Experiences & Challenges in COVID-19

* Required

Untitled Section

1. Age *

2. Gender *
   *Mark only one oval.*
   - [ ] Female
   - [ ] Male

3. You are a *
   *Mark only one oval.*
   - [ ] Doctor
   - [ ] Nurse
   - [ ] Field staff
   - [ ] Nursing Aid
   - [ ] Allied Health Professional
   - [ ] Secretarial Staff
   - [ ] Other: ____________________________

4. Years of work experience *

https://docs.google.com/forms/d/1ce0j1Xes125o-sfa-Ba625MDrKmvuusmb-2k3NdQNk/edit
5. Are you in a leadership role *

*Mark only one oval.*

- [ ] Yes
- [ ] No

6. Are you currently on medication for any chronic illnesses? *

*Mark only one oval.*

- [ ] Yes
- [ ] No

7. What is your predominant emotion during the last 40 days? *

*Mark only one oval.*

- [ ] Happy
- [ ] Sad
- [ ] Fearful
- [ ] Anxious
- [ ] Other: ___________________________

8. Can you write some thoughts that came to your mind? *

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
9. Have you been experiencing fear in these past 40 days? *

Mark only one oval.

☐ Almost Never
☐ Sometimes
☐ Often
☐ Almost always

10. Have you been worried in these past 40 days? *

Mark only one oval.

☐ Almost Never
☐ Sometimes
☐ Often
☐ Almost always

11. Have you been experiencing sleepless nights in these past 40 days? *

Mark only one oval.

☐ Almost never
☐ Sometimes
☐ Often
☐ Almost always

12. Have you been anxious about things around you in these past 40 days *

Mark only one oval.

☐ Almost Never
☐ Sometimes
☐ Often
☐ Almost always
13. Are you experiencing stress in your workplace after this pandemic? *

*Mark only one oval.*

☐ Almost Never
☐ Sometimes
☐ Often
☐ Almost always

14. Are you experiencing stress at your home because this pandemic? *

*Mark only one oval.*

☐ Almost Never
☐ Sometimes
☐ Often
☐ Almost always

15. Are you scared that you may die if you continue to work during this pandemic?

*Mark only one oval.*

☐ Yes
☐ No

16. Are you scared to come to work these days?

*Mark only one oval.*

☐ Yes
☐ No
☐ Occasionally
17. Have you ever thought of ending your life because of these unpleasant situations due to pandemic? *

*Mark only one oval.*

- [ ] Almost never
- [ ] Sometimes
- [ ] Often
- [ ] Almost always

18. What do you do to overcome these unpleasant experiences? *

*Mark only one oval.*

- [ ] Talking to friends/Colleagues
- [ ] Get involved in favorite hobbies (Reading/Cooking/Gardening/playing)
- [ ] Pray or spend time in religious activities
- [ ] Spend time with family
- [ ] Other: ____________________________

19. Can you describe some of your positive thoughts?

____________________________________

20. Can you write two reasons you are grateful for?

____________________________________

21. Can you write two reasons (corona related) which is causing most stress in the last 40 days

____________________________________

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Google Forms

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