

# MedicAid+ (Survey Questions) (User)

Dear participants, we are conducting a survey for our project. Please spare 10-20 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

MedicAid+

Part 1: Basic Information

1. Name \*

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2. Gender \*

*Mark only one oval.*

☐ Female

☐ Male

☐ Prefer not to say

☐ Other: 

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## 3. Age \*

*Mark only one oval.*

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

## 4. Blood Group \*

*Mark only one oval.*

- ☐ A+
- ☐ A-
- ☐ B+
- ☐ B-
- ☐ O+
- ☐ O+-
- ☐ AB+
- ☐ AB-

Part 3

General Question

5. Have you ever received blood before? \*

*Mark only one oval.*

☐ Yes

☐ No

6. If yes, how many times have you received? If no, write skip \*

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7. What exactly do you require from our website? \*

*Check all that apply.*

☐ Blood

☐ Platelets

☐ Plasma

Other: ☐ 

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8. What features would you like to see in our website? \*

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9. What is your preferred method of viewing your sign-up page? \*

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10. Is there anything more you'd like to include? \*

*Mark only one oval.*

☐ Yes

☐ No

11. If yes, please share your thoughts, else write skip. \*

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12. Would you recommend our website to a friend? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Maybe

13. Would you be willing to write a review? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Maybe

14. What do you hope to get out of our website? \*

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15. Are you interested in learning more about Covid-19? \*

*Mark only one oval.*

☐ Yes

☐ No

16. What are the details you'd prefer to keep private in our website? \*

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Thank You

We appreciate your effort and time

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