

## **Introduction**

This short survey is designed to help us learn about ways to help primary care teams work more effectively with people who have long COVID.

Your participation is entirely voluntary. Your responses are confidential and will be reported out only in summary form. For each question, please respond based only on your actual experiences at your practice. Thank you for your time!

### **Repeating questions**

Please **estimate** how many of your patients fit the following descriptions.

1. For what proportion of the patients with whom you have contact in a typical week has the topic of COVID-19 come up in your conversations?
  - ☐ Almost none
  - ☐ A few
  - ☐ Roughly a quarter
  - ☐ About half
  - ☐ Roughly three-quarters
  - ☐ Almost all
  
2. What proportion of the patients with whom you have contact in a typical week have had a severe case of COVID-19 at some point since the pandemic began?
  - ☐ Almost none
  - ☐ A few
  - ☐ Roughly a quarter
  - ☐ About half
  - ☐ Roughly three-quarters
  - ☐ Almost all
  
3. For what proportion of the patients with whom you have contact in a typical week has the topic of “long COVID” come up in your conversations?
  - ☐ Almost none
  - ☐ A few

- ☐ Roughly a quarter
- ☐ About half
- ☐ Roughly three-quarters
- ☐ Almost all

4. Of the patients who you have identified as possibly having long COVID, what proportion have you referred to a specialist?

- ☐ Almost none
- ☐ A few
- ☐ Roughly a quarter
- ☐ About half
- ☐ Roughly three-quarters
- ☐ Almost all

5. To which of the following have you referred cases possibly involving long-COVID in the past year?

**[Please check all that apply]**

- ☐ Infectious disease specialist
- ☐ Cardiologist
- ☐ Pulmonologist
- ☐ Neurologist
- ☐ Mental health specialist
- ☐ Social worker
- ☐ Other specialist \_\_\_\_\_

6. Do you think exposure to current research on patient's experience with long-COVID might help you to better understand all the ways in which it is affecting their lives?

☐ No ➔ Why do you think that this research would not be helpful?

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☐ Yes ➔ How might this research be helpful?

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7. Do you think that some of your patients might be reluctant to discuss any symptoms that would allow you to explore if they might have long-COVID?

☐ No ➔ What, if anything, do you do to help them feel comfortable discussing these symptoms?

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☐ Yes ➔ What, if anything, makes your patients uncomfortable discussing these symptoms??

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8. Do you think that some of your patients might be reluctant to discuss how persisting symptoms that could be connected to long COVID are impacting their lives, apart from their health?

☐ No ➔ What, if anything, do you do to help them feel comfortable discussing these impacts on their lives?

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☐ Yes ➔ What, if anything, makes your patients reluctant to discuss these impacts?

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9. Would you like to have information that would help in connecting patients with long COVID to non-medical services that could benefit them? If yes, please explain.

☐ No

☐ Yes ➔ What services would be helpful to know more about?

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10. Are there challenges that make it harder for you to assist patients who are or might be dealing with the impact of long-COVID, compared to other chronic conditions?

☐ No ➔ What, if anything, have you done to overcome these challenges?

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☐ Yes ➔ What, if anything, makes long COVID more challenging?

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**POST- only**

11. SINCE DATE XXX, have your ideas changed about the impact of long COVID on people's lives?

☐ No

☐ Yes ➔ Please describe these changes:

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12. Please indicate how much you agree or disagree with the following statements, *as they apply to meeting the needs of patients with long COVID.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a) People in this practice are eager to share information about what does and does not work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) In this practice, people value new ideas	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Problems and errors at this practice are <b>not</b> always communicated to the appropriate people so that action can be taken	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) In this practice, people talk about mistakes and ways to prevent and learn from them	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) This practice experiments frequently with new ways of working	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) In this practice, people often resist new approaches	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

12. SINCE DATE XXX, have your ideas changed about how best to help patients with long COVID?

☐ No

☐ Yes ➔ Please describe these changes:

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13. SINCE DATE XXX, have you changed **your own ways** of helping patients with long COVID?

☐ No

☐ Yes ➔ Please describe these changes:

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14. SINCE DATE XXX, have you **observed others in your practice** changing how they help patients with long COVID?

☐ No

☐ Yes → Please describe these changes:

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### **Background Information**

This will be used only for aggregating responses by category for purposes of analysis.

#### **What is your primary role at this practice?**

☐ Faculty Physician

☐ Resident Physician

☐ Physician Assistant

☐ Nurse Practitioner

☐ Other: \_\_\_\_\_

#### **How long have you worked at this practice?**

☐ Less than one year

☐ 1-2 years

☐ 3-5 years

☐ More than 5 years