Parosmia Survey

Please complete the survey below. Thank you! Age Sex ○ Female Not reported What is your Country? City When did you first test positive for COVID-19? (dd-mm-yy) Do you know the strain of SARS-CoV-2 you had? ○ Wild type (Wuhan) ○ Alpha O Beta O Delta Omicron ○ Unknown Did you receive COVID-19 vaccine? Yes ○ No Date of FIRST COVID-19 vaccine dose: O Pfizer-BioNTech Comirnaty Which vaccine brand name did you take on your first Moderna Spikevax dose? O Janssen (Johnson & Johnson) O Novavax Nuvaxovid ○ AstraZeneca Vaxzevria Medicago Covifenz Other Yes Did you receive a second dose? \bigcirc No Date of SECOND COVID-19 vaccine dose: If none, please skip this question. Which vaccine brand name did you take on your second O Pfizer-BioNTech Comirnaty Moderna Spikevax dose? Novavax Nuvaxovid ○ AstraZeneca Vaxzevria Medicago Covifenz Other

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Did you receive a third dose?	○ Yes ○ No	
Date of THIRD COVID-19 vaccine dose:		
If none, please skip this question.		
Which vaccine brand name did you take on your third dose?	 ○ Pfizer-BioNTech Comirnaty ○ Moderna Spikevax ○ Janssen (Johnson & Johnson) ○ Novavax Nuvaxovid ○ AstraZeneca Vaxzevria ○ Medicago Covifenz ○ Other 	
Did you receive a fourth dose?	YesNo	
Date of FOURTH COVID-19 vaccine dose:		
If none, please skip this question.		
Which vaccine brand name did you take on your fourth dose?	 ○ Pfizer-BioNTech Comirnaty ○ Moderna Spikevax ○ Janssen (Johnson & Johnson) ○ Novavax Nuvaxovid ○ AstraZeneca Vaxzevria ○ Medicago Covifenz ○ Other 	
How was your sense of smell/taste before COVID-19?	○ Absent○ Decreased○ Normal	
Have you experienced any smell/taste disturbance during/after COVID?	○ Yes ○ No	
Did you lose smell immediately with COVID-19? If not immediately, how soon after COVID symptoms in days?	(In days)	
When did smell start returning (weeks after COVID-19 diagnosis)?	(In weeks)	
When did your parosmia start?		
Have you had any improvement in your parosmia?	 0% (no improvement) 25% improvement 50% improvement 75% improvement 100% improvement 	
How soon after your parosmia started did you notice improvement? (in weeks)	(In weeks)	



What are the worst triggers for your parosmia	?			
(List up to 5)		(List up to 5)		
How has parosmia affected your quality of life (For example, Reduced appetite/ weight loss/ depression)	?			
Concerning your parosmia, please sta	ate:			
Have you seen primary care for this?	Yes		No O	
Have you seen an ENT for this?	\circ		\circ	
Have you required hospitalization?	0		0	
Please give us more detail about your hospita	lization.			
Have you lost weight because of your parosm	ia?	○ Yes ○ No		
Approximately what percentage of body weight have you lost?		0%	50	100%
			(Place a mark	on the scale above)
On a scale of 1 to 10, please rate the severity of your parosmia today:	of	0 (no problem at all)	5	10 (worst imaginable)
			(Place a mark	on the scale above)
Have you had COVID a second time?		○ Yes ○ No		
When did you have COVID for the second time (approximately)?	9			
Did your parosmia change after your second (illness?	COVID	○ Worse○ Same○ Better		



Although there are no proven t	reatments for par	osmia, have you	ı tried any of the 1	following
treatments?			A.I.	
Nasal steroid spray	Yes		No ○	
Nasal steroid irrigation	0		0	
Oral steroid	0		0	
Smell training	0		0	
Vitamin A drops	0		0	
·	0		0	
Sodium citrate spray	0		0	
Stellate Ganglion block	_		0	
Colloidal Silver spray	0		0	
Lion's Mane	0			
Other:	0		0	
Did you feel any improvement in your nasal steroid spray?	parosmia with the	○ Yes ○ No		
How long did it take to see some impr nasal steroid spray? (in days)	ovement with	0	60	120 +
			(Place a mark on t	the scale above)
Did nasal steroid spray treatment crea benefit for you?	ate a maintained	○ Yes ○ No	0	
How long was the duration of your treatment with nasal steroid spray?		3 weeks5 weeks7 weeks		
Did you feel any improvement in your nasal steroid irrigation?	parosmia with the	○ Yes ○ No		
How long did it take to see some impr nasal steroid irrigation? (in days)	ovement with	0	60	120 +
			(Place a mark on t	
Did nasal steroid irrigation treatment of maintained benefit for you?	create a	○ Yes ○ No	0	

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How long was the duration of your treatment with nasal steroid irrigation?	3 weeks 5 weeks 7 weeks 5		
Did you feel any improvement in your parosmia with the oral steroid?	○ Yes ○ No		
How long did it take to see some improvement with oral steroid? (in days)	0	60	120 +
		(Place a mark on	the scale above)
Did oral steroid treatment create a maintained benefit for you?	○ Yes ○ No		
How long was the duration of your treatment with oral steroid?	3 weeks C 5 weeks C 7 weeks C		
Did you feel any improvement in your parosmia with the Smell training?	○ Yes ○ No		
How long did it take to see some improvement with the Smell training? (in days)	0	60 (Place a mark on	
Did Smell training treatment create a maintained benefit for you?	○ Yes ○ No		
How long was the duration of your treatment with Smell training?	<pre> 1 week</pre>		
Did you feel any improvement in your parosmia with Vitamin A drops?	○ Yes ○ No		
How long did it take to see some improvement with Vitamin A drops? (in days)	0	60	120 +
		(Place a mark on	the scale above)
Did Vitamin A drops treatment create a maintained benefit for you?	○ Yes ○ No		

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How long was the duration of your treatment with vitamin A drops?	<pre> 1 week</pre>
Did you feel any improvement in your parosmia with Sodium citrate spray?	
How long did it take to see some improvement with Sodium citrate spray? (in days)	0 60 120 + (Place a mark on the scale above)
Did Sodium citrate spray treatment create a maintained benefit for you?	○ Yes ○ No
How long was the duration of your treatment with Sodium citrate spray?	<pre> 1 week</pre>
Did you feel any improvement in your parosmia with Stellate Ganglion block?	○ Yes ○ No
Did Stellate Ganglion block treatment create a maintained benefit for you?	○ Yes ○ No
How long was the duration of your treatment with Stellate Ganglion block?	<pre> 1 week</pre>
Did you feel any improvement in your parosmia with Colloidal Silver spray?	
How long did it take to see some improvement with Colloidal Silver spray? (in days)	0 60 120 + (Place a mark on the scale above)
Did Colloidal Silver spray treatment create a	○ Yes ○ No

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How long was the duration of your treatment with Colloidal Silver spray?	<pre> 1 week</pre>	
Did you feel any improvement in your parosmia with Lion's Mane?	○ Yes ○ No	
How long did it take to see some improvement with Lion's Mane? (in days)	0 60	120 +
	(Place a mark or	n the scale above)
Did Lion's Mane treatment create a maintained benefit for you?	○ Yes ○ No	
How long was the duration of your treatment with Lion's Mane?	 1 week ○ 2 weeks 3 weeks ○ 4 weeks 5 weeks ○ 6 weeks 7 weeks ○ 8 weeks 9 weeks ○ 10 weeks 11 weeks ○ 12 weeks over 12 weeks 	
Other: Which Treatment?		
Other: Did you feel any improvement in your parosmia with [which_treatment]?	○ Yes ○ No	
Other: How long did it take to see some improvement with [which_treatment]? (in days)	0 60	120 +
	(Place a mark or	n the scale above)
Other: Did [which_treatment] create a maintained benefit for you?	○ Yes ○ No	
Other: How long was the duration of [which_treatment]?	☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ 5 weeks ☐ 6 weeks ☐ 7 weeks ☐ 8 weeks ☐ 9 weeks ☐ 10 weeks ☐ 11 weeks ☐ 12 weeks ☐ over 12 weeks	
What is your estimated total money expense in trying to treat your parosmia? (converted to USD)	(in US dollars)	
Do you have any pre-existing Sinus or nasal diseases (for example, Sinusitis, allergies, etc)?	○ Yes ○ No	
If yes, please specify.		

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Do you have other conditions, such as depression, anxiety, or fibromyalgia?	○ Yes ○ No
If yes, please specify.	
Do you have any pre-existing neurological diseases such as head trauma, multiple sclerosis, etc?	YesNo
If yes, please specify!	
Do you take any medications regularly? If yes, please specify.	○ Yes ○ No
Do you regularly smoke cigarettes/vapes/Hookah/cannabis? If yes, please specify.	○ Yes ○ No
Please add in any additional comments or thoughts you may wish to share regarding your parosmia:	

Thank you very much for your time!

