
Start of Block: Default Question Block

Q1 Have you been diagnosed with COVID-19, either by a positive PCR, positive antibody test, or by a medical professional based on symptoms?

Yes (1)

No (2)

Q2 Were you admitted to the hospital for COVID-19?

Yes (1)

No (2)

Q3 Did you require a breathing tube for COVID-19?

Yes (1)

No (2)

Q4 Approximately how long ago was your initial diagnosis of COVID-19?

Less than 1 month ago (1)

1 to 3 months ago (2)

3 to 6 months ago (3)

More than 6 months ago (4)

Q5 To the best of your knowledge, did you receive any of the following treatments for COVID-19?

- Antibiotics (1)
 - Hydroxychloroquine (2)
 - Steroids (3)
-

Q6 How old are you?

- Under 18 (1)
 - 18 - 29 (2)
 - 30 - 39 (3)
 - 40 - 49 (4)
 - 50 - 59 (5)
 - 60 - 69 (6)
 - 70 - 79 (7)
 - 80 or above (8)
-

Q7 What is your gender?

- Male (1)
 - Female (2)
 - Other/prefer not to answer (3)
-

Q8 Which of the following best describes your race?

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Multiracial (6)
 - Other/prefer not to answer (7)
-

Q9 Which of the following best describes your ethnicity?

- Hispanic (1)
 - Non-Hispanic (2)
 - Other/prefer not to answer (3)
-

Q10 How were you diagnosed with COVID-19 (select all that apply)?

- PCR or rapid test (i.e. nasal swab) (1)
 - Antibody testing (2)
 - Other (such as based on symptoms or by chest x-ray) (3)
 - Unsure (4)
-

Q11 Did you have any of the following symptoms at the time of your COVID-19 diagnosis (select all that apply)?

- Fever (1)
 - Nausea/vomiting (2)
 - Abdominal pain (3)
 - Diarrhea (4)
 - Cough (5)
 - Shortness of breath (6)
 - Change in sense of taste or smell (7)
 - Sore throat (8)
 - Loss of appetite (9)
-

Q12 Before you were diagnosed with COVID-19, were you ever diagnosed with any of the following gastrointestinal disorders (select all that apply)?

- Inflammatory bowel disease (Crohn's disease or ulcerative colitis) (1)
 - Irritable bowel syndrome (2)
 - Celiac disease (3)
 - Other gastrointestinal illness (4)
 - No gastrointestinal problems (5)
-

Q13 Before you were diagnosed with COVID-19, were you ever diagnosed with any of the following (select all that apply)?

- Depression (1)
 - Anxiety (2)
 - Fibromyalgia (3)
 - None of these (4)
-

Q14 In the 3 months before you were diagnosed with COVID-19, did you have abdominal pain at least once a week?

- Yes (1)
 - No (2)
-

Q15 Were any of the following true (mark all that apply)

- The abdominal pain was related to bowel movements (1)
- I had a change in stool frequency (going more or less often than normal) (2)
- I had a change in stool form (more loose or more hard) (3)

Q16 During the 3 months before you were diagnosed with COVID-19, how severe was your pain on a scale from 0-10, with 0 meaning “no pain” and 10 meaning “very severe pain”



Q17 During the 3 months before you were diagnosed with COVID-19, what was the number of days you had abdominal pain out of a typical 10 day period.



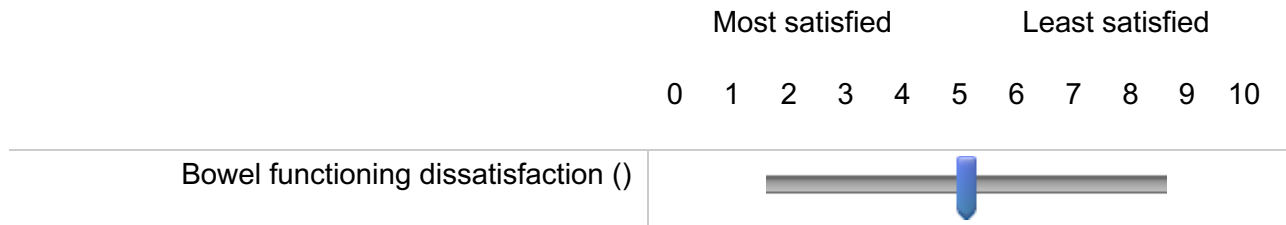
Q18 During the 3 months before you were diagnosed with COVID-19, did you suffer from abdominal distention (bloating, swollen, or tight stomach)?

- Yes (1)
- No (2)

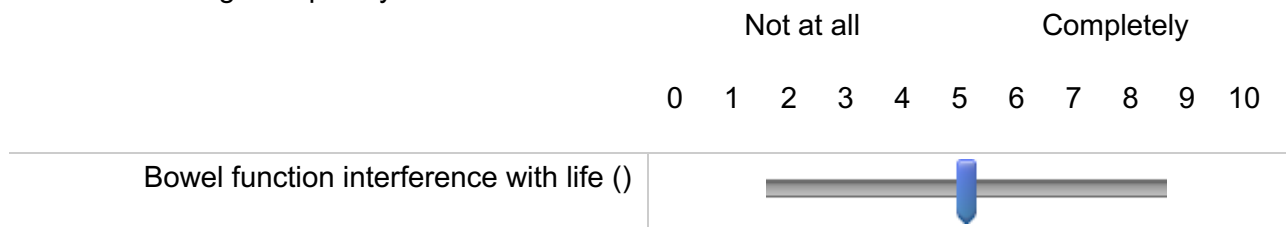
Q19 During the 6 months before you were diagnosed with COVID-19, how severe was your abdominal distention on a scale from 0-10, 0 meaning no distention and 10 meaning most severe distention?



Q20 Before you were diagnosed with COVID-19, how dissatisfied were you with your bowel functioning, with 0 most satisfied, and 10 least satisfied?



Q21 Before you were diagnosed with COVID-19, how much did abdominal pain or discomfort or altered bowel functioning affect or interfere with your life in general, with 0 meaning “not at all” and 10 meaning “completely”?



Q22 Before you were diagnosed with COVID-19, did you have symptoms of acid reflux such as heartburn or regurgitation?

Yes (1)

No (2)

Page Break

Q23 AFTER your diagnosis of COVID-19, have you had abdominal pain at least once a week?

Yes (1)

No (2)

Q24 AFTER your diagnosis of COVID-19, have any of the following been true (mark all that apply)?

The abdominal pain is related to bowel movements (1)

I have had a change in stool frequency (going more or less often than normal) (2)

I have had a change in stool form (more loose or more hard) (3)

Q25 AFTER your diagnosis of COVID-19, how severe was your pain on a scale from 0-10, with 0 meaning “no pain” and 10 meaning “very severe pain”?

No pain

Very severe pain

0 1 2 3 4 5 6 7 8 9 10

Pain severity ()



Q26 AFTER your diagnosis of COVID-19, please estimate the number of days you had abdominal pain out of the last 10.

0 1 2 3 4 5 6 7 8 9 10

Days with abdominal pain ()



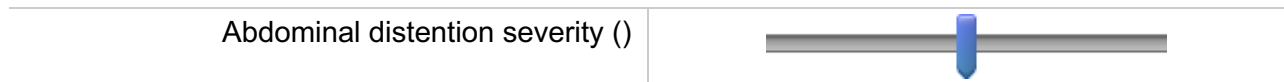
Q27 AFTER your diagnosis of COVID-19, have you suffered from abdominal distention (bloating, swollen, or tight stomach)?

Yes (1)

No (2)

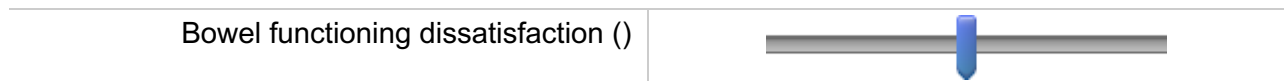
Q28 AFTER your diagnosis of COVID-19, how severe has your abdominal distention been on a scale from 0-10?

Least distention Most distention
0 1 2 3 4 5 6 7 8 9 10



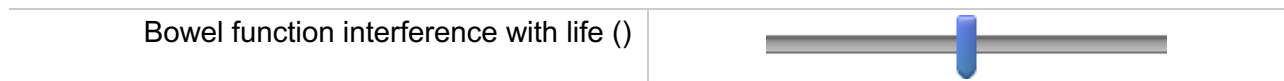
Q29 AFTER your diagnosis of COVID-19, how dissatisfied have you been with your bowel functioning, with 0 most satisfied, and 10 least satisfied?

Most satisfied Least satisfied
0 1 2 3 4 5 6 7 8 9 10



Q30 AFTER your diagnosis of COVID-19, how much has abdominal pain or discomfort or altered bowel functioning affect or interfere with your life in general, with 0 meaning “not at all” and 10 meaning “completely”?

Not at all Completely
0 1 2 3 4 5 6 7 8 9 10



Q31 During the most recent 10 days, have you had diarrhea?

Yes (1)

No (2)

Q32 During the most recent 10 days, have you had constipation (having bowel movements less frequently than desired, or bowel movements that are hard, or having to strain to pass a bowel movement)?

Yes (1)

No (2)

Q33 During the most recent 10 days, have you had nausea or vomiting?

Yes (1)

No (2)

Q34 During the most recent 10 days, have you had abdominal pain?

Yes (1)

No (2)

Q35 During the most recent 10 days, have you had symptoms of acid reflux such as heartburn or regurgitation?

Yes (1)

No (2)

Q36 During the most recent 10 days, have you had an impaired sense of taste or smell?

Yes (23)

No (24)

Q37 AFTER your diagnosis of COVID-19, have you started any new medications for gastrointestinal symptoms such as heartburn, diarrhea, constipation, abdominal pain, or nausea/vomiting?

Yes (1)

No (2)

Q38 Did any of the following symptoms occur during your initial infection, resolve, and then return?

- Diarrhea (1)
 - Constipation (2)
 - Nausea or vomiting (3)
 - Heartburn or regurgitation (4)
 - Abdominal pain (5)
 - Loss of taste or smell (6)
-

Q39 In the most recent 10 days, have you experienced any of the following symptoms that were not present before your COVID diagnosis (check all that apply)?

- Fatigue (1)
- Headache (2)
- Shortness of breath or difficulty breathing (3)
- Difficulty concentrating or focusing (4)
- Cough (5)
- Changed sense of taste or smell (6)
- Inability to exercise or be active (7)
- Diarrhea (8)
- Muscle, bone, or body aches (9)
- Difficulty sleeping (10)
- Heart palpitations (11)
- Fevers or chills (12)
- Anxiety (13)
- Depression (14)
- Nausea or vomiting (15)
- Abdominal or stomach pain (16)

Constipation (17)

Heartburn or acid reflux (18)

Q40 (Last question) Where did you find this survey?

Survivor Corps (1)

Reddit forum (2)

Other/prefer not to answer (3)

End of Block: Default Question Block
