

Diagnostics Blood Tests

Have you received diagnostic blood tests for your COVID-19 symptoms? (e.g. CBC)

- Yes
- No

What was the result of your blood tests for the following? If these were abnormal at one point but then resolved, please include the abnormal result.

	Not tested	Normal	Abnormal, high	Abnormal, low	Unsure/Can't find it
Creatinine (usually part of the basic metabolic panel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymphocyte count (usually part of the CBC, complete blood count)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eosinophils count (usually part of the CBC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eosinophils % (usually part of the CBC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatic Panel/Liver function test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not tested	Normal	Abnormal, high	Abnormal, low	Unsure/Can't find it
D-dimer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Reactive Protein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ESR (sedimentation rate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibrinogen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For any abnormal blood tests, please describe the result further

List any other abnormal blood tests. (Please put each abnormal test on a new line).

Have you been tested for these conditions since COVID?

	Not tested	Negative	Current/recent infection (since COVID)	Past infection
Epstein-Barr (mono)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lyme disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cytomegalovirus (CMV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were you given any of these diagnoses for any of your symptoms?
Please select all that apply.

- Guillain-Barre Syndrome
- Small fiber neuropathy
- Autonomic neuropathy
- Polyneuropathy
- Neuralgia (please include type of neuralgia in text box)

- Antiphospholipid Syndrome, viral induced or autoimmune
- Sarcoidosis

Stroke (please include type of stroke in text box)

Demyelinating lesions

POTS

Encephalopathy

Encephalitis (please include type of encephalitis in text box)

Meningoencephalitis

Meningitis

Acute Disseminated Encephalomyelitis

Acute myelitis

Ophthalmoparesis

Psychiatric Diagnosis

Migraine

Motor Peripheral or Cranial Neuropathies

Posterior reversible encephalopathy syndrome

Myasthenia

Thrombotic microangiopathy

Tapia Syndrome

Epilepsy

Traumatic Brain Injury (TBI) or TBI-like symptoms

Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)

Cranial nerve involvement

Macular hole

Costochondritis

Blood clot

Myocarditis

Please describe any other diagnosis you were given (if multiple, please put each diagnosis on a new line and press "enter" between each of them.)