

Attachment A: NAMCS 2020 Proposed COVID-19 Questions

(Updated 6/26/2020)

NAMCS-1 Traditional Physician Induction Interview

Now I would like to ask you a few questions about the coronavirus disease (COVID-19) and the impact it had on operations in your office and on your staff. (**COVID_INTRO**)

During the past THREE months, how often did your office experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID-19) pandemic?

◆ Check only one box per piece of equipment.

N95 respirators or other approved facemasks (**COVID_N95_RESP**)

1. Never
2. Some of the time
3. Most of the time
4. All of the time
5. Don't know

Eye protection, isolation gowns, or gloves (**COVID_EYE**)

1. Never
2. Some of the time
3. Most of the time
4. All of the time
5. Don't know

During the past THREE months, did your office have the ability to test patients for coronavirus disease (COVID-19) infection? (**COVID_TEST**)

◆ Check only one box.

1. Yes [goto **COVID_SHORT**]

During the past THREE months, how often did your office experience shortages of coronavirus disease (COVID-19) tests for any patients who needed testing?
(**COVID_SHORT**)

- A. Never
- B. Some of the time
- C. Most of the time
- D. All of the time
- E. Don't know

2. No [goto **COVID_REFERER**]
3. Not applicable – did not need to do any COVID-19 testing [goto **COVID_AWAY**]
4. Don't know [goto **COVID_REFERER**]

During the past THREE months, how often did your office have a location where patients could be referred to for coronavirus disease (COVID-19) testing?

(COVID_REFER)

- A. Never
- B. Some of the time
- C. Most of the time
- D. All of the time
- E. Don't know

During the past THREE months, did your office need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID-19) infection? (**COVID_AWAY**)

◆ Check only one box.

- 1. No, COVID-19 patients were not turned away or referred elsewhere
- 2. Yes, some COVID-19 patients were turned away or referred elsewhere
- 3. Yes, most COVID-19 patients were turned away or referred elsewhere
- 4. Yes, all COVID-19 patients were turned away or referred elsewhere
- 5. Not applicable – the office did not have any COVID-19 patients
- 6. Don't know

During the past THREE months, did any of the following clinical care providers in your office test positive for coronavirus disease (COVID-19) infection?

◆ Check only one box per provider.

Physicians (COVID_PROV1)

- 1. Yes
- 2. No
- 3. Not applicable – did not have such provider type onsite
- 4. Don't know

Physician assistants (COVID_PROV2)

- 1. Yes
- 2. No
- 3. Not applicable – did not have such provider type onsite
- 4. Don't know

Nurse practitioners (COVID_PROV3)

- 1. Yes
- 2. No
- 3. Not applicable – did not have such provider type onsite
- 4. Don't know

Certified nurse-midwives (COVID_PROV4)

- 1. Yes
- 2. No
- 3. Not applicable – did not have such provider type onsite
- 4. Don't know

Registered nurses/licensed practical nurses (COVID_PROV5)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Other clinical care providers (**COVID_PROV6**)

1. Yes (please specify: _____) (**COVID_PROV_OTH**)
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

During January and February 2020, was your office using telemedicine or telehealth technologies (for example, audio with video, web videoconference) to assess, diagnose, monitor, or treat patients? (**TELEMED**)

1. Yes [goto **TELEMED_INC**]
 After February 2020, did your office's use of telemedicine or telehealth technologies to conduct patient visits increase? (**TELEMED_INC**)
 - A. Yes [goto **TELEMED_INC_PER**]
 After February 2020, how much has your office's use of telemedicine or telehealth technologies to conduct patient visits increased?
 (**TELEMED_INC_PER**)
 1. Less than 25%
 2. 25% to 49%
 3. 50% to 74%
 4. 75% or more
 5. Don't know
 - B. No
 - D. Don't know

2. No [goto **TELEMED_START**]
 After February 2020, has your office started using telemedicine or telehealth technologies?
 (**TELEMED_START**)
 - A. Yes [goto **TELEMED_START_PER**]
 Since your office started using these technologies, how many of your patient visits have been conducted using telemedicine or telehealth technologies?
 (**TELEMED_START_PER**)
 1. Less than 25%
 2. 25% to 49%
 3. 50% to 74%
 4. 75% or more
 5. Don't know
 - B. No
 - C. Don't know

3. Don't know

NAMCS-1 Community Health Center (CHC) Respondent Induction Interview

Now I would like to ask you a few questions about the coronavirus disease (COVID-19) and the impact it had on operations in your CHC and on your staff. (**COVID_INTRO**)

During the past THREE months, how often did your center experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID-19) pandemic?

◆ Check only one box per piece of equipment.

N95 respirators or other approved facemasks (**COVID_N95_RESP**)

1. Never
2. Some of the time
3. Most of the time
4. All of the time
5. Don't know

Eye protection, isolation gowns, or gloves (**COVID_EYE**)

1. Never
2. Some of the time
3. Most of the time
4. All of the time
5. Don't know

During the past THREE months, did your center have the ability to test patients for coronavirus disease (COVID-19) infection? (**COVID_TEST**)

◆ Check only one box.

1. Yes [goto **COVID_SHORT**]
During the past THREE months, how often did your center experience shortages of coronavirus disease (COVID-19) tests for any patients who needed testing?
(**COVID_SHORT**)
 - A. Never
 - B. Some of the time
 - C. Most of the time
 - D. All of the time
 - E. Don't know
2. No [goto **COVID_REFERER**]
3. Not applicable – did not need to do any COVID-19 testing [goto **COVID_AWAY**]
4. Don't know [goto **COVID_REFERER**]
During the past THREE months how often did your center have a location where patients could be referred to for coronavirus disease (COVID-19) testing?
(**COVID_REFERER**)
 - A. Never
 - B. Some of the time
 - C. Most of the time
 - D. All of the time
 - E. Don't know

During the past THREE months, did your center need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID-19) infection? (**COVID_AWAY**)

◆ Check only one box.

1. No, COVID-19 patients were not turned away or referred elsewhere
2. Yes, some COVID-19 patients were turned away or referred elsewhere
3. Yes, most COVID-19 patients were turned away or referred elsewhere
4. Yes, all COVID-19 patients were turned away or referred elsewhere
5. Not applicable – the center did not have any COVID-19 patients
6. Don't know

During the past THREE months, did any of the following clinical care providers in your center test positive for coronavirus disease (COVID-19) infection?

◆ Check only one box per provider.

Physicians (COVID_PROV1)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Physician assistants (COVID_PROV2)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Nurse practitioners (COVID_PROV3)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Certified nurse-midwives (COVID_PROV4)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Registered nurses/licensed practical nurses (COVID_PROV5)

1. Yes
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

Other clinical care providers (COVID_PROV6)

1. Yes (please specify: _____) (COVID_PROV_OTH)
2. No
3. Not applicable – did not have such provider type onsite
4. Don't know

During January and February 2020, was your center using telemedicine or telehealth technologies (for example, audio with video, web videoconference) to assess, diagnose, monitor, or treat patients? (**TELEMED**)

2. Yes [goto **TELEMED_INC**]

After February 2020, did your center's use of telemedicine or telehealth technologies to conduct patient visits increase? (**TELEMED_INC**)

A. Yes [goto **TELEMED_INC_PER**]

After February 2020, how much has your center's use of telemedicine or telehealth technologies to conduct patient visits increased?

(**TELEMED_INC_PER**)

1. Less than 25%
2. 25% to 49%
3. 50% to 74%
4. 75% or more
5. Don't know

B. No

D. Don't know

2. No [goto **TELEMED_START**]

After February 2020, has your center started using telemedicine or telehealth technologies?
(**TELEMED_START**)

B. Yes [goto **TELEMED_START_PER**]

Since your center started using these technologies, how many of your patient visits have been conducted using telemedicine or telehealth technologies?

(**TELEMED_START_PER**)

1. Less than 25%
2. 25% to 49%
3. 50% to 74%
4. 75% or more
5. Don't know

B. No

C. Don't know

3. Don't know