Confidential

Initial survey

Please complete the survey below.

Thank you!

Today's date (hidden)

Information about you

What is your gender?

Female
 Male
 Other or prefer not to answer

What is your age?

What was your primary residency training?

O Anesthesiology

- Emergency Medicine
 Eamily Medicine
- Family Medicine
 Internal Medicine

O Internal Medicine

Orthopaedics
 Pediatrics

Physical Medicine & Rehabilitation

Radiology

O Unlisted or other



For how many years have you been practicing since completion of residency or fellowship?

If still in training, choose zero.

Information about your practice

In which state do you practice?

⊖ AK \bigcirc AR \bigcirc AZ \bigcirc CA \bigcirc CO О CT \bigcirc DC Ó DE Ŏ FL ○ GA \bigcirc HI Ó ID \bigcirc IL Õ IN ⊖ KS \bigcirc KY \bigcirc LA \bigcirc MA ○ MD ◯ ME \bigcirc MI Ŏ MN \bigcirc MO \bigcirc MS \bigcirc MT \bigcirc NC ○ ND ○ NE ◯ NH ΟŊ ŎŃМ $\,\,\check{\,\,}\,$ NV Ο NY ŎОН Ó ОК Ó OR $\check{\bigcirc}$ PA Õ RI \bigcirc SC ⊖ SD \bigcirc TN O TX \bigcirc UT \bigcirc VA \bigcirc VT \bigcirc WA O WI O MA \bigcirc WY ○ Outside of US

 \bigcirc AL

Which of the following descriptions best fits the location in which you practice?

RuralSuburbanUrban



Which of the following descriptions best fits your primary practice setting?

i.e. where you spend the majority of your clinical time

- O Academic/University
- O Ambulatory surgical center (ASC)
- O Community clinic
- Hospital system employee
 Private practice, hospital-based
- O Private practice, office-based (e.g. private ortho group)
- Private practice, solo
- O VA or other government-sponsored practice
- Other

Please explain

CLINIC PATIENTS: Approximately how many patients did you see in clinic in a typical week, before the pandemic?

PROCEDURES: Approximately how many total procedures did you perform in a typical week, before the pandemic?

e.g. injections, EMGs, etc.

What has changed due to COVID-19?

IN PERSON: Since the pandemic has begun, what percentage of patients are you now seeing IN PERSON compared to your typical practice? (Do not include procedures)

For example, if you have had to cut down your practice by half, and seeing only half of the remaining patients in person, please choose 25%.

0% 50% 100%+

(Place a mark on the scale above)

BY TELEPHONE: Since the pandemic has begun, What percentage of patients are you now "seeing" BY TELEPHONE (not video/telehealth) compared to your typical practice?

For example, if you have had to cut down your practice by half, and seeing only half of the remaining patients by telephone, please choose 25%.

0% 50% 100%+

(Place a mark on the scale above)

BY TELEHEALTH: Since the pandemic has begun, What percentage of patients are you seeing BY TELEHEALTH (use of video, not just telephone) compared to your typical practice?

For example, if you have had to cut down your practice by half, and seeing only half of the remaining patients by telehealth, please choose 25%.

50% 100%+

(Place a mark on the scale above)



PROCEDURES: Since the your typical practice?	pandemic has be	gun, what percent	tage of PROCEDURES are you performing compared to
0%	50%	100%+	
	(Place a mark on the	scale above)	
On which date did you st load due to the pandemic		patient	
On which date did you st load due to the pandemic		r procedure	
Please select WHY you ha	ave a reduced loa	ad?	
 Concerns about perso Concerns about staff s Concerns about patien Concerns about public Concerns about overw Limited Personal Prote Requirement from add Fewer patients are co Concerns about cortic Other 	safety hts you directly ir safety whelming the hea ective Equipment ministration ming in of their o	nteract with Ithcare system (PPE)	

Please explain other reasons

Please select why your practice continues to have a normal amount of clinic patients.

Currently not worried about spread of the virus

Too many patients still need care, or patient expectations

Concerns about personal income
 Concerns about practice financial viability
 Trying to offload other portions of the healthcare system
 Unaware of current guidelines for this virus

Other

Please explain other reasons



How are you treating (or plan on treating) the following patients?						
	No change to practice	Try to see less often in person	Will not see in person	I do not regularly see these patients		
Patients 65 or older	\bigcirc	0	\bigcirc	0		
Immunocompromised patients	\bigcirc	0	\bigcirc	0		
Patients with cardiovascular disease	0	0	0	0		
Patients with pulmonary disease	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Patients with asthma	\bigcirc	0	\bigcirc	0		
Active smokers	0	0	0	0		

Since the pandemic, are you prescribing/suggesting more or less of each type of medication?					
	Much less	Slightly less	Unchanged	Slightly more	Much more
Opioids	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
NSAIDs	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Acetaminophen	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Oral corticosteroids	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Neuropathic pain medications	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Muscle relaxants	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc

How much would you say you have changed the frequency of your opioid prescriptions?

10%
20%
30%
40%
50%
60%
70%
80%
90%
100% or more

How much would you say you have changed the frequency of your NSAID prescriptions/suggestions?

10%
20%
30%
40%
50%
60%
70%
80%
90%
100% or more

As you noted above, you are seeing fewer clinic patients due to the pandemic. Do you find that you are sending patients more or less frequently to the emergency room or urgent care due to the pandemic?

○ Unchanged

 \bigcirc I send them less often

O I send them more often



How often are you now sending patients to the emergency room or urgent care, due to the inability to see them in clinic or provide a procedure?

- O Monthly
- O Weekly
- O Many times daily

Have any of the following tested positive for COVID (or, if testing unavailable, please answer yes if there is a high likelihood and requiring self-quarantine)?

Self
 Someone you're living with
 One of your patients
 Staff you work with
 Colleagues in your department/group
 Someone in the building
 Someone in the hospital system

Are you aware of a hospitalization required for anyone you know personally?

⊖ Yes ⊖ No

Patient Health Questionnaire Version 4 (PHQ-4)

I would prefer not to fill out the PHQ-4.

Due to the anonymous nature of the survey, we will be unable to follow up on any scores.

○ OK to complete

○ I would rather skip it

Over the last 2 weeks, how often have you been bothered by any of the following problems?					
· · · · · ·	Not at all	Several days	Over half the days	Nearly every day	
Feeling nervous, anxious, or on edge	0	0	0	0	
Not being able to stop or control worrying	0	0	0	0	
Little interest or pleasure in doing things	0	0	0	0	
Feeling down, depressed, or hopeless	0	0	0	0	
PHQ total (hidden)				_	
PHQ anxiety total (hidden)				_	
PHQ depression total (hidden)					

