(MS548) COVID-19 ACCESS TO CARE

Survey_intro

This survey will ask some questions about whether the coronavirus pandemic has affected your health and your access to health care or personal care. While there are no direct benefits to you for participating, you will be compensated $5 for completing the survey.

 Your participation in this research study is voluntary and you may withdraw your participation at any time for any reason. The survey should take about 5 minutes to complete. As a reminder, the only risk to you from participation in the ALP is the unlikely event that your survey participation and responses are inadvertently disclosed.

 If you have any questions, concerns or complaints, or need to speak with someone about a research-related injury, please contact the ALP Help Desk toll-free at 866-591-2909 or email ALPsurveys@rand.org.

 Thank you for your participation in this survey!

Q1A

[*Not required*]

Have you had COVID-19, the disease caused by the coronavirus?

❍ Yes, I tested positive for COVID-19 and I had symptoms (e.g., fever, dry cough, shortness of breath, aches, loss of sense of smell). (1)
❍ Yes, I tested positive for COVID-19 but I had no symptoms. (2)
❍ Yes, I was not tested but I probably had COVID-19 based on my symptoms (e.g., fever, dry cough, shortness of breath, aches, loss of sense of smell). (3)
❍ No, I do not believe I have had COVID-19. (4) [*Exclusive*]

Q1B

[*Not required*]

Has anyone in your household had COVID-19?

❍ Yes, someone in my household tested positive for COVID-19 and had symptoms (e.g., fever, dry cough, shortness of breath, aches, loss of sense of smell). (1)
❍ Yes, someone in my household tested positive for COVID-19 but they had no symptoms. (2)
❍ Yes, someone in my household probably had COVID-19 based on their symptoms (e.g., fever, dry cough, aches, loss of sense of smell), but they were not tested. (3)
❍ No, I do not believe someone in my household has had COVID-19. (4) [*Exclusive*]

Q1C

[*Not required*]

Has your health insurance coverage changed because of the coronavirus pandemic or the resulting shut-downs?

○ Yes, I no longer have health coverage (1)
○ Yes, I have different health coverage (2)
○ No, my health coverage is the same as before the pandemic (3) [*Exclusive*]
○ No, I did not have health coverage prior to the pandemic (4) [*Exclusive*]

Q2

Since the coronavirus reached your state, have you had a health care visit online or over the telephone (sometimes called a telehealth visit)? Check all that apply.

❑ I talked to a health care provider over the phone. (1)
❑ I had a video conference with a health care provider (e.g., Zoom, Doxy.me, FaceTime, Skype, etc.). (2)
❑ I exchanged emails or texts with a health care provider. (3)
○ I did not have a telehealth visit (4) [*Exclusive*]

Q3

Did you have any difficulties getting health care after the coronavirus reached your state? Check all that apply.

❑ Yes, I was unable to get an appointment with my doctor or other health care provider for a new health issue that started after the coronavirus reached my state. (1)
❑ Yes, I was unable to get an appointment with my doctor or other health care provider for an ongoing health issue that started before the coronavirus reached my state. (2)
❑ Yes, I needed an in-person visit but was only able to talk to my doctor or other health care provider on the phone or by video conference (e.g., Zoom, Doxy.me, FaceTime, Skype, etc.). (3)
❑ Yes, I was unable to get tested for COVID-19 (4)
❑ Yes, I was unable to get in-home medical care (e.g., physical therapy or nurse services) that I usually received before the coronavirus reached my state. (5)
❑ Yes, I had a medical procedure or a surgery cancelled or postponed. (6)
❑ Yes, I had a diagnostic test (e.g., blood test, a mammogram, imaging, etc.) cancelled or postponed. (7)
❑ Yes, I had a dental procedure (other than a routine cleaning) cancelled or postponed. (8)
❑ Yes, I put off seeing my doctor or other health care provider, having a medical procedure, or having a diagnostic test because of concerns about catching the coronavirus. (9)
❑ Yes, I put off seeing my doctor or other health care provider, having a medical procedure, or having a diagnostic test because I can't afford to pay for health care right now. (10)

○ No, I did not have any difficulty getting health care since the coronavirus reached my state. (11) [*Exclusive*]
○ No, I did not need any health care since the coronavirus reached my state. (12) [*Exclusive*]

CONDITION	f('Q3').any('1','2','3','4','5','6','7','8','9','10')	
	true	false

Question Q3a()

Q3a

[*Not required*]

Has your overall health been impacted by not being able to get health care like you normally would?

○ No, my health is about the same. (1)
○ Yes, my health is a little worse. (2)
○ Yes, my health is moderately worse. (3)
○ Yes, my health is a lot worse. (4)

END | Condition f('Q3').any('1','2','3','4','5','6','7','8','9','10')

Q4

Have you had any difficulties getting your prescription drugs because of the coronavirus pandemic? Check all that apply.

❑ Yes, I couldn't get my prescription drug(s) filled. (1)

❑ Yes, I couldn't get my prescription drug(s) delivered. (2)

❑ Yes, I didn't feel comfortable going out to pick up my prescriptions. (3)

❑ Yes, I couldn't get a prescription from my doctor for a drug. (4)

❑ Yes, I couldn't afford to get my prescription(s) filled. (5)

○ No, I didn't have any difficulty getting my prescriptions. (6) [*Exclusive*]

○ No, I don't take any prescription drugs. (7) [*Exclusive*]

CONDITION | !(f('Q4').any('7'))

| true | false |
| Question Q5() | |

Q5

[*Not required*]

Because of the coronavirus, have you changed the way you take your prescription drugs? For example, have you taken less than the prescribed dosage, split pills, or skipped dosages?

❍ Yes (1)
❍ No (2)

Q5_1

[*Not required*]

Has your overall health been impacted by changes in your prescription drug routine?

❍ No, my health is about the same. (1)
❍ Yes, my health is a little worse. (2)
❍ Yes, my health is moderately worse. (3)
❍ Yes, my health is a lot worse. (4)

Q6

Prior to the coronavirus reaching your state, did you receive regular help from someone outside your home with daily activities like bathing, getting dressed, preparing meals, getting around your home, or buying groceries? Check all that apply.

❑ Yes, I got help from a friend or family member. (1)
❑ Yes, I got help from a person or service that I paid for or was covered by insurance. (2)
❍ No. (3) [*Exclusive*]

Q6a

[*Not required*]

Because of the coronavirus pandemic, have you had any difficulty getting help with daily activities like bathing, getting dressed, preparing meals, getting around your home, or buying groceries?

○ Yes (1)
○ No (2)

CONDITION

f('Q6a')=='1'

true	false
Question Q6b()	

Q6b

[*Not required*]

Has your health or quality of life been impacted by difficulty in getting your usual amount of help?

○ No, my health and quality of life are about the same. (1)
○ Yes, my health or quality of life are a little worse. (2)
○ Yes, my health or quality of life are moderately worse. (3)
○ Yes, my health or quality of life are a lot worse. (4)

END

Condition f('Q6a')=='1'

Q6_2

If someone still comes to your house to provide help, do you or your helper wear personal protective equipment like masks and gloves? Check all that apply.

❑ Yes, my helper does. (1)
❑ Yes, I do. (2)
○ No, neither of us does. (3) [*Exclusive*]

END

Condition f('Q6').any('1','2')

Q7

[*Not required*]

Prior to the coronavirus reaching your state, did you provide regular help to someone outside your home with daily activities like bathing, getting dressed, preparing meals, getting around their home, or buying groceries?

○ Yes, I provided unpaid help to a friend or family member outside my home. (1)
○ Yes, I provided help to someone outside my home as a paid job. (2)
○ No. (3)

CONDITION

f('Q7').any('1','2')

true	false
Question Q7_1()	

Q7_1

[*Not required*]

Because of the coronavirus pandemic have you changed the amount of help you provide for this person?

○ Yes, I no longer provide any help. (1)
○ Yes, I provide less help. (2)
○ Yes, I provide more help. (3)
○ No, I provide about the same amount of help. (4)

CONDITION

f('Q7_1').any('1','2')

true	false
Question Q7_1a()	

Q7_1a

[*Not required*]

Has the health or quality of life of the person you typically provide help to been impacted by not getting the usual amount of help?

○ No, his/her health and quality of life are about the same. (1)
○ Yes, his/her health or quality of life are a little worse. (2)
○ Yes, his/her health or quality of life are moderately worse. (3)
○ Yes, his/her health or quality of life are a lot worse. (4)

END

Condition f('Q7_1').any('1','2')

f('Q7_1').any('2','3','4')

true	false
Question Q7_1b()	

Q7_1b

When you provide care to someone outside your home, do you or the person you help wear personal protective equipment like masks and gloves when providing help? Check all that apply.

❑ Yes, I do. (2)
❑ Yes, the person does. (1)
◯ No, neither of us does. (3) [*Exclusive*]

Condition f('Q7_1').any('2','3','4')

Condition f('Q7').any('1','2')
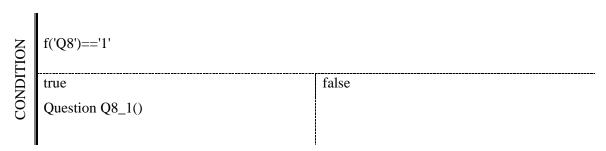
Q8

[*Not required*]

Prior to the coronavirus reaching your state, did you have a close family member that you communicated with regularly living in a residential care setting like a nursing home, long-term care facility, senior housing, or assisted living facility?
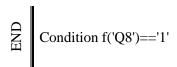
◯ Yes (1)
◯ No (2)

f('Q8')=='1'

true	false
Question Q8_1()	

Q8_1

[*Not required*]

Since the coronavirus reached your state, did you consider removing your family member from the nursing home, assisted living facility, senior housing, or other residential care facility?

○ Yes, I moved my family member out of the care facility. (1)
○ Yes, I considered moving my family member but decided not to. (2)
○ No, I did not consider moving my family member. (3)

Q8_2

Since the coronavirus reached your state, were you able to communicate with your family member at the care facility? Check all that apply.

❑ Yes, I spoke with him/her over the phone. (1)
❑ Yes, I did a video conference with him/her (e.g., Zoom, FaceTime, Skype, etc.). (2)
❑ Yes, I visited with him/her from outside the care facility (e.g., through a window or balcony). (3)
❑ Yes, I communicated with him/her through facility staff. (4)
○ No, I have not been able to communicate with my family member. (5) [*Exclusive*]

Q8_3

Since the coronavirus reached your state, did you have any difficulty getting information about your family member from their care facility? Check all that apply.

❑ Yes, I had trouble getting health updates about my family member. (1)

❑ Yes, I had trouble finding out if anyone had tested positive for COVID-19 at my family member's care facility. (2)

❑ Yes, I had trouble finding out if anyone had died from COVID-19 at my family member's care facility. (3)

❑ Yes, I had trouble finding out if my family member's care facility was taking proper steps to prevent

the spread of COVID-19 (e.g., checking staff members' temperature before shifts, keeping residents at least 6 feet apart, restricting visitors, wearing personal protective equipment including masks and gloves). (4)

○ No, I didn't have any difficulty getting information from my family member's care facility. (5) [*Exclusive*]

Q8_4

[*Not required*]

To the best of your knowledge, did your family member living at the care facility get COVID-19?

○ Yes, he/she tested positive for COVID-19 and had symptoms (e.g., fever, dry cough, shortness of breath, aches). (1)
○ Yes, he/she tested positive for COVID-19 but had no symptoms. (2)
○ Yes, he/she probably had COVID-19 based on their symptoms (e.g., fever, dry cough, aches), but they were not tested. (3)
○ No, I do not believe he/she had COVID-19. (4) [*Exclusive*]

Q8_5

[*Not required*]

Is your family member that was at the care facility still alive?

◯ Yes (1)
◯ No, he/she died of complications related to COVID-19. (2)
◯ No, he/she died of another cause, unrelated to COVID-19. (3)

END ‖ Condition f('Q8')=='1'

CS_001 - CS_001

[*Not required*]

Could you tell us how interesting or uninteresting you found the questions in this interview?

◯ Very interesting (1)
◯ Interesting (2)
◯ Neither interesting nor uninteresting (3)
◯ Uninteresting (4)
◯ Very uninteresting (5)