

# Questionnaire Microsoft FORM

## The COVID-19 Pandemic

We respect your privacy and information is 100% Secure. Data Analytical Team, Psychology Dept., Dhaka University. FORM Release Date, October 23, 2020, & Version 0.001

\* Required

1. FORM code (Volunteer ID, Reference purpose)

2. Name

3. Age

4. Email Address

5. Phone Number \*

6. Address (City, District)

7. Postal Code

8. Preferred contact method \*

- ☐ Phone
- ☐ Email

9. Have you been infected with the novel Coronavirus?

- ☐ Yes
- ☐ No
- ☐ Not sure

10. Have any of the following been affected by COVID-19?

- ☐ Your family members
- ☐ Your relatives
- ☐ Your friends
- ☐ Your acquaintances

11. Have you or anyone you care about been hospitalized because of this pandemic?

- ☐ Yes
- ☐ No

12. If yes (above), what is your relationship with the person?

- ☐ Your family members
- ☐ Your relatives
- ☐ Your friends
- ☐ Your acquaintances

13. Has anyone you know passed away due to COVID-19?

- ☐ Yes
- ☐ No

14. If yes (above), what is your relationship with the person?

- ☐ Your family members
- ☐ Your relatives
- ☐ Your friends
- ☐ Your acquaintances

15. How would you rate your mental health while you were facing the COVID-19 situation?

- ☐ Very good
- ☐ Moderately good
- ☐ Good
- ☐ Bad
- ☐ Moderately bad
- ☐ Very bad

16. Does the Covid-19 still bother you?

- ☐ Yes
- ☐ No

17. Do you think you require intervention (i.e. help from a psychologist) to cope with this situation

- ☐ Yes
- ☐ No

18. What kind of help you are looking for during covid 19?

Enter your answer

19. Questions and comments

Enter your answer

Submit

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