

<b>SECTION 3. HEALTH LITERACY (QHELP, QLEARN, &amp; QFORM - validated)</b>	
<b>To be read to the participant: NOW WE'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR EXPERIENCE WITH WRITTEN OR PRINTED INFORMATION THAT YOU MIGHT GET AT THE CLINIC, HOSPITAL OR PHARMACY. PLEASE TRY TO ANSWER THE QUESTIONS AS BEST AS YOU CAN.</b>	
<b>Question</b>	<b>Instructions/Response</b>
<b>Date</b>	<b>MM-DD-YY</b>
<b>1. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read clinic or hospital materials?</b>	<input type="checkbox"/> 5 ALWAYS <input type="checkbox"/> 4 OFTEN <input type="checkbox"/> 3 SOMETIMES <input type="checkbox"/> 2 RARELY <input type="checkbox"/> 1 NEVER
<b>2. How often do you have problems learning about your medical condition because of difficulty understanding written information?</b>	<input type="checkbox"/> 5 ALWAYS <input type="checkbox"/> 4 OFTEN <input type="checkbox"/> 3 SOMETIMES <input type="checkbox"/> 2 RARELY <input type="checkbox"/> 1 NEVER
<b>3. How confident are you filling out medical forms by yourself? (for example, medical forms given to you at your doctor's office asking about your health history)</b>	<input type="checkbox"/> 5 EXTREMELY <input type="checkbox"/> 4 QUITE A BIT <input type="checkbox"/> 3 SOMEWHAT <input type="checkbox"/> 2 A LITTLE <input type="checkbox"/> 1 NOT AT ALL

Contains Section 3, #1-3 from the full survey, "COVID-19 Questionnaire on Impact of and Barriers to Stay at Home, Self-Isolation, and Quarantine for Vulnerable Populations"