

PLEASE TAKE **2 MINUTES** TO HELP US LEARN MORE ABOUT **SMELL LOSS AND COVID-19**

1

Scan here by
pointing your phone
camera at the box



2

Follow the instructions on your device

*Trouble with the QR code?
Go to is.gd/scentinel and enter code
00001011*

A

B

C

M **MONELL**
CENTER

With support from **SCENTISPHERE**

To access the survey, scan the QR code on the SCENTinel card.

1. Welcome and Consent

Thank you for taking the time to complete this test. We very much value your participation.

For this study, you have received a SCENTinel card. We ask that you take the test alone and only take the test once per card.

Please state whether you consent to participate in this study: [1] Yes, I consent to participate
 [0] No, I do not consent to participate

Question Type: Choose only 1

Branching Logic: if [0]=checked, then go to Section 5. End of Test

Is this your first time taking the test? [1] Yes
 [0] No

Question Type: Choose only 1

Branching Logic: if [0]=checked, then go to Section 3. COVID-19 Testing Status

2. Demographics

Note: Demographics will not be asked again in repeated tests.

Please report your date of birth: _____

Question Type: Numeric (M-D-Y)

Please report your zip code: _____

Question Type: Comment

Please specify your sex: Male
 Female
 Other
 Prefer not to answer

Question Type: Choose only 1

Branching Logic: if [Other], please explain.

Other: _____

Question Type: Comment

Please report your race/ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Other

Question Type: Choose n

Branching Logic: if [Other], please explain.

Other: _____

Question Type: Comment

Have you ever been told that you have a smell or taste disorder?

- Yes
- No

Question Type: Choose only 1

Branching Logic: if [No], move to Section 3. COVID Testing Status

If yes, please specify:

- Anosmia (complete loss of smell)
- Hyposmia (partial loss of smell)
- Parosmia (the quality of some odors has changed)
- Fluctuations (sometimes I can smell, sometimes I cannot)
- Other

Question Type: Choose only 1

Branching Logic: if [Other], please explain.

Other: _____

Question Type: Comment

Is your loss of smell due to COVID-19?

- Yes
- No

Question Type: Choose only 1

3. COVID-19 Testing Status

IN THE PAST 48 HOURS, have you had any of the following? (check all that apply)

- A scratchy throat
- A painful sore throat
- A cough (worse than usual if you have a baseline cough)
- A runny nose
- Symptoms of fever or chills
- A temperature greater than 100.4°F/38.0°C
- Muscle aches (worse than usual if you have baseline muscle aches)
- Nausea, vomiting or diarrhea
- Shortness of breath
- Unable to taste or smell
- Red or painful eyes
- None of the above

Question Type: Choose n

Were you able to take a COVID-19 nasal swab test recently (with or without symptoms)?

- Yes
- No

Question Type: Choose only 1

Branching Logic: if [No], move to "Have you received the COVID vaccine?"

What was the date of your most recent COVID-19 test? _____

Question Type: Numeric (D-M-Y)

Have you received the results of the COVID test?

- Yes – I tested positive (COVID was detected)
- Yes – I tested negative (COVID was NOT detected)
- Yes – the test was inconclusive (could not tell whether the virus was present)
- No – I am still waiting to hear back

Question Type: Choose only 1

Branching Logic: if [Yes], move to section 3. SCENTinel

If available, please upload a screenshot of your recent COVID-19 test results.

Upload File Hyperlink.

Question Type: File Upload

Have you received the COVID vaccine?

- Yes, first shot only
- Yes, both shots
- No

Question Type: Choose only 1

4. SCENTinel

Use the Lift'nSmell[®] patches on the SCENTinel card for this section.

Peel the box labeled A on the left.

Smell odor A and then close it.

Repeat with odor B.

Repeat with odor C.

Which odor smell the **STRONGEST**?

- A
- B
- C

Question Type: Choose only 1

Now rate how **STRONG/INTENSE** the **SMELL** is.

No
Smell

Very strong
smell



(Place a mark on the scale above)

Question Type: Line Scale

Note: This is one example of the four possible scents. There will be up to 8 versions of the SCENTinel test and these items will vary.

What does the odor you rated smell like?



Bubblegum



Caramel Popcorn



Coffee



Chocolate

Question Type: Choose only 1

Branching logic: if correct answer, then go to Section 4. Thank You

You selected CHOCOLATE which was incorrect. Try again!



Bubblegum



Caramel Popcorn



Coffee

Question Type: Choose only 1

5. Thank You and End of Test

You have officially completed the survey.
Thank you again for taking the time to complete SCENTinel.

Please dispose of your test immediately.
