COVID-PN Survey

Please complete the survey below.

Thank you!

CONSENT

[Attachment: "COVID-PN consent information sheet 6.16.20.rtf"]

I have reviewed the consent form and am willing to continue to the survey:
- ◯ Yes
- ◯ No

GENERAL QUESTIONS

Please state your age:

_____

Do you have any of the following chronic conditions (check all that apply to you)?

☐ Hypertension
☐ Diabetes
☐ Heart disease
☐ Lung disease (such as Asthma)
☐ Thyroid disease
☐ HIV/AIDS
☐ Cancer - previously treated, but with no current evidence of disease
☐ Cancer - currently receiving treatment or newly diagnosed
☐ Organ transplant
☐ Rheumatological (bone and joint) condition (including lupus) receiving medications

Please list all the medications you took prior to testing for COVID-19 illness:

Please list all the medications you took for treating the COVID-19 illness (if relevant):

What is your current weight?

_____

Did you report your weight in pounds or kilograms?

◯ Pounds
◯ Kilograms

What is the reason you were tested for COVID-19?

◯ I had symptoms
◯ I did not have symptoms, but had relevant travel history or possible exposure
◯ Other

If other, please explain:

_____

Were you admitted to the hospital for COVID-19?

◯ Yes
◯ No

Were you admitted to the Intensive Care Unit (ICU) for COVID-19?

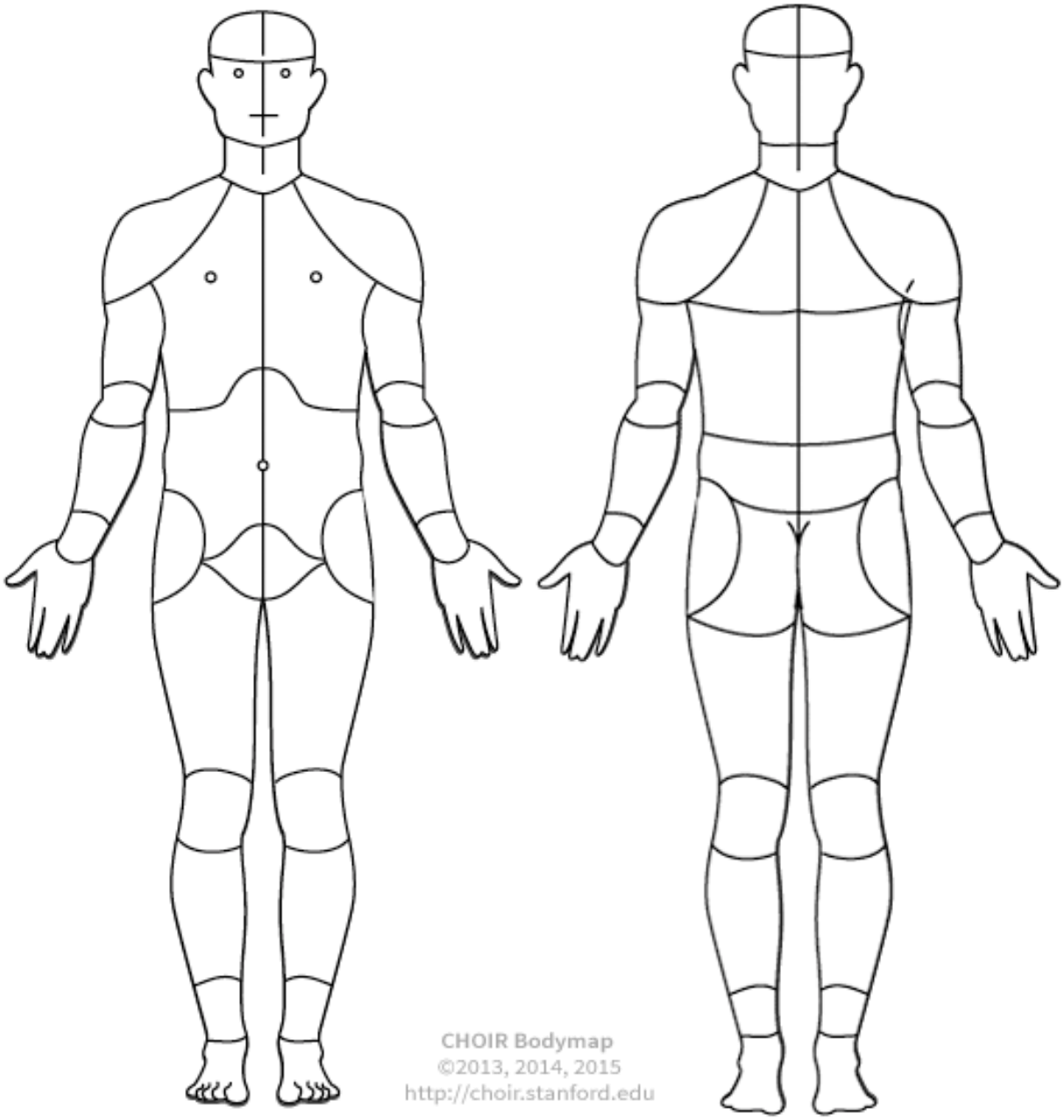
◯ Yes
◯ No

Please mark if you experienced any of the following NEW symptoms, at the following three time points:

		At the time of your initial COVID symptoms (or when you were tested for COVID-19, if you did not have symptoms)	1-2 weeks after the initial COVID symptoms started (or 1-2 weeks after the COVID-19 test, if you did not have symptoms)	Currently, at the time of questionnaire completion	Did not experience at any of these points
1	Complete or partial loss of smell	☐	☐	☐	☐
2	Complete or partial loss of taste	☐	☐	☐	☐
3	Complete or partial loss of vision, double vision, or blurred vision	☐	☐	☐	☐
4	Complete or partial loss of hearing	☐	☐	☐	☐
5	Loss of balance	☐	☐	☐	☐
6	Weakness in the face or jaw muscles	☐	☐	☐	☐
7	Slurred speech	☐	☐	☐	☐
8	Pain, numbness, or tingling in the face	☐	☐	☐	☐
9	Pain or weakness in the shoulders	☐	☐	☐	☐
10	Pain in both hands or arms	☐	☐	☐	☐
11	Numbness, burning, or tingling in both hands or arms	☐	☐	☐	☐
12	Pain in the feet or lower legs	☐	☐	☐	☐
13	Numbness, burning, or tingling in the feet or lower legs	☐	☐	☐	☐
14	Weakness in the hands or arms	☐	☐	☐	☐
15	Weakness in the feet or lower legs	☐	☐	☐	☐

Brief Pain Inventory (Short Form)

Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?	◯ Yes ◯ No
A body image will be displayed where you can indicate the areas where you feel pain. Which image should be displayed?	◯ Male ◯ Female



CHOIR Bodymap

http://choir.stanford.edu

Pain Details

Please click on the area/s where you have pain:	_____
Please click on the area/s where you have pain:	_____
Please click on the location of the body diagram that hurts the most:	_____
Please click on the location on the body diagram that hurts the most:	_____

DN4 - QUESTIONNAIRE

To estimate the probability of neuropathic pain, please answer yes or no for each item of the following questions.

Does the pain have one or more of the following characteristics?

	Yes	No
Burning	◯	◯
Painful cold	◯	◯
Electric shocks	◯	◯

Is the pain associated with one or more of the following symptoms in the same area?		
	Yes	No
Tingling	◯	◯
Pins and needles	◯	◯
Numbness	◯	◯
Itching	◯	◯

DN4 Corrected Total

_____

NEUROPATHIC PAIN SYMPTOM INVENTORY (NPSI)

You are suffering from pain due to injury or disease of the nervous system. This pain may be of several types. You may have spontaneous pain, i.e. pain in the absence of any stimulation, which may be long-lasting or occur as brief attacks. You may also have pain provoked or increased by brushing, pressure, or contact with cold in the painful area. You may feel one or several types of pain. This questionnaire has been developed to help your doctor to better evaluate and treat various types of pain you feel. We wish to know if you feel spontaneous pain, that is pain without any stimulation. For each of the following questions, please select the number that best describes your average spontaneous pain severity during the past 24 hours.

Select the number 0 if you have not felt such pain.

Does your pain feel like burning?

◯ 0 - No burning
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst burning imaginable

Does your pain feel like squeezing?

◯ 0 - No squeezing
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst squeezing imaginable

Does your pain feel like pressure?

◯ 0 - No pressure
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst pressure imaginable

During the past 24 hours, your spontaneous pain has been present:

◯ Permanent
◯ Between 8 and 12 hours
◯ Between 4 and 7 hours
◯ Between 1 and 3 hours
◯ Less than 1 hours

We wish to know if you have brief attacks of pain. For each of the following questions, please select the number that best describes the average severity of your painful attacks during the past 24 hours.

Select the number 0 if you have not felt such pain.

Does your pain feel like electric shocks?

◯ 0 - No electric shocks
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst electric shocks imaginable

Does your pain feel like stabbing?

◯ 0 - No stabbing
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst stabbing imaginable

During the past 24 hours, how many of these pain attacks have you had?

◯ More than 20
◯ Between 11 and 20
◯ Between 6 and 10
◯ Between 1 and 5
◯ No pain attack

We wish to know if you feel pain provoked or increased by brushing, pressure, and contact with cold or warmth on the painful area. For each of the following questions, please select the number that best describes the average severity of your provoked pain during the past 24 hours.

Select the number 0 if you have not felt such pain.

Is your pain provoked or increased by brushing on the painful area?

◯ 0 - No pain
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst pain imaginable

Is your pain provoked or increased by pressure on the painful area?

◯ 0 - No pain
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst pain imaginable

Is your pain provoked or increased by contact with something cold on the painful area?

◯ 0 - No pain
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst pain imaginable

We wish to know if you feel abnormal sensations in the painful area. For each of the following questions, please select the number that best describes the average severity of your abnormal sensations during the past 24 hours.

Select the number 0 if you have not felt such sensation.

Do you feel pins and needles?

◯ 0 - No pins and needles
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst pins and needles imaginable

Do you feel tingling?

◯ 0 - No tingling
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 - Worst tingling imaginable

Chronic Pain and Neuropathy

Do you suffer from chronic pain that started before your COVID-19 testing?

◯ Yes
◯ No

Please describe your main chronic pain condition:

Please select from the following regarding how your chronic pain was affected by the illness for which you were tested for COVID-19:

◯ My chronic pain did not change during the illness
◯ My chronic pain felt better during the illness
◯ My chronic pain felt worse during the illness

Do you suffer from chronic neuropathy?
Neuropathy is described as a painful condition with numbness and tingling - for example tingling and numbness in both feet in people with diabetes), that started before your COVID-19 testing.

◯ Yes
◯ No
◯ I don't know/Unsure

Please describe your main neuropathy condition:

Please select from the following regarding your neuropathy and the illness for which you were tested for COVID-19:

◯ My neuropathy did not change during the illness
◯ My neuropathy felt better during the illness
◯ My neuropathy felt worse during the illness

Future Research

May we contact you in the future about studies investigating or treating loss of smell?

◯ Yes
◯ No

May we contact you in the future about studies investigating or treating neuropathy or pain?

◯ Yes
◯ No