

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

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

The following questions are related to your sense of taste. For example sweetness, sourness, saltiness, bitterness experienced in the mouth

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

No sense of taste Excellent sense of taste

(Place a mark on the scale above)

Question Type: Line Scale

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

No sense of taste Excellent sense of taste

(Place a mark on the scale above)

Question Type: Line Scale

OPTIONAL: Have you experienced changes to **specific tastes** with your recent respiratory illness or diagnosis? (Select all that apply)

- [1] Sweet
- [2] Salty
- [3] Sour
- [4] Bitter
- [5] Savory/Umami

Question Type: Choose n

Optional: Describe any **changes in taste** during your recent respiratory illness or diagnosis.

Question Type: Comment

The following questions are related to other sensations in your mouth, like burning, cooling, or tingling. For example chili peppers, mint gum or candy, or carbonation.

Rate your **ability to feel these other sensations** BEFORE your recent respiratory illness or diagnosis.

Not sensitive at all Very sensitive

(Place a mark on the scale above)

Question Type: Line Scale

Rate your **ability to feel these other sensations** DURING your recent respiratory illness or diagnosis

Not sensitive at all Very sensitive

(Place a mark on the scale above)

Question Type: Line Scale

Optional: Describe any **changes in these other sensations** during your **recent respiratory illness or diagnosis**.

Question Type: Comment

Optional: Think about a food or beverage you consume regularly - for example, your morning coffee or tea or a piece of fruit you have each day. Has the taste, smell, or flavor changed with your recent respiratory illness or diagnosis? If so, **please describe how and be sure to indicate which food or beverage you are describing**.

Question Type: Comment

Optional: Is there anything else you would like to tell us about how your recent respiratory illness or diagnosis has affected your sense of smell, taste, and flavor?

Question Type: Comment

Have you recovered from your **recent respiratory illness or diagnosis**? (For example you no longer have a cough, fever, or shortness of breath.)

- No
- Yes - partly
- Yes - fully
- Don't know

Question Type: Choose only 1

Branching: if [0]=checked, then go to Section 3) General Health Information
