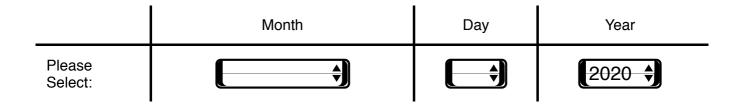
Background Section

When did your symptoms begin? *



Are you still experiencing symptoms? *

- O Yes
- 🔿 No

Recovered - Total Days

How many days total did you experience symptoms? *

Lifestyle & Pre-existing Conditions

Did you have any of these **pre-existing** conditions/diagnoses or did you experience any of the following pre-COVID?

Food Allergies
Environmental Allergies (dust, mold)
Chemical Allergies
Seasonal Allergies
Allergies of unknown origin
Other allergies
Insomnia
 Lucid dreams (dreams where you are aware you are dreaming or have some control over what you dream)
Nightmares
Vivid dreams
Night sweats
Sleep apnea
Acid Reflux Disease
Celiac Disease

Γ	Crohn's	Disease
		DISEASE

- Ulcerative Colitis
- Irritable Bowel Syndrome (IBS)
- Other GI issues
- Asthma
- **Tuberculosis**
- 🗋 Eczema
- Viral skin conditions (cold sores, herpes, warts, molluscum)
- Dementia
- Seizures/epilepsy
- Migraine
- Parkinson's disease
- Multiple Sclerosis
- Peripheral neuropathy
- Coronary Heart Disease
- Heart failure
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- History of clotting
- History of strokes
- High cholesterol / hyperlipidemia
- Mitral valve prolapse
- 🔄 Anemia
- ___ Autism
- Auto-immune/rheumatological conditions
- Cancer (all types)
- Chronic kidney disease
- Diabetes Type 1
- Diabetes Type 2

Ehlers-Danlos Syndrome (EDS)
Endometriosis
Fibromyalgia
IgA deficiency
Interstitial Cystitis (Bladder Pain Syndrome)
Hepatitis (A/B/C)
HIV
Mast Cell Activation Syndrome (MCAS)
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
Obesity
Postural Orthostatic Tachycardia Syndrome (POTS)
Recurrent bacterial infections
Recurrent viral infections
Restless leg syndrome
TMJ (temporomandibular joint dysfunction)
Vertigo
Vision: near-sighted/far-sighted
Vitamin D deficiency
None of the above

Please indicate other pre-existing conditions/diagnoses not listed here. If multiple, please separate them with a comma. Please only list the conditions, no descriptions or explanations.

Did any of your pre-existing conditions change during the course of

your COVID19 symptoms?

- O Yes, they got worse.
- O Yes, they got better.
- O Some got better, some stayed the same, some got worse (please add an explanation in the text boxes in the following page).
- \bigcirc No, they stayed the same.
- N/A (I did not have any pre-existing condition)

If any of your pre-existing conditions got worse, please describe here. (optional)

If any of your pre-existing conditions got better, please describe here. (optional)

What is your blood type? If you don't know, please select 'Don't know'. *

