H_Q1

[Not required]

Prior to the beginning of the coronavirus (COVID-19) pandemic, were you being treated by a medical professional for any of the health conditions listed below? Diabetes High Blood Pressure Heart Disease Lung Disease (for example, COPD or asthma) Cancer Arthritis Chronic Kidney Disease Obesity

☐ Yes (1)
☐ No (2)

*If H_Q1 equals 1 then ask H_Q2 and H_Q3
Else skip to H_Q4*

H_Q2

[Not required]

Since the pandemic started, has your treatment for any of those conditions been disrupted, canceled, or delayed?

☐ Yes (1)
☐ No (2)
H_Q3

Since the pandemic started, did you communicate with a doctor or provider in any of the following ways about any of those conditions? (check all that apply)

☐ My own personal doctor or provider by email (1)
☐ My own personal doctor or provider by telephone (2)
☐ My own personal doctor or provider by videoconference (3)
☐ A new/unfamiliar doctor or provider by email (4)
☐ A new/unfamiliar doctor or provider by telephone (5)
☐ A new/unfamiliar doctor or provider by videoconference (6)
☐ None of these (7) [Exclusive]

H_Q4

[Not required]

Prior to the beginning of the pandemic, were you being treated for a problem with your emotions, nerves, mental health or your use of alcohol or drugs by any of the following professionals? Psychiatrist Other medical doctor, such as a general practitioner or a primary care doctor Psychologist Social worker or Counselor Other professional, such as a nurse or occupational therapist

☐ Yes (1)
☐ No (2)

*If H_Q4 equals 1 then ask H_Q5 and H_Q6*

*Else skip to H_Q7*
H_Q5
[Not required]
Since the pandemic started has your treatment for a problem with your emotions, nerves, mental health or your use of alcohol or drugs been disrupted, cancelled, or delayed?
○ Yes (1)
○ No (2)

H_Q6
[Not required]
Since the pandemic started, did you communicate with a professional provider(s) for a problem with your emotions, nerves, mental health or your use of alcohol or drugs in any of the following ways? (check all that apply)
☐ My own personal doctor or provider by email (1)
☐ My own personal doctor or provider by telephone (2)
☐ My own personal doctor or provider by videoconference (3)
☐ A new/unfamiliar doctor or provider by email (4)
☐ A new/unfamiliar doctor or provider by telephone (5)
☐ A new/unfamiliar doctor or provider by videoconference (6)
○ None of these (7) [Exclusive]

H_Q7
[Not required]
Since the pandemic started, have you had any new health problem or a recurrence or worsening of a pre-existing condition, for which you sought or considered seeking medical care?
○ Yes (1)
○ No (2)

If H_Q7 equals 1 then ask H_Q8 and H_Q9
Else skip to H_Q10

H_Q8
[Not required]
When you had this new health problem, did you have any difficulty getting medical care because of the pandemic?
○ Yes (1)
○ No (2)
H_Q9

[Not required]

When you had this new health problem, did you communicate with a health care provider in any of the following ways? (check all that apply)

☑ My own personal doctor or provider by email (1)
☑ My own personal doctor or provider by telephone (2)
☑ My own personal doctor or provider by videoconference (3)
☑ A new/unfamiliar doctor or provider by email (4)
☑ A new/unfamiliar doctor or provider by telephone (5)
☑ A new/unfamiliar doctor or provider by videoconference (6)
☒ None of these (7) [Exclusive]

H_Q10

Which of the following have you ever done? (check all that apply)

☑ Made any legal arrangements for a specific person or persons to make decisions about your care or medical treatment if you cannot make those decisions yourself. This is sometimes called a “Durable Power of Attorney for Health Care.” (1)
☑ Provided written instructions about the care or medical treatment that you want to receive if you cannot make those decisions yourself. This is sometimes called an “Advance directive” or “Living will.” (2)
☒ Neither of these (3) [Exclusive]