

Parosmia Survey

Please complete the survey below.

Thank you!

Age

Sex

- Female
 Male
 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
 Beta
 Delta
 Omicron
 Unknown
-

Did you receive COVID-19 vaccine?

- Yes
 No
-

Date of FIRST COVID-19 vaccine dose:

Which vaccine brand name did you take on your first dose?

- Pfizer-BioNTech Comirnaty
 Moderna Spikevax
 Janssen (Johnson & Johnson)
 Novavax Nuvaxovid
 AstraZeneca Vaxzevria
 Medicigo Covifenz
 Other
-

Did you receive a second dose?

- Yes
 No
-

Date of SECOND COVID-19 vaccine dose:

If none, please skip this question.

Which vaccine brand name did you take on your second dose?

- Pfizer-BioNTech Comirnaty
 Moderna Spikevax
 Janssen (Johnson & Johnson)
 Novavax Nuvaxovid
 AstraZeneca Vaxzevria
 Medicigo Covifenz
 Other

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? Yes
 No

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)

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? Yes
 No

If yes, please specify!

Do you take any medications regularly? Yes
 No

If yes, please specify.

Do you regularly smoke cigarettes/vapes/Hookah/cannabis? Yes
 No

If yes, please specify.

Please add in any additional comments or thoughts you may wish to share regarding your parosmia: _____

Thank you very much for your time!