IV. COVID Treatments

1. Which of the following at home treatments did you use? (check all that apply) [treat_home]
   1. Rest
   2. Fluids/Hydration
   3. Acetaminophen
   4. Ibuprofen
   5. Cold and Flu medicine
   6. Sleep aids
   7. Other,
   0 None of these apply

   If 7, then:
   1.1 Please specify other: (open field) [treat_home_other]

2. Were you admitted to the hospital as a result of your COVID illness? (check one) [treat_hospital]
   1 Yes
   0 No

   If yes, then:
   2.1 How long were you hospitalized (days)? (number) [treat_hospital_days]

   If yes, then:
   2.2 Which medical treatments did you receive? (check all that apply) [treat_med_therapy]
      1. Transfer into a prone position (lying face down on your stomach) for extended periods of time
      2. Admission to ICU or High Dependency Unit
      3. Oxygen Therapy
      4. Non-invasive Ventilation (such as continuous positive airway pressure/CPAP/BiPAP)
      5. Invasive ventilation (Tracheostomy, Intubation)
6 Prolonged cardiac and respiratory support (Extracorporeal support)
7 IV fluids
8 Convalescent plasma (blood plasma taken from people who have recovered from COVID-19 and may have antibodies)
9 Renal replacement therapy (RRT) or dialysis?
10 Chest X-ray
11 Other kind of imaging such as Ultrasound, MRI, CT-Scan
12 Other
0 None of these apply

For items 1-7 list:
2.2.1 For how many days: (insert item from treat_med_therapy)? (check one)
[treat_med_therapy_item]
  1 1
  2 2
  3 3
  4 4
  5 5 or more
  999 Unsure

For items 8-10 list:
2.2.2 How many times: (insert item)? (check one) [treat_med_therapy_item]
  1 1
  2 2
  3 3
  4 4
  5 5 or more
  999 Unsure

for item 12:
2.2.3 Please specify other: (open field) [treat_med_ther_other]

If 10, then:
2.2.4 Were infiltrates present? (check one) [treat_med_therapy_10_infil]
  1 Yes
  2 No
  999 Unsure

3. Which medications have you been prescribed to treat your COVID-related illness? (check all that apply) [treat_prescriptions]
  1 Hydroxychloroquine (Plaquenil)
  2 Antibiotic (such as Azithromycin)
  3 Remdesivir or other anti-viral
  4 Immunosuppressive medication (such as Tocilizumab, Azathioprine)
  5 Anti-inflammatory corticosteroid (such as Dexamethasone, Prednisone, Hydrocortisone, Interferon beta-1a)
  6 Cardiovascular drug (such as Inotropes/vasopressors)
  7 Antifungal
  8 Other
  0 None of these apply

If 8, then:
3.1 Please specify other: (open field) [treat_med_ther_other]