1. Currently, would you say that your physical health is excellent, very good, good, fair, or poor?	5. How have you completed the care that you delayed?  Select all that apply.
<sup>1</sup> Excellent <sup>2</sup> Very good <sup>3</sup> Good <sup>4</sup> Fair <sup>5</sup> Poor	<ul> <li>¹□ By phone calls</li> <li>²□ By video calls (also called "telehealth")</li> <li>³□ By emails, texts, or portal messages (e.g., MyChart)</li> <li>⁴□ By in-person visits to the</li> </ul>
2. Is your physical health currently better, worse, or about the same as before the COVID-19 pandemic?	doctor, dentist or clinic  5 □ None of the above
<sup>1</sup> □ Better <sup>2</sup> □ Worse <sup>3</sup> □ About the same	6. Do you believe this delay negatively affected your health?  1  Yes 2 No
3. Since the start of the COVID-19 pandemic, was there any time when you delayed needed medical, dental, or vision care? Select all that apply.	³□ Don't know
<ul> <li>Yes, I delayed medical care</li> <li>Yes, I delayed dental care</li> <li>Yes, I delayed vision care</li> <li>No → END HERE</li> </ul>	
4. Have you since completed the care that you delayed?	
that you aciayea:	

This module uses Questions 4-9 and was renumbered from section "HEALTH AND HEALTH CARE" (pages 4-5) from the full document "NSHAP COVID-19 Study"