

Medicaid+ (Survey Questions) (Donor)

Dear participants, we are conducting a survey for our project. Please spare 5-10 minutes from your busy schedule to fill up the following survey questionnaire. All the information collected from here will be kept anonymous and used strictly for research purposes.

*** Required**

1. I understand my rights as a research subject, and that the results of this study may be used for academic purposes, but respondents record or identity will not be revealed by law. I voluntarily consent to participate in this study. *

Mark only one oval.

☐ I agree

☐ I disagree

Medicaid+

Part 1: Basic Information

2. Name *

3. Gender *

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Other: _____

4. Age *

Mark only one oval.

- ☐ Below 18
- ☐ 18-24
- ☐ 25-35
- ☐ above 35

5. Blood Group *

Mark only one oval.☐ A+☐ A-☐ B+☐ B-☐ O+☐ O+-☐ AB+☐ AB-

MedicAid+

Part 3: General Question

6. Have you ever volunteered to donate blood? *

Mark only one oval.☐ Yes☐ No

7. If yes, how many times have you donated? *

8. Is there a specific reason for this if not? **

Mark only one oval.

☐ I am too busy

☐ It's a hassle to arrange a time and place to donate

☐ I would rather not say

☐ Other:

9. What is your reason for donating blood? *

10. If you miss a donation session, what would be the key reason? *

11. What features do you want us to include on the website? *

12. What functionalities do you desire in the case of a website login? *

13. Do you want information regarding donating criteria in this website? *

Mark only one oval.

☐

Yes

☐

No

☐

Maybe

14. How do you like to do your sign-up? *

Mark only one oval.

☐

through Google

☐

through providing personal information

15. What kind of options do you want throughout the website's login process? *

16. What information in the donor list do you wish to see? *

Mark only one oval.

- ☐ Personal information like name, gender, contact etc
- ☐ Personal information as well as medical history
- ☐ Personal information along with availability
- ☐ all of the above

17. For emergency blood requirement request, what do you expect from the website? *

Check all that apply.

- ☐ Donor entire information
- ☐ Quick response
- ☐ Speedy matching/cross-matching
- ☐ all of the above

18. Do you want to know more about the Medicaid+ tests that are performed? *

Mark only one oval.

- ☐ Yes
- ☐ No

19. How do you want to request an appointment? *

20. Do you want your own donor profile? *

Mark only one oval.

☐ Yes

☐ No

21. If yes, what elements would you like to see in the donor profile? If no, write skip. *

22. Do you want information regarding Blood Transfusion process? *

Mark only one oval.

☐ Yes

☐ No

23. Do you want to know what happens to donated blood? *

Mark only one oval.

☐ Yes

☐ No

Part 4

Medical History

24. Are you currently on any antibiotics? *

Mark only one oval.

☐ Yes

☐ No

25. In the past 8 weeks, have you donated blood, platelets or plasma? *

Mark only one oval.

☐ Yes

☐ No

26. Have you had vaccinations or any other shots? *

Mark only one oval.

☐ Yes

☐ No

27. Had contact with someone who is COVID-19 positive? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

28. In the past 2 years, have you been outside Bangladesh? *

Mark only one oval.

☐ Yes

☐ No

29. If yes, where did you go? If you answered no in the preceding question, put skip. *

30. If yes, when were you infected? Write date. If your choice was no, please skip *

Thank You!

We appreciate your time and effort

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