


## Questionnaire Google 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

FORM code (Volunteer ID)

Your answer

Name

Your answer

Age

Your answer

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

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

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

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

Does the event still bother you?

- ☐ Yes
- ☐ No

Does the event still bother you?

☐ Yes

☐ No

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

☐ Yes

☐ No

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

Your answer

Questions and comments

Your answer

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