

# Did you or someone that you care for have COVID-19?

## We want to learn from you!

The survey will ask:

- 1) About your experience with COVID-19
- 2) If you or someone you care for such as your child had long-lasting COVID-19 symptoms

Participants must live in Manitoba.

## What to expect:

Please complete a short survey (5-10 minutes) at [www.MBlongCOVID.ca](http://www.MBlongCOVID.ca)

Open the camera on your phone and hold over the QR code below



This survey is anonymous. Your answers will not be linked to any identifiable information (such as your name or email).

If you have any questions about this survey, please contact:

xxx,

[xxx](#) or

xxx-xxx-xxxx

This study has been approved by the University of Manitoba Health Research Ethics Board (HS25090 / H2021:279).