

Survey: COVID-19 and ENT signs

\* Required

**1. Patient age \***

**2. Patient gender \***

Male

Female

**3. Specific Risk Factors \***

None

Healthcare responder

Close contact with a confirmed case

**4. Comorbidities \***

None

Smoking

Sinusitis/allergy

Chronic respiratory disease/asthma

Cardiac disease

**5. How long have you been symptomatic for COVID-19 \***

e.g. if fever, dyspnea or other symptoms appeared three days ago, write "3". If not applicable write N/A

**6. Did you complain any smell or taste disorders \***

Yes/No

**7. If present, was the alteration of smell/taste the FIRST symptom? \***

Yes/No

**8. Did you take any specific therapy for smell/taste disorder?\***

Yes/No/NA

**9. Did you have any other symptoms BEFORE the development of anosmia/dysgeusia**

\*

Yes/No/N/A

**10. Which symptoms did you develop? \***

None

Fever

Cough

Dyspnea

Fatigue or muscle pain

Diarrhea or nausea

**11. Evaluate your sense of smell BEFORE disease from 0 to 10 \***

0="complete loss of smell" 10="full sense of smell"

**12. Evaluate your sense of taste BEFORE disease from 0 to 10 \***

0="complete loss of taste" 10="full sense of taste"

**13. Evaluate your sense of smell AT THE TIME OF DIAGNOSIS from 0 to 10 \***

0="complete loss of smell" 10="full sense of smell"

**14. Score of the WORST sense of smell \***

0="complete loss of smell" 10="full sense of smell"

**15. Evaluate your sense of taste AT THE TIME OF DIAGNOSIS from 0 to 10 \***

0="complete loss of taste" 10="full sense of taste"

**16. Score of the WORST sense of taste \***

0="complete loss of taste" 10="full sense of taste"

**17. Evaluate your sense of smell 14 days AFTER disease from 0 to 10 \***

0="complete loss of smell" 10="full sense of smell"

**18. Evaluate your sense of taste 14 days AFTER disease from 0 to 10 \***

0="complete loss of taste" 10="full sense of taste".

**19. Did you have a complete recovery of your sense of SMELL? \***

Yes

No

N/A

**20. If yes, after how many days did you completely recover? \***

Write number of days or N/A if not applicable

**21. Did you have a complete recovery of your sense of TASTE? \***

Yes

No

N/A

**22. If yes, after how many days did you completely recover? \***

Write number of days or N/A if not applicable