

QUESTIONNAIRE ON THE EFFECTS OF THE COVID-19 PANDEMIC ON THE WELL-BEING OF THE GENERAL POPULATION

PLEASE PRINT YOUR NAME AND CONTACT INFORMATION

NAME: _____

AGE: _____ GENDER: _____ OCCUPATION: _____

1. How would you describe your overall health since the start of the COVID-19 pandemic? (Please circle the appropriate response)

2. How has your mental health been affected by the pandemic? (Please circle the appropriate response)

3. How has your social life been affected by the pandemic? (Please circle the appropriate response)

4. How has your financial situation been affected by the pandemic? (Please circle the appropriate response)

5. How has your daily life been affected by the pandemic? (Please circle the appropriate response)

PLEASE CHECK ALL THAT APPLY TO YOUR SITUATION

6. Have you experienced any of the following symptoms? (Please check all that apply)

7. Have you been in contact with anyone who has been diagnosed with COVID-19? (Please check all that apply)

8. How often do you wear a face mask? (Please circle the appropriate response)

9. How often do you avoid crowded places? (Please circle the appropriate response)

10. How often do you avoid public transportation? (Please circle the appropriate response)

11. How often do you avoid going to work or school? (Please circle the appropriate response)

12. How often do you avoid going to public places? (Please circle the appropriate response)

13. How often do you avoid going to social gatherings? (Please circle the appropriate response)

14. How often do you avoid going to public places? (Please circle the appropriate response)

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