

## Background Section

When did your symptoms begin? \*

	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text" value="2020"/>

Are you still experiencing symptoms? \*

- 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

- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome (IBS)
- Other GI issues
- Asthma
- COPD
- Tuberculosis
- Eczema
- Viral skin conditions (cold sores, herpes, warts, molluscum)
- Dementia
- Seizures/epilepsy
- Migraine
- ALS
- 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?

- Yes, they got worse.
- Yes, they got better.
- Some got better, some stayed the same, some got worse (please add an explanation in the text boxes in the following page).
- 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'. \*