COVI	D-19 Q	I Quest	ionnaire								
The purpose of this questionnaire is for Cass Clinic staff to gain information about our patients in order to learn how to better serve you during the COVID-19 pandemic. Your participation is completely voluntary. All answers on this questionnaire will remain confidential.											
Date:				Subject #:							
Zip Co	ode:										
1. Do you currently have health insurance? Yes b. No											
Yes (v	where a	nd why)	:		b. No	than Cas u to obta			mewhere	e other tl	han Cass
Clinic during the COVID-19 pandemic?											
N	NOT AT ALL LIKELY EXTREMELY LIKELY										
	0	1	2	3	4	5	6	7	8	9	10
4. What resources have you received from Cass Clinic since the start of the pandemic? Hand sanitizer Care kit Surgical mask Winter clothing Referrals Medication Diabetes supplies											
-		ou choos flu shot		eive hea	lthcare a	at Cass C	Clinic (ex	x. conve	nience, r	no cost, l	location,
		•		_		/ID-19 c COVID-		-		nary cor	ncern (ex.

Appendix: Study Survey