

COVID-19 Survey

We are conducting a survey to help better understand how COVID-19 has impacted you and your access to health care. Your responses will help us better serve our Medicare clients. Mail completed surveys to: **TNSHIP / GNRC, 220 Athens Way, Suite 200, Nashville, TN 37228** or fax to: **(615) 523-2426** (secure e-fax). You may also complete this survey online at www.gnrc.org/CovidSurvey.

1. How much has the COVID-19 pandemic affected you? (Check appropriate box below)

	Not affected	Somewhat affected	Significantly affected
Has COVID-19 affected your access to SHIP Medicare counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has COVID-19 affected your access to healthcare services (doctors, providers, hospitals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has COVID-19 affected your access to transportation and general mobility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has COVID-19 affected your access to community resources (community/senior centers, food banks, health centers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you been contacted about the COVID-19 vaccine from an unofficial source? Yes No
If yes, please explain below how you were contacted and who contacted you.

3. Has anyone tried to charge you for access to the COVID-19 vaccine? Yes No
If yes, please explain this occurrence. Who attempted to charge you for the vaccine and how?

4. Would you like a Medicare Counselor to contact you? Yes No *If yes, please answer questions below.*

Name: _____

How would you prefer to be contacted? Phone: _____

Email: _____

5. What is your age? (Optional) Under 65 65 or older

6. Is English your primary language? (Optional) Yes No

7. Please enter any additional comments regarding COVID-19 and its effects on your healthcare. Use space below or back of sheet. (Optional)

