Hospitalization

Did you consult with a physician(s) for your COVID symptoms? Select all that apply. This can include both in-person appointments and telemedicine, like phone calls. *

☐ Alternative Medicine doctor
☐ Cardiologist
☐ Dermatologist
☐ Gastroenterologist
☐ Hematologist
☐ Hospitalist
☐ Immunologist/Allergist
☐ Infectious disease specialist
☐ My primary care doctor/General practitioner
☐ Neurologist/Neuroimmunologist
☐ Obstetrician-Gynecologist (OB-GYN)
☐ Psychiatrist
☐ Pulmonologist
☐ Rheumatologist
☐ Other

☐ I have not seen any physician

Were you hospitalized? *
If yes: how long were you hospitalized for? [Number of days] *

[ ]

Did you receive oxygen support in the hospital? *

- Yes, nasal cannula
- Yes, I was intubated
- No
- I was not hospitalized
- Other

(Optional) If you'd like, please describe your experience with medical care.

[ ]