Introduction:

1. Welcome to the Mental Health During Quarantine Survey.

2. Your participation is voluntary, and your responses will be kept confidential.

3. Please provide the following demographic information:

a. Age: \_\_\_\_\_\_

b. Gender: Male / Female / Other

c. Occupation: \_\_\_\_\_\_

Quarantine Experience:

4. How many days have you been indoors during quarantine? \_\_\_\_\_\_

5. Have you experienced major changes in your eating habits and sleeping patterns?

a. No

b. Maybe

c. Yes

6. Did you face frustrations during the first two weeks of quarantine?

a. No

b. Maybe

c. Yes

Mental Health

7. How have you been coping with the challenges of quarantine? \_\_\_\_\_\_

8. Is your stress increasing day by day?

a. No

b. Maybe

c. Yes

9. Do you have a history of mental health issues?

a. No

b. Yes

10. Have you experienced extreme mood swings during quarantine?

a. Low

b. Medium

c. High

11. Are you struggling to cope with daily problems or stress?

a. No

b. Maybe

c. Yes

12. Are you losing interest in working?

a. No

b. Yes

13. Do you feel mentally weak when interacting with others?

a. No

b. Yes