

Task 2: Covid-19 Survey

Objective:

Create a Covid Survey form Admin User can add surveys questions and workers can fill the surveys and see their result at the end of the Surveys

Definition of Done

- ADMIN
 - Admin can Login.
 - Admin can add three types of questions for the survey.
 - **Multiple:** Choose the correct answer.
 - **Single:** True / False Questions
 - **Data:** Only for info no correct response
 - Admin can also give the fail response when add the questions.
 - Admin can see the reports of the user who fill up the survey forms.
- User
 - User can click on start survey.
 - On Survey start user give his name and email.
 - User click again on start button to see the survey questions.
 - User have 10 mints to complete the survey.
 - User can also gives his comment in comment box for each question.
 - After 10 mint survey will end automatically.
 - User can see the result of Fail and Pass after the completion of the survey.

Reference images just for example and idea:

- Survey Creation Form

The image displays two screenshots of a survey creation interface. The top screenshot shows a form for creating a single-response question. It includes fields for 'Question:', 'EN:', and 'FR:', a 'Fail response' section with radio buttons for 'Yes' and 'No' (with 'No' selected), a 'Type of response' dropdown set to 'Single', and a 'Required' checkbox set to 'YES'. There are 'Save' and 'Fail/Pass' buttons at the bottom. The bottom screenshot shows a form for creating a multiple-response question. It includes fields for 'Question:', 'EN:', and 'FR:', a 'Fail response' section with radio buttons for 'Yes' and 'No' (with 'No' selected), a 'Type of response' dropdown set to 'Multiple', and an 'Options' section with 'EN:' and 'FR:' fields and an 'Add' button. There are 'Save' and 'Fail/Pass' buttons at the bottom. To the right of the forms is a sidebar with a '+ Add Question' button, a 'Select Language:' dropdown set to 'Both', and a 'General Questions:' section with radio buttons for 'Yes' and 'No' (with 'Yes' selected).

- Survey Report Screen

Worker	Company	Survey Result	Submitted	Action
Submission Tester	Dev Testing	Fail	12/11/21, 07:41 AM	
	Dev Testing	Fail	12/11/21, 07:00 AM	
	Dev Testing	Pass	12/11/21, 06:59 AM	
	Dev Testing	Pass	12/11/21, 07:47 AM	

- Survey Question detail screen

#	Question	Answer Submitted	Comments																
1	Do you have the following symptoms?																		
	<table><tr><th>Options</th><th>Answer Submitted</th></tr><tr><td>Difficulty breathing</td><td>No</td></tr><tr><td>Recent cough with chest pain</td><td>No</td></tr><tr><td>Fever ($\geq 38^{\circ}\text{C}$) or flu-like chills</td><td>No</td></tr><tr><td>Sudden loss of smell or taste</td><td>Yes</td></tr><tr><td>None of these symptoms</td><td>No</td></tr></table>	Options	Answer Submitted	Difficulty breathing	No	Recent cough with chest pain	No	Fever ($\geq 38^{\circ}\text{C}$) or flu-like chills	No	Sudden loss of smell or taste	Yes	None of these symptoms	No						
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2	Do you have the following symptoms ?																		
	<table><tr><th>Options</th><th>Answer Submitted</th></tr><tr><td>Intense and unusual fatigue</td><td>No</td></tr><tr><td>Unusual muscle pain</td><td>No</td></tr><tr><td>Unusual headache</td><td>Yes</td></tr><tr><td>Significant loss of appetite</td><td>No</td></tr><tr><td>Nausea or vomiting (≤ 12 hours)</td><td>No</td></tr><tr><td>Unusual sore throat</td><td>No</td></tr><tr><td>None of these symptoms</td><td>No</td></tr></table>	Options	Answer Submitted	Intense and unusual fatigue	No	Unusual muscle pain	No	Unusual headache	Yes	Significant loss of appetite	No	Nausea or vomiting (≤ 12 hours)	No	Unusual sore throat	No	None of these symptoms	No		
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3	Have you travelled outside the country OR been in close physical contact with a person returning from abroad in the last 14 days?	Yes																	
4	Have you been in close physical contact with a person who is currently experiencing symptoms associated with Covid-19, is in quarantine, or awaiting test results, within the past 14 days?	No																	

- Survey Question screen example.

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Do you have the following symptoms?

☐ Difficulty breathing

☐ Recent cough with chest pain

☐ Fever ($\geq 38^{\circ}\text{C}$) or flu-like chills

☐ Sudden loss of smell or taste

☐ None of these symptoms

Add your Comments here

NEXT