

MedicAid+

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

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

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Part 1: Basic Information

2. Name *

3. Gender *

Mark only one oval.

☐ Male

☐ Female

☐ Other

4. Age *

Mark only one oval.

☐ Below 18

☐ 18-24

☐ 25-35

☐ 36-45

☐ 46-60

☐ above 60

5. Which Blood Group is required? *

Mark only one oval.

☐ A+

☐ A-

☐ B+

☐ B-

☐ O+

☐ O-

☐ AB+

☐ AB-

6. Address *

7. Hospital Name *

8. Location *

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Part 3: General Question

9. Have you ever received blood before? *

Mark only one oval.

☐ Yes

☐ No

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

11. What do you need ? *

Mark only one oval.

☐ Blood

☐ Platelets

☐ Plasma

12. When do you need it?

Example: 8:30 AM

13. Please write exact date. *

Example: January 7, 2019

14. Emergency level *

Mark only one oval.

- ☐ High
- ☐ Medium
- ☐ Low

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Part 4: Medical History

15. Are you feeling healthy and well today? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

16. Currently, taking any medicine? *

Mark only one oval.

- ☐ Yes
- ☐ No

17. In the past 8 weeks, have you received blood, platelets or plasma? *

Mark only one oval.

☐ yes

☐ No

18. Had any vaccinations or other shots? *

Mark only one oval.

☐ yes

☐ No

19. Had contact with someone who is Covid positive? *

Mark only one oval.

☐ Yes

☐ No

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

Mark only one oval.

☐ Yes

☐ No

21. If yes, where? If your answer was no in previous, write skip. *

22. Infected with Covid? *

Mark only one oval.

☐ Yes

☐ No

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

Example: January 7, 2019

Thank you!

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