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. What do you think about using phone or video for a visit with your doctor/clinic? Do you... Please check all that apply.
   - ... get care for a problem that would have gone untreated without telehealth?
   - ... connect more with your doctor as a result of telehealth?
   - ... feel comfortable meeting with your doctor on the phone?
   - ... feel comfortable meeting with your doctor through video?
   - ... feel comfortable with the technical knowledge required to meet on video?
   - ... have difficulty using your device (eg difficulty viewing screens, navigating, etc.)?
   - ... have a mobile phone plan that would allow for time to meet with your doctor?
   - ... have broadband access at home?
   - ... have a device you can use for video visits?
   - ... have a data plan that makes it possible to use video visits?
   - ... prefer to meet with your doctor in person?
   - ... use a family or friend’s phone or computer because you do not have one available?

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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.

<table>
<thead>
<tr>
<th>Method</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>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone appointment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Email questions and receive answers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Text with questions and receive answers</td>
<td></td>
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<tr>
<td>Use patient portal to contact my practice</td>
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</tr>
</tbody>
</table>

6. 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>
<td></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 lab work?</td>
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<tr>
<td>... overdue for a chronic illness visit?</td>
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<tr>
<td>... generally in poorer physical health than you were before the pandemic?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... generally in poorer psychological health than you were before the pandemic?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. From now through the end of the year, how likely are you to see your doctor ...

<table>
<thead>
<tr>
<th>Question</th>
<th>I plan on it</th>
<th>I’m likely</th>
<th>I’m not sure</th>
<th>Not this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>... for a wellness visit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... to receive a vaccination for non-COVID illnesses?</td>
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<tr>
<td>... to receive a COVID-19 vaccine</td>
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<tr>
<td>... for regular preventive cancer screenings?</td>
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<tr>
<td>... for a chronic illness visit?</td>
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<tr>
<td>... if you feel sick?</td>
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<tr>
<td>... if you had a non-life-threatening injury?</td>
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<tr>
<td>... if you had an emotional concern?</td>
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</tbody>
</table>

8. During the pandemic, primary care was there for me! How do I know? Please check all that apply.

- When I needed someone to trust, I could call my primary care doctor or clinic.
- I was feeling isolated and they made me feel connected.
- I called them for help when I didn’t know who to call.
- They were a trusted place for me to get information.
- They took care of me, my friends, or my family when we were scared.
- During the pandemic, they never closed.
- They helped me with my addiction.
- They helped me get secure housing.
They helped me get some food.
- They reduced or ignored my bill.
- They kept me out of the hospital.
- If they weren’t open, I would have gone to the hospital or urgent care.
- They helped me to feel okay about taking the vaccine.
- My primary care doctor/clinic is worthy of my trust.
- I feel that my doctor knows me as a person.
- Other (please specify)

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

<table>
<thead>
<tr>
<th></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 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>
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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 that knows me</td>
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</tbody>
</table>

10. 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

11. If you have not been vaccinated for COVID-19, do you think you will...
- ... definitely get a vaccine
- ... probably get a vaccine
- ... probably NOT get a vaccine
- ... definitely NOT get a vaccine
- N/A - I have already been vaccinated

12. How much do (or did) the concerns listed below affect your decision to become vaccinated?

<table>
<thead>
<tr>
<th>Concern</th>
<th>A major concern</th>
<th>A minor concern</th>
<th>Not a concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>I worry about side effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t think I need it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t trust the government</td>
<td></td>
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</tr>
<tr>
<td>I want to know more about how well they work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The vaccines were developed and tested too quickly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have difficulty traveling to a vaccination site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry about providing a social security number or government issued ID</td>
<td></td>
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</tr>
</tbody>
</table>

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13. When you think about COVID-19 vaccines, which of the following are true? Please check all that apply.

- They make me more hopeful about the future
- I was hesitant to get a vaccine but became more confident
- I got the vaccine to protect myself
- I got the vaccine to protect my loved ones
- I’m waiting to see what happens to other people first, then I’ll think about the vaccine
- I’m waiting for herd immunity
- I’m waiting to get my vaccine from my doctor or a place I know
- I would have preferred vaccination from my doctor but it was not available
- Now that I am vaccinated, I feel more comfortable going to my doctor
- Now that I am vaccinated, I feel more comfortable being around at-risk family members
- I would be hesitant to get a COVID-19 booster vaccine
- Other (please specify)

14. If you were previously hesitant about the COVID-19 vaccine but changed your mind, who/what made you more confident with getting the COVID-19 vaccine?

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. 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 awhile to see how it is working
- only get my child vaccinated if their school requires it
- decide against getting them vaccinated
- continue to home school if my school requires vaccination
- My child is already vaccinated
- Other (please specify)

18. How important to you are the opinions of the following people as you consider whether or not to vaccinate your child?

<table>
<thead>
<tr>
<th></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 (eg CDC, HHS, NIH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My local public health department</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
19. What would make you feel confident about getting the COVID vaccine for your child?

20. Where would you be most willing to go to get your child vaccinated?
   - A primary care doctor/pediatrician
   - A local health department
   - A large vaccination site
   - A school-based health center
   - A pharmacy
   - Other (please specify):

21. Because of the pandemic, which of the following things happened? Please check all that apply.
   - My child has experienced anxiety or depression
   - My child has become withdrawn
   - My child has become less active
   - My child has gained weight
   - I worry my child is behind on their learning
   - My child is overdue for a wellness visit or vaccines
   - I am burned out and exhausted as a result of home/virtual schooling
   - I needed to quit my job in order to accommodate my child being at home
   - My child is doing better due to virtual/home schooling
   - Virtual/home schooling has reduced bullying of my child
   - My family is closer as a result of virtual/home schooling
   - Virtual/home schooling is more convenient for my family
   - Other (please specify)

22. What else would you like to share about your experience with home/virtual school or caring for your kids during the pandemic?

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

<table>
<thead>
<tr>
<th>… putting food on the table?</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>… finding a safe place to live?</td>
<td></td>
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<tr>
<td>… maintaining employment?</td>
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</tr>
<tr>
<td>… paying your bills?</td>
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</tr>
</tbody>
</table>
24. During the COVID-19 pandemic, have you had trouble...

<table>
<thead>
<tr>
<th>Question</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 physical/social distancing?</td>
<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 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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<tr>
<td>... adjusting to school aged children home during the day?</td>
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<tr>
<td>... feeling isolated or lonely?</td>
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<td></td>
<td></td>
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<tr>
<td>... with addiction?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... with anxiety or depression?</td>
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</tbody>
</table>

25. 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
- None of these

26. In what year were you born?

27. What is your current employment status?

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

28. 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

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29. 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

30. What is your gender?
   - Male
   - Female
   - Transgender
   - Non-binary or gender non-conforming
   - Other (please specify)

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

32. Do you have health insurance? Please pick best possible answer.
   - Yes
   - No
   - Other (please specify)

33. In what state are you located?

34. What is your zip code?

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

36. Do you feel your insurance status or minority status prevents you from getting the best possible health care for you?
   - Yes
   - No

37. Are you Hispanic or Latinx?
   - Yes
38. 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)

39. Do you have any chronic conditions (e.g. high blood pressure, diabetes, kidney disease, etc.)?

- 1
- 2-3
- 3 or more
- No chronic disease

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