

# Corona Pandemic & The Fallout on Families

Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Aryan

Someone in the family was exposed to someone with COVID-19 \*

☒ Yes

☐ No

Our child/ren's education was disrupted \*

☒ Yes

☐ No

Our schools / child care centers were closed \*

☒ Yes

☐ No

We were unable to visit or care for a family member \*

☒ Yes

☐ No

Was Someone in the family was hospitalized for COVID-19 \*

☐ Yes

☒ No

We had to move out of our home \*

☐ Yes

☒ No

Had someone in your family passed away from Covid -19 \*

☐ Yes

☒ No

We had difficulty getting food \*

☐ Yes

☒ No

We had difficulty getting medicine \*

☐ Yes

☒ No

We had difficulty getting health care when we needed it \*

☐ Yes

☒ No

We had difficulty getting other essentials \*

☐ Yes

☒ No

We self-quarantined due to travel or possible exposure \*

☒ Yes

☐ No

Our family income decreased \*

☒ Yes

☐ No

A member of the family lost their job permanently \*

☐ Yes

☒ No

We lost health insurance/benefits \*

☐ Yes

☒ No

We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☒ Yes

☐ No

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# Corona Pandemic & The Fallout on Families

Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Aditya

Someone in the family was exposed to someone with COVID-19 \*

☒ Yes

☐ No

Our child/ren's education was disrupted \*

☐ Yes

☒ No

Our schools / child care centers were closed \*

☒ Yes

☐ No

We were unable to visit or care for a family member \*

☒ Yes

☐ No

Was Someone in the family was hospitalized for COVID-19 \*

☒ Yes

☐ No

We had to move out of our home \*

☐ Yes

☒ No

Had someone in your family passed away from Covid -19 \*

☐ Yes

☒ No

We had difficulty getting food \*

☐ Yes

☒ No

We had difficulty getting medicine \*

☐ Yes

☒ No

We had difficulty getting health care when we needed it \*

☐ Yes

☒ No

We had difficulty getting other essentials \*

☐ Yes

☒ No



We self-quarantined due to travel or possible exposure \*

☐ Yes

☒ No

Our family income decreased \*

☐ Yes

☒ No

A member of the family lost their job permanently \*

☐ Yes

☒ No

We lost health insurance/benefits \*

☐ Yes

☒ No

We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☒ Yes

☐ No

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Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Gourav Mittal

Someone in the family was exposed to someone with COVID-19 \*

☐ Yes

☒ No

Our child/ren's education was disrupted \*

☒ Yes

☐ No

Our schools / child care centers were closed \*

☒ Yes

☐ No

We were unable to visit or care for a family member \*

☐ Yes

☒ No

Was Someone in the family was hospitalized for COVID-19 \*

☐ Yes

☒ No

We had to move out of our home \*

☐ Yes

☒ No

Had someone in your family passed away from Covid -19 \*

☐ Yes

☒ No

We had difficulty getting food \*

☒ Yes

☐ No

We had difficulty getting medicine \*

☒ Yes

☐ No

We had difficulty getting health care when we needed it \*

☒ Yes

☐ No

We had difficulty getting other essentials \*

☒ Yes

☐ No

We self-quarantined due to travel or possible exposure \*

☒ Yes

☐ No

Our family income decreased \*

☐ Yes

☒ No

A member of the family lost their job permanently \*

☒ Yes

☐ No

We lost health insurance/benefits \*

☐ Yes

☒ No

We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☒ Yes

☐ No

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Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Anshul

Someone in the family was exposed to someone with COVID-19 \*

☒ Yes

☐ No

Our child/ren's education was disrupted \*

☒ Yes

☐ No

Our schools / child care centers were closed \*

☐ Yes

☒ No



We were unable to visit or care for a family member \*

☐ Yes

☒ No

Was Someone in the family was hospitalized for COVID-19 \*

☒ Yes

☐ No

We had to move out of our home \*

☒ Yes

☐ No

Had someone in your family passed away from Covid -19 \*

☐ Yes

☒ No

We had difficulty getting food \*

☒ Yes

☐ No

We had difficulty getting medicine \*

☐ Yes

☒ No

We had difficulty getting health care when we needed it \*

☒ Yes

☐ No

We had difficulty getting other essentials \*

☒ Yes

☐ No

We self-quarantined due to travel or possible exposure \*

☐ Yes

☒ No

Our family income decreased \*

☐ Yes

☒ No

A member of the family lost their job permanently \*

☒ Yes

☐ No

We lost health insurance/benefits \*

☐ Yes

☒ No

We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☒ Yes

☐ No

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Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Sourav

Someone in the family was exposed to someone with COVID-19 \*

☒ Yes

☐ No

Our child/ren's education was disrupted \*

☒ Yes

☐ No

Our schools / child care centers were closed \*

☒ Yes

☐ No

We were unable to visit or care for a family member \*

☒ Yes

☐ No

Was Someone in the family was hospitalized for COVID-19 \*

☐ Yes

☒ No

We had to move out of our home \*

☐ Yes

☒ No

Had someone in your family passed away from Covid -19 \*

☒ Yes

☐ No

We had difficulty getting food \*

☐ Yes

☒ No

We had difficulty getting medicine \*

☐ Yes

☒ No

We had difficulty getting health care when we needed it \*

☒ Yes

☐ No

We had difficulty getting other essentials \*

☒ Yes

☐ No

We self-quarantined due to travel or possible exposure \*

☐ Yes

☒ No

Our family income decreased \*

☐ Yes

☒ No

A member of the family lost their job permanently \*

☒ Yes

☐ No

We lost health insurance/benefits \*

☒ Yes

☐ No



We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☐ Yes

☒ No

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Survey by:- Aditya Negi

Please answer Yes or No for each of the following statements

Name: \*

Siddharth negi

Someone in the family was exposed to someone with COVID-19 \*

☒ Yes

☐ No

Our child/ren's education was disrupted \*

☐ Yes

☒ No

Our schools / child care centers were closed \*

☐ Yes

☒ No

We were unable to visit or care for a family member \*

☐ Yes

☒ No

Was Someone in the family was hospitalized for COVID-19 \*

☐ Yes

☒ No

We had to move out of our home \*

☐ Yes

☒ No

Had someone in your family passed away from Covid -19 \*

☐ Yes

☒ No

We had difficulty getting food \*

☐ Yes

☒ No

We had difficulty getting medicine \*

☐ Yes

☒ No

We had difficulty getting health care when we needed it \*

☐ Yes

☒ No

We had difficulty getting other essentials \*

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☒ No

We self-quarantined due to travel or possible exposure \*

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Our family income decreased \*

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A member of the family lost their job permanently \*

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We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) \*

☐ Yes

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