

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?

- Anesthesiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Orthopaedics
- Pediatrics
- Physical Medicine & Rehabilitation
- Radiology
- Unlisted or other

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

If still in training, choose zero.

- 0
- 1
- 2
- 3
- 4
- 5
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- 44
- 45
- 46
- 47
- 48
- 49
- 50+

Information about your practice

In which state do you practice?

- AL
- AK
- AR
- AZ
- CA
- CO
- CT
- DC
- DE
- FL
- GA
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- MA
- MD
- ME
- MI
- MN
- MO
- MS
- MT
- NC
- ND
- NE
- NH
- NJ
- NM
- NV
- NY
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VT
- WA
- WI
- WV
- WY
- Outside of US

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

- Rural
- Suburban
- Urban

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

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

- Academic/University
 Ambulatory surgical center (ASC)
 Community clinic
 Hospital system employee
 Private practice, hospital-based
 Private practice, office-based (e.g. private ortho group)
 Private practice, solo
 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?

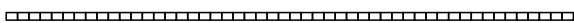
e.g. injections, EMGs, etc.

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%+

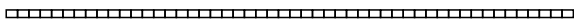


(Place a mark on the scale above)

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%+

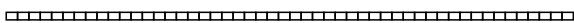


(Place a mark on the scale above)

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%.

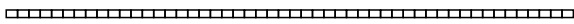
0% 50% 100%+



(Place a mark on the scale above)

PROCEDURES: Since the pandemic has begun, what percentage of PROCEDURES are you performing compared to your typical practice?

0% 50% 100%+



(Place a mark on the scale above)

On which date did you start reducing your patient load due to the pandemic? _____

On which date did you start reducing your procedure load due to the pandemic? _____

Please select WHY you have a reduced load?

- Concerns about personal or family safety
- Concerns about staff safety
- Concerns about patients you directly interact with
- Concerns about public safety
- Concerns about overwhelming the healthcare system
- Limited Personal Protective Equipment (PPE)
- Requirement from administration
- Fewer patients are coming in of their own accord
- Concerns about corticosteroids
- Other

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunocompromised patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with pulmonary disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active smokers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAIDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acetaminophen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral corticosteroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuropathic pain medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle relaxants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
- I send them less often
- 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?

- Monthly
 Weekly
 Daily
 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ total (hidden)

PHQ anxiety total (hidden)

PHQ depression total (hidden)

Comments

(Optional) Please let us know if you have any suggestions, comments, or questions. In particular, we would love to know if there are any survey-based questions we can ask on the follow-up surveys that will be useful to help practitioners navigate through this very challenging time.

Optional future surveys

Would you be interested in receiving brief (1-2 minutes each) follow-up surveys by email every 2-8 weeks to help us track the effects of the pandemic on physicians?

You will have to provide your email address (so we can email you) but it will not be shared, and will not be examined. It will only be used for this survey and will be deleted thereafter. We are currently anticipating this to last 12 weeks, but if things do not normalize at that time, we will send surveys at every 1-2 months after that point. You may opt out at any point.

- Yes
 No
-

Email address

Please note that we will not use your email address for any other contact, nor will it be shared. This is only so we can continue to send you brief follow-up surveys as this pandemic progresses.

Please confirm you have typed the correct email address:

[email]