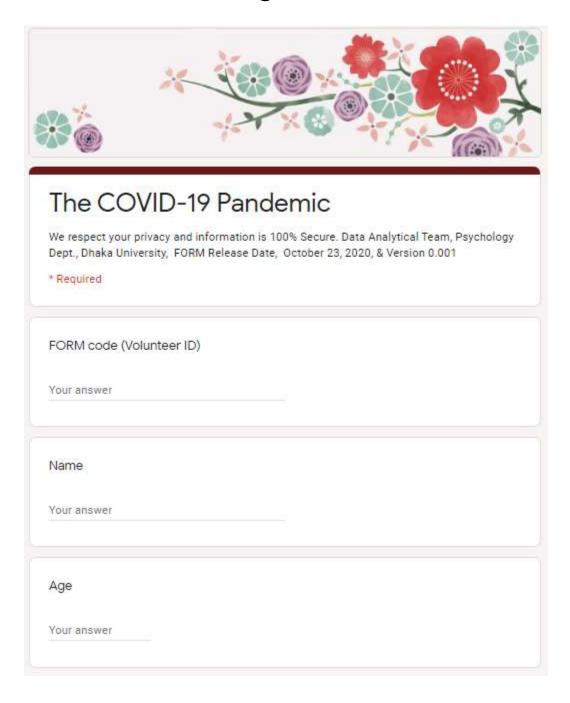
Questionnaire Google FORM



| Phone Number * |
|--|
| Your answer |
| Address * |
| Your answer |
| Post Code * |
| Your answer |
| Preferred contact method * |
| Phone |
| Email |
| Have you been infected with the novel Coronavirus? |
| ○ Yes |
| ○ No |
| Not sure |

| Have any of the following been affected by COVID-19? |
|---|
| Your family members |
| · Your relatives |
| ☐ Your friends |
| · Your acquaintances |
| Have you or anyone you care about been hospitalized because of this pandemic? |
| ○ Yes |
| ○ No |
| If yes (above), what is your relationship with the person? Your family members Your relatives Your friends Your acquaintances |
| Has anyone you know passed away due to COVID-19? |
| ○ Yes |
| ○ No |
| |

| + | Your family members |
|------|---|
| ⋾ | Your relatives |
| | Your friends |
| | Your acquaintances |
| | would you rate your mental health while you were facing the COVID-19 ation? |
| 0 | Very good |
| 0 | Moderately good |
| 0 | Good |
| 0 | Bad |
| 0 | Moderately bad |
| 0 | Very bad |
| Doe: | s the event still bother you? |
| 0 | Yes |
| | |

| Do | es the event still bother you? |
|--------|---|
| 0 | Yes |
| 0 | No |
| | you think you require intervention (i.e. help from a psychologist) to cope with s situation |
| 0 | Yes |
| 0 | No |
| You | ir answer |
| Qu | estions and comments |
| You | ur answer |
| Sut | omit |
| ver su | ibmit passwords through Google Forms. |
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