

<b>ACCESS TO COVID19 CARE AND CARE FOR CHRONIC CONDITIONS</b>	
<b>To be read to the participant: THE NEXT QUESTIONS ARE ABOUT HOW COVID19 AND THE RELATED PUBLIC HEALTH MEASURES, SUCH AS SOCIAL DISTANCING AND "SHELTER IN PLACE", HAVE IMPACTED YOUR ABILITY TO GET MEDICAL CARE</b>	
<b>Question</b>	<b>Instructions/Response</b>
1. <b>Please tell me how much you know about how to protect yourself from getting sick?</b> Would you say:	<input type="checkbox"/> I don't know anything about this (1) <input type="checkbox"/> I know a little, but it's not enough (2) <input type="checkbox"/> My knowledge is good (3) <input type="checkbox"/> My knowledge is excellent (4) <input type="checkbox"/> DON'T KNOW (88) <input type="checkbox"/> REFUSED (99)
Have you had a test for coronavirus/COVID-19?	Yes No → skip to 2a.
Where did you go for the test?	Primary care Urgent care Emergency room Testing center Somewhere else _____
Did you need to have symptoms worrisome for COVID-19 to get this test?	Yes No
Did you need an appointment to get the test?	Yes No
2a. If you needed to, would you be able to access a TEST for coronavirus?	NO   skip to 2b. YES
Where would you go for the test?	Primary care Urgent care Emergency room Testing center Somewhere else _____
Would you need to have symptoms worrisome for COVID- 19 before being able to have this test?	YES NO
Would you need an appointment to get a test?	NO YES Don't know/unsure
2b. If you had symptoms concerning for coronavirus, would you be able to access CARE for yourself Please, describe the steps you would take to get CARE? (If you received care for COVID-19, please describe the steps you	NO YES please describe the steps necessary for getting care, if not included ask: Where would go to get care? (primary care, urgent care, emergency room, somewhere else )

took to get this care)	
2c. What are some reasons you would NOT get a test for coronavirus or seek care for coronavirus if you were feeling badly? (Check all that apply)	<p>1, Don't know where to go</p> <p>2, Concerns about the cost of the test</p> <p>3, Concerns about the cost of care</p> <p>4, Don't have health insurance</p> <p>5, Because of my legal status</p> <p>6, Stigma/afraid of what others will think</p> <p>7, Cannot take time off work</p> <p>8, Have childcare/elder care responsibilities</p> <p>9, Other _____</p>
We are going to ask some questions about how you access the internet at home and what you may use the internet for.	
3. Do you ever go on-line to access the Internet or to send and receive email or to watch movies online?	<p>Yes</p> <p>No</p>
4. Do you have concerns about the cost of your data plan for connecting to the internet?	<p>No, have an unlimited data plan</p> <p>No, also have wifi/cable internet/DSL set up in my home</p> <p>Yes, describe _____</p>
5. Do you have concerns about the cost of your home internet service?	<p>No, I don't have home internet</p> <p>No, I don't have concerns</p> <p>Yes, describe _____</p>
6. Did you sign up for a special program for reduced cost for Internet access or for your data plan?	<p>No</p> <p>Yes</p> <p>Unsure/Don't know</p>
7. When you use the Internet, do you access it through... [Yes vs No for each prompt]	<p>a) A regular dial-up telephone line</p> <p>b) Broadband such as DSL, cable, or FiOS (plug your computer into a wire in the wall)</p> <p>c) A cellular network on your phone</p> <p>d) A wireless network (WiFi) at home</p> <p>e) A wireless network (WiFi) outside your home</p>
8. How often do you access the Internet through... [daily, sometimes, never, N/A for each prompt]	<p>a) a computer at home</p> <p>b) a computer at work</p> <p>c) a computer at school</p> <p>d) a computer in a public place</p> <p>e) a mobile device</p> <p>f) a gaming device / smart TV</p>
9. Please indicate if you have... (Yes, no, unsure/don't know)	<p>a) a tablet computer (iPad, Samsung Galaxy, Motorola Xoom, Kindle Fire)</p> <p>b) a smartphone (iPhone, Android, Blackberry, or Windows phone) – a phone where you can go on the Internet / Facebook, check your email, take nice photos, video chat with friends, go on YouTube</p> <p>c) a basic cell phone (you can only receive text messages and make phone calls; cannot go on Facebook/WhatsApp, video chat, go to YouTube)</p> <p>d) computer or laptop</p>

<p><b>10. What types of activities do you engage in on the internet?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Email</li> <li><input type="checkbox"/> Work, schooling</li> <li><input type="checkbox"/> Independent activities of daily living (banking, scheduling, shopping, etc)</li> <li><input type="checkbox"/> Online searches (e.g., looking up information on Google)</li> <li><input type="checkbox"/> Entertainment (e.g. watching movies, Youtube)</li> <li><input type="checkbox"/> Social Media</li> <li><input type="checkbox"/> Playing games</li> <li><input type="checkbox"/> Texting/Messaging (e.g. iMessage, Facebook Messenger, googlechat, WhatsApp, etc)</li> <li><input type="checkbox"/> Video call (e.g. Zoom, FaceTime, Skype, Google Hangouts, etc)</li> </ul>
<p>We are going to ask you some questions about your health and about “telehealth visits”, which are scheduled appointment with your provider that are held over the phone or computer, for example through a video call, rather than at the clinic</p>	
<p><b>11. Has a doctor, nurse, or other health professional told you that you had any of the following?</b> (yes, no, unsure)</p>	<ul style="list-style-type: none"> <li>a) heart attack also called a myocardial infarction</li> <li>b) angina or coronary heart disease</li> <li>c) stroke</li> <li>d) asthma → Yes &gt; Do you still have asthma? Yes/No/Unsure)</li> <li>e) Cancer → yes → type (enter type or don't know)</li> <li>f) COPD, chronic obstructive pulmonary disease, emphysema, or chronic bronchitis</li> <li>g) Depressive disorder (including depression, major depression, dysthymia, or minor depression)</li> <li>h) Diabetes</li> <li>i) High blood pressure or hypertension</li> <li>j) Heart failure</li> <li>k) Other _____</li> </ul>
<p><b>12. Using any number from 0 to 10, where 0 is the worst possible medical care received, and 10 is the best possible medical care received, what number would you use to rate your current medical care?</b></p>	<p>Rank 0 to 10 (whole numbers only)</p>
<p><b>13. Is there a place that you USUALLY go to if you are sick and need health care?</b></p>	<ul style="list-style-type: none"> <li>1 Yes</li> <li>2 There is NO place</li> <li>3 There is MORE THAN ONE place</li> <li>7 Refused</li> <li>9 Don't Know</li> </ul>
<p><b>14. Have you participated in telehealth visit before the coronavirus pandemic?</b></p>	<ul style="list-style-type: none"> <li>No</li> <li>Yes, by phone</li> <li>Yes, by video</li> </ul>
<p><b>15. Have you participated in telehealth visit since coronavirus pandemic?</b></p>	<ul style="list-style-type: none"> <li>No</li> <li>Yes, by phone</li> <li>Yes, by video</li> </ul>

**If no to BOTH answers 14 and 15, SKIP to question 24	
16. <b>Thinking back to your most recent experience with telehealth</b> , in general, how satisfied are you with the telehealth visit?	Not at all satisfied [0], Not very satisfied [1], Neutral [2], Somewhat satisfied [3], Very satisfied [4]
17. Thinking of the provider you saw for your telehealth visit, was that the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	a) Yes b) No
18. Did you use <b>the telephone or video for the visit</b> ? If video, what video application or platform(s) did you use for your video visit?	1, Telephone 2, Video, Application/Platform:
If video, what video application or platform(s) did you use for your video visit? (e.g. Zoom, Google Hangout, Facebook video, etc.)	
18a. <b>Did someone help you join the video visit</b> ?	No Yes
19. (For Non-English Speakers), <b>Did your provider use an interpreter on your telehealth visit</b> ?	No No, provider speaks the same language as me Yes
20. <b>Did you have concerns about security and privacy during the visit</b> ?	No Yes
21. <b>Were you concerned that your provider could not examine you</b> ?	No Yes
22. <b>Were all of your medical questions/issues met</b> ?	No Yes

<p>23. <b>Would you say,</b></p> <p>a. I thought the telehealth visit was easy to use.</p> <p>b. I think I would need the support of a technical person to be able to use telehealth visits in the future.</p> <p>c. I found that the various parts of telehealth visit (scheduling, the patient portal, video/phone) were well integrated.</p> <p>d. I thought I could explain my medical problems well enough during a telehealth visit</p> <p>e. I feel that telehealth visits are a convenient form of healthcare delivery for me</p>	<p>Strongly disagree [0], disagree [1], neutral [2], agree [3], strongly agree [4]</p>
<p>24. <b>In the future, would you want (or do you have interest in) to replace some of your in-person visits with telehealth (i.e. remote) visits (with your preference of phone or video)?</b></p>	<p><input type="checkbox"/> I prefer phone visits</p> <p><input type="checkbox"/> I have no preference between phone or video</p> <p><input type="checkbox"/> I prefer video</p>
<p>25. <b>In the future, would you want (or do you have interest in) to replace some of your in-person visits with telehealth (i.e. remote) visits (with your preference of phone or video)?</b></p>	<p><input type="checkbox"/> No, I would prefer for all of my visits to be in-person</p> <p><input type="checkbox"/> Maybe, I would need to know more about it or I have some hesitations I would want to discuss</p> <p><input type="checkbox"/> Yes, if my provider thinks it is appropriate, I would like for at least some of my in-person visits to be replaced with telehealth visits</p>
<p>26. <b>What would make your experience with telehealth better? (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Having a ‘how-to’ guide or tutorial on how to download and use an app or video features for telehealth on your device (smart phone, tablet, laptop, desktop, etc)</li> <li><input checked="" type="radio"/> Assistance for devices with video capabilities at home</li> <li><input checked="" type="radio"/> Assistance with high-speed/quality data plans and internet services</li> <li><input checked="" type="radio"/> Access to home-monitoring devices such as blood pressure cuffs, pulse oximeters, glucose monitors, etc.</li> <li><input checked="" type="radio"/> Communicating with a trusted provider you already know</li> <li><input checked="" type="radio"/> Choice of appointment type (in-person, telephone, video)</li> </ul>

<p><b>Of those selected, which</b> would have the biggest impact on improving your experience with telehealth?</p>	<ul style="list-style-type: none"><li>● Having a ‘how-to’ guide or tutorial on how to download and use an app or video features for telehealth on your device (smart phone, tablet, laptop, desktop, etc)</li><li>● Assistance for devices with video capabilities at home</li><li>● Assistance with high-speed/quality data plans and internet services</li><li>● Access to home-monitoring devices such as blood pressure cuffs, pulse oximeters, glucose monitors, etc.</li><li>● Communicating with a trusted provider you already know</li><li>● Choice of appointment type (in-person, telephone, video)</li></ul>
<p><b>27. Is there anything else that would improve your telehealth experience?</b></p>	<p>_____</p>

Contains Section 6 from the full survey “COVID-19 Questionnaire on Impact of and Barriers to Stay at Home, Self-isolation, and Quarantine for Vulnerable Populations”.

