

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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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 *

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☐ No

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

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We had to move out of our home *

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We had difficulty getting food *

☐ Yes

☒ No

We had difficulty getting medicine *

☐ Yes

☒ No

We had difficulty getting health care when we needed it *

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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 *

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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) *

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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 *

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

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We had to move out of our home *

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☒ No

We had difficulty getting food *

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We had difficulty getting medicine *

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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 *

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