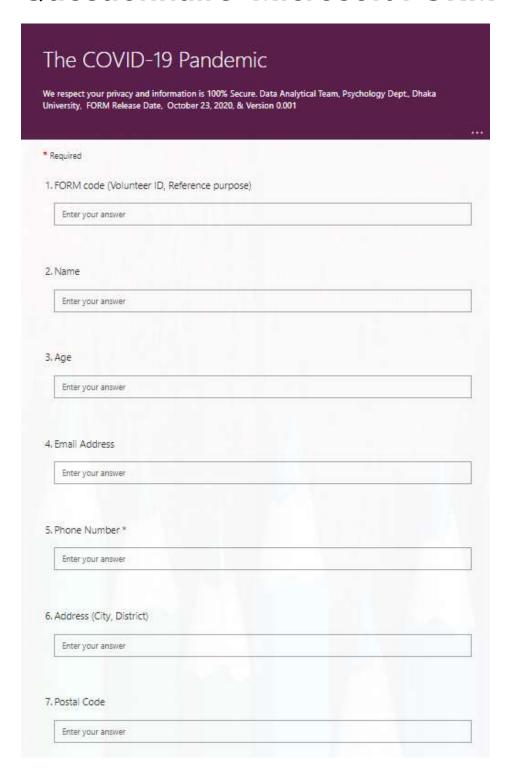
Questionnaire Microsoft FORM



8. Preferred contact method *
O Phone
○ Email
9. Have you been infected with the novel Coronavirus?
O Yes
O No
O Not sure
O recraire
10. Have any of the following been affected by COVID-19?
O Your family members
O Your relatives
O Your friends
O 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
O Your relatives
○ Your friends
Your acquaintances
62-reconstruction (INVICE)
13. Has anyone you know passed away due to COVID-19?
○ Yes
○ No

0	Your family members
	Your relatives
	Your friends
	Your acquaintances
	Took adjacent searchis
i, Ho	www.would.you.rate.your.mental.health.while.you.were.facing.the.COVID-19.situation?
	Very good
	Moderately good
O	Good
C	Bad
C	Moderately bad
C	Very bad
, Do	es the Covid-19 still bother you?
C	Yes
О	No
. Do	you think you require intervention (i.e. help from a psychologist) to cope with this situation
C	Yes
C	No
. W	nat kind of help you are looking for during covid 19?
	inter your answer
18	
-	
), Q	estions and comments
	inter your answer