

10/7/2020

Experiences & Challenges in COVID-19

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 *

10/7/2020

Experiences & Challenges in COVID-19

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? *

10/7/2020

Experiences & Challenges in COVID-19

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

10/7/2020

Experiences & Challenges in COVID-19

13. Are you experiencing stress in your work place 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

10/7/2020

Experiences & Challenges in COVID-19

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

This content is neither created nor endorsed by Google.

10/7/2020

Experiences & Challenges in COVID-19

Google Forms