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>
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</thead>
<tbody>
<tr>
<td>... have reliable access to internet?</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>

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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)?

<p>| | | | | | | | | |</p>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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</tbody>
</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.*

   | ... I have a usual doctor’s office | Yes | Sometimes | No | Unsure | N/A |
   | ... I have a doctor I can trust |   |           |   |       |    |
   | ... I feel connected to my doctor |   |           |   |       |    |
   | ... I can ask my doctor about anything, medical or not |   |           |   |       |    |
   | ... My doctor helps me to make sense of what’s going on with me |   |           |   |       |    |
   | ... Seeing my doctor just makes me feel better |   |           |   |       |    |
   | ... I am more likely to use video or phone with a doctor who knows me |   |           |   |       |    |

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

   | I worry about affording the co-pay | Very little | Some | A lot | N/A |
   | I limit my medical care because I have a high deductible |           |     |      |    |
   | I limit my medical care because I have no insurance |           |     |      |    |
   | I limit my medical care when I have no cash left in my health savings account |           |     |      |    |
   | I don’t think about costs when going to the doctor |           |     |      |    |
   | I don’t have financial concerns |           |     |      |    |
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>Source</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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<td>Twitter groups</td>
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<td>Facebook discussions</td>
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<td>News programs</td>
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<tr>
<td>My elected officials</td>
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</table>

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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>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>... 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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<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

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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  

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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?