

Hospitalization

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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? *

- Yes
- No
- I visited ER/Urgent care but was not admitted/did not stay overnight at a hospital

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.