Many medications can affect physical symptoms and emotions, which will affect the results of this research. Please list all prescription, non-prescription, and recreational drugs (including prescriptions not prescribed to you) you are currently taking or have taken in the past two weeks.

All answers are completely confidential.

Are you currently taking any antidepressants (i.e. Prozac, Lexapro, Zoloft, Wellbutrin, etc.)?

If yes, which?

What is the dosage of each [med]?

How long have you been taking each [med]?  
Have you taken each [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking any anxiolytic medications like benzodiazepines, beta-blockers, sedatives, etc. (i.e. Xanax, Valium, Propranolol, etc.)?

If yes, which?

What is the dosage of each [med]?

How long have you been taking each [med]?  
Have you taken each [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you currently taking (or in the past 6 months have taken) antibiotics?

If yes, which? \_\_\_\_\_\_

What is/was the dosage of [med]?

How long have you been taking [med]?  
Have you taken this [med] today?

Are you taking any stimulants? I.e Adderall? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking nonsteroidal anti-inflammatory agents (NSAIDs), i.e Aspirin, Ibuprofen? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking any type of narcotic, i.e prescription painkillers such as codeine, hydrocodone, oxycodone? yes/ no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]

How long have you been taking [med]   
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking any type of antacid, i.e. Tums, Alka Seltzer, etc.? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking any probiotics or prebiotics? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you taking any supplements i.e. vitamin C, iron, zinc? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Are you currently taking any medications specifically to treat gastrointestinal issues? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Do you drink alcohol? yes/no

If yes, how frequently?

* Less than once a week
* 1-2 days a week
* 3-4 days a week
* 5-6 days a week
* Everyday

If yes, how much?

* Less than 1 drink
* 1-2 drinks
* 3-4 drinks
* 5-6 drinks
* More than 6 drinks

At what age did you begin drinking?  
Have you consumed alcohol today?

Has your alcohol consumption changed since the onset of COVID-10?

* Increased/decreased/stayed the same

If increased/decreased – by how much (include changes to both frequency and quantity)?

Do you use marijuana? yes/no

If yes, how frequently?

* Less than once a week
* 1-2 days a week
* 3-4 days a week
* 5-6 days a week
* Everyday

If yes, how much?

* Less than once per day
* Once per day
* Twice per day
* Three times per day
* More than three times per day

At what age did you begin using marijuana?  
Have you used marijuana today?

Has your marijuana usage changed since the onset of COVID-10?

* Increased/decreased/stayed the same

If increased/decreased – by how much (include changes to both frequency and quantity)?

Are you currently taking any other medication/drug not previously specified? yes/no

If yes, which? \_\_\_\_\_\_

What is the dosage of [med]?  
How long have you been taking [med]?  
Have you taken this [med] today?

Has your dosage changed since the onset of COVID-10? Increased/decreased/stayed the same  
If increased/decreased – by what dosage?

Comments: