NHSC Participant COVID-19 Questions

1. Which of the following did you experience at your NHSC site(s) during the COVID-19 pandemic?

*Please select* ***ALL*** *that apply.*

[ ] Missed work at my NHSC site(s)

[ ] Became unemployed

[ ] Administered COVID-19 testing

[ ] Provided more acute/urgent care visits, as opposed to well visits

[ ] Provided more care via telehealth for primary care visits

[ ] Provided fewer patient visits overall (including all visit types)

[ ] Worked longer hours

[ ] Changed delivery of behavioral health services

[ ] Faced a lack of personnel or resources (e.g., hospital beds) to meet patient demand

[ ] Had limited access to personal protective equipment (PPE)

[ ] Was not provided with emergency policies/protocols in sufficient time

[ ] Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Did not experience any changes at my NHSC site(s) during the COVID-19 pandemic *[DISALLOW IF ANOTHER OPTION SELECTED]*

1. [ASK IF Q1=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How did the delivery of behavioral health services change at your NHSC site during the COVID-19 pandemic?

*Please select* ***ALL*** *that apply.*

[ ] Provided more substance use disorder services through telehealth

[ ] Delayed scheduling visits with new patients for substance use disorder services

[ ] Delayed scheduling routine follow-up visits with patients for substance use disorder services

[ ] Delayed toxicology testing for patients who are prescribed buprenorphine

[ ] Limited ability to provide mental health visits, **excluding** substance use disorder treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)

[ ] Limited ability to provide substance use disorder services

[ ] Limited ability to provide opioid use disorder services, **excluding** medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)

[ ] Limited ability to provide medication-assisted treatment

[ ] Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)

[ ] Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [ASK IF Q1=MISSED WORK AT MY NHSC SITE(S)] Why were you unable to provide services at your NHSC sites(s) during the COVID-19 pandemic?

*Please select* ***ALL*** *that apply.*

[ ] Had to self-isolate or self-quarantine

[ ] Volunteered to be away from NHSC-approved site(s) to provide care to patients at a temporary/emergency location

[ ] Required to provide care outside of an NHSC-approved health care facility

[ ] Travel restrictions or guidance prevented return to the site

[ ] The NHSC site(s) where I work closed

[ ] The NHSC site(s) where I work laid off staff or reduced staff hours

[ ] Needed to care for children or other family members

[ ] Other: please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [ASK IF Q1=MISSED WORK AT MY NHSC SITE(S)] Did you experience any of the following as a result of missing work at your NHSC site(s)?

*Please select* ***ALL*** *that apply.*

[ ] Requested a suspension of loan repayment obligations

[ ] Used allotted personal days

[ ] Received approval to shift regular clinical service to telehealth/telemedicine

[ ] Received approval to increase the maximum number of hours of care I can provide in an approved alternative setting

[ ] Was unable to verify service or complete employment verifications due to absence of site Point of Contact

[ ] I did not experience any of the above *[DISALLOW IF ANOTHER OPTION SELECTED]*

[ ] Don’t know *[DISALLOW IF ANOTHER OPTION SELECTED]*