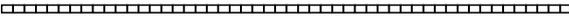


COVID-19 Diagnosis as it May Relate to Sense of Smell

The next section of this survey is focused on your experience of smell, taste, and food flavor during your recent respiratory illness or diagnosis.

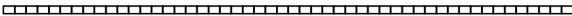
These questions relate to your **sense of smell** (for example, sniffing flowers or soap, or smelling garbage) but **not the flavor of food** in your mouth.

Rate your ability to **smell** BEFORE your recent respiratory illness or diagnosis

No sense of smell Excellent sense of smell

(Place a mark on the scale above)

Question Type: Line Scale

Rate your ability to **smell** DURING your recent respiratory illness or diagnosis

No sense of smell Excellent sense of smell

(Place a mark on the scale above)

Question Type: Line Scale

Have you experienced any of the following changes in **smell** with your recent respiratory illness or diagnosis? (Select all that apply)

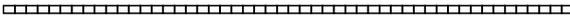
- [1] I cannot smell at all / Smells smell less strong than they did before
- [2] Smells smell different than they did before (the quality of smell has changed)
- [3] I can smell things that aren't there (e.g, I smell burning when nothing is on fire)
- [4] Sense of smell fluctuates (e.g. comes and goes)

Question Type: Choose n

Optional: Please describe any changes in smell

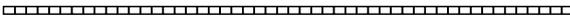
Question Type: Comment

How **blocked** was your nose BEFORE your recent respiratory illness or diagnosis?

Not at all blocked Completely blocked

(Place a mark on the scale above)

Question Type: Line Scale

How **blocked** was your nose DURING your recent respiratory illness or diagnosis?

Not at all blocked Completely blocked

(Place a mark on the scale above)

Question Type: Line Scale