1) What care setting(s) have you worked in during the COVID-19 pandemic?

Check all that apply.

[ ] Family medicine clinic
[ ] Hospital - ER
[ ] Hospital - ICU
[ ] Hospital – in-patient setting
[ ] Hospital - outpatient setting
[ ] Community clinic/community health centre
[ ] Long-term care/personal care home
[ ] Other (please specify): _________________________________________________*
[ ] None; I am not currently engaged in patient care

2) What has been your main practice setting during the COVID-19 pandemic?

[ ] Family medicine clinic
[ ] Hospital - ER
[ ] Hospital - ICU
[ ] Hospital – in-patient setting
[ ] Hospital - outpatient setting
[ ] Community clinic/community health centre
[ ] Long-term care/personal care home
[ ] Other specified

3) Has your main practice setting (Q2) experienced confirmed cases of COVID-19 infection among staff or patients?

( ) Yes
( ) No
( ) Not sure
4) Please indicate which groups in your practice have confirmed COVID-19 infection.

Check all that apply.

[ ] Physicians
[ ] Other clinical staff (e.g., nurses, physician assistant)
[ ] Non-clinical staff (e.g., reception, cleaning staff)
[ ] Patients
[ ] Other (please specify): _________________________________________________*

5) Please describe your personal experience with COVID-19.

Check all that apply.

[ ] I’ve been tested and/or assessed for COVID-19.
[ ] I’ve tested positive for COVID-19.
[ ] I have COVID 19 and remain symptomatic.
[ ] I’ve fully recovered from COVID-19.
[ ] I’ve self-isolated (self-quarantined) due to illness, close contact, travel, or other reasons
[ ] I’ve returned to work after having had COVID-19.
[ ] Members of my household have, or have had, COVID-19.
[ ] None of the above

6) Have you made any of the following practice changes in your main practice setting (Q2) due to COVID-19?

Check all that apply.

[ ] Screening patients for COVID-19
[ ] Administering the COVID-19 antigen test
[ ] Implementing new virtual care services by telephone, video, email, and/or text messaging
[ ] Contacting patients at their homes, by phone, email or other communications
[ ] Triaging patients while they are outside the clinic or building
[ ] Directing people with confirmed/suspected diagnoses of COVID-19 to alternative facilities
[ ] Creating restricted areas for people with confirmed/suspected diagnoses of COVID-19
7) With respect to your main practice setting (Q2), describe the population primarily served by you in your practice.

( ) Urban/suburban
( ) Small town
( ) Rural
( ) Geographically isolated/remote
( ) Cannot identify a primary geographic population

8) How has COVID-19 affected your overall workload?

( ) Increased practice hours and/or patient visits (please note by what percentage):
_________________________________________________*

( ) Reduced practice hours and/or patient visits (please note by what percentage):
_________________________________________________*

( ) Experienced no change

9) Describe how your practice setting(s) has/have changed due to COVID-19.

Check all that apply.

[ ] Started work in a new setting
[ ] Stopped work in a usual practice setting
[ ] Closed practice
[ ] Re-entered practice from retirement
[ ] Not applicable

10) Please specify which setting(s) you started working in due to COVID-19.

Check all that apply.

[ ] Family medicine clinic
[ ] Hospital - ER
[ ] Hospital - ICU
[ ] Hospital – in-patient setting
[ ] Hospital - outpatient setting
[ ] Community clinic/community health centre
[ ] Long-term care/personal care home
[ ] Other (please specify): ____________________________________________*

11) Please specify which setting(s) you stopped working in due to COVID-19.

Check all that apply.

[ ] Family medicine clinic
[ ] Hospital - ER
[ ] Hospital - ICU
[ ] Hospital – in-patient setting
[ ] Hospital - outpatient setting
[ ] Community clinic/community health centre
[ ] Long-term care/personal care home
[ ] Other (please specify): ____________________________________________*

12) Approximately what percentage of your office visits/contacts in the past week were handled through face-to-face encounters?

Please enter zero if none!

__________________________________________
13) Approximately what percentage of your office visits/contacts in the past week were handled through virtual care?

Please enter zero if none!

________________________________________________________________________

14) Please describe what percentages of your virtual care encounters in the past week were handled through each medium.

<table>
<thead>
<tr>
<th>Medium</th>
<th>None (0%)</th>
<th>Few (less than 20%)</th>
<th>Some (21-49%)</th>
<th>Most (more than 50%)</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Telephone visits</td>
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<tr>
<td>Email</td>
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<tr>
<td>Text messaging</td>
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<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>

15) Please specify what other media you are using to provide virtual care:

________________________________________________________________________

16) Are you aware of any new fee codes or other reimbursement programs that cover virtual care services?

( ) Yes

( ) No
17) Are you using these methods of reimbursement?

( ) Yes
( ) No, but I am planning to do so
( ) No
( ) Not sure

18) How do you think virtual care will affect your practice financially?

I expect...

( ) Significant financial benefit
( ) Slight financial benefit
( ) Neither a benefit nor a loss
( ) Slight financial loss
( ) Significant financial loss
( ) Uncertain or don’t know
( ) N/A – I do not provide virtual care

19) Please rate your level of concern about each of the following issues related to COVID-19.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not at all concerned</th>
<th>Slightly concerned</th>
<th>Somewhat concerned</th>
<th>Moderately concerned</th>
<th>Extremely concerned</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of PPE</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Difficulties related to COVID-19 antigen testing</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>My risk of exposing others (e.g., family members) to COVID-19</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Concern</td>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
<td>Column 4</td>
<td>Column 5</td>
<td>Column 6</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>----------</td>
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<tr>
<td>My risk of being exposed to COVID-19</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>Poor remuneration for virtual care</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>Patients’ emotional/mental stress</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>Lost revenue due to fewer patient visits</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Reduced contact with patients for concerns not related to COVID-19</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Access to practice information and support to deal with COVID-19</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Too much incoming information about COVID-19</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
</tbody>
</table>

20) Please specify your other concern(s).

_______________________________________
21) How would you describe your sense of well-being/personal wellness during the COVID-19 pandemic?

( ) I feel the best I’ve ever felt and at the top of my game professionally and personally
( ) Generally I feel pretty good, but there are trying days
( ) I’m neither excited nor exhausted; I have a job to do
( ) Exhausted but coping—I still derive meaning from my work
( ) Burned out and am thinking of, or have taken, a break from work

22) How are you remunerated for your professional practice?

Check all that apply.

[ ] Fee-for-service
[ ] Salary
[ ] Capitation
[ ] Sessional/per diem/hourly
[ ] Service contract
[ ] Incentives and premiums
[ ] Other (please specify):: _________________

23) How would you rate the communications and resources that the College of Family Physicians of Canada has provided during the COVID-19 pandemic?

( ) Not helpful at all
( ) Slightly helpful
( ) Somewhat helpful
( ) Very helpful
( ) Extremely helpful
( ) N/A – have not used CFPC resources
24) What information and/or organization(s) have you found to be the most helpful for your practice during the COVID-19 pandemic?

___________________________________________
____________________________________________
____________________________________________
____________________________________________

25) Overall, how is COVID-19 affecting your practice and how are you responding?

___________________________________________
____________________________________________
____________________________________________
____________________________________________

26) What does your practice need most urgently to deal with COVID-19 in the coming weeks?

___________________________________________
____________________________________________
____________________________________________
____________________________________________

27) What do you think family physicians should do to prepare for the aftermath of the COVID-19 pandemic?

___________________________________________
____________________________________________
____________________________________________
____________________________________________

Thank you!