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
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:

- [ ] Yes, I consent to participate
- [ ] No, I do not consent to participate

Is this your first time taking the test?

- [ ] Yes
- [ ] No

Question Type: Choose only 1
Branching Logic: if [0]=checked, then go to Section 5. End of Test

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.**

**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!

Option Choices:
- 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 SCENTile.

Please dispose of your test immediately.