... seeing a primary care doctor?</td>
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<tr>
<td>... seeing a doctor for specialty care?</td>
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<tr>
<td>... managing childcare?</td>
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<td>... school aged children home during the day?</td>
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<td>... feeling isolated or lonely?</td>
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<td>... addiction?</td>
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<tr>
<td>... anxiety or depression?</td>
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20. During the COVID-19 pandemic, have you... please check all that apply
   - Experienced reduction in household income
   - Been laid off
   - Been furloughed
   - Lost my health insurance
   - Spent savings
- Spent retirement money
- Applied for a loan or financial assistance
- Received a loan or financial assistance
- Started a new medicine for a mental health condition
- Other concerns (please specify)
- None of these

21. In what year were you born?

22. What is your current employment status?

- Employed full time
- Employed part time
- Unemployed
- Underemployed (I need more work)

23. What is your annual household income?

- Under $25,000
- Between $25,000 and $49,999
- Between $50,000 and $74,999
- Between $75,000 and $99,999
- Between $100,000 and $149,999
- Between $150,000 and $199,999
- More than $200,000
- Prefer not to say

24. What is your education level?

- Some high school
- High school degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Trade school/technical college degree
- Other

25. What is your gender?

- Male
- Female
- Transgender
- Non-binary or gender non-conforming
- Other (please specify)

26. Which description best fits the type of area in which you live?

- Urban/city
- Suburban
- Rural
27. Do you have health insurance? Please pick best possible answer.
   - Yes
   - No
   - Other (please specify)

28. In what state are you located?

29. What is your zip code?

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

31. Do you feel your minority status prevents you from getting the best possible health care for you?
    - Yes
    - No
    - N/A

32. Do you feel your level of medical insurance status affects the level of health care you receive?
    - Yes
    - No
    - Unsure

33. Are you Hispanic or Latinx?
    - Yes
    - No
    - Prefer not to say

34. What is your race/ethnicity?
    - American Indian/Indigenous or Alaska Native
    - Asian
    - Black or African American
    - Native Hawaiian or Pacific Islander
    - White
    - Prefer not to say
    - Other (please specify)

35. Do you have any chronic conditions (e.g., high blood pressure, diabetes, kidney disease, COPD, etc.)?
    - Yes, I have 1 chronic condition
    - Yes, I have 2-3 chronic conditions
    - Yes, I have many, 3 or more, chronic conditions
    - No chronic disease

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