VANANCHAL DENTAL COLLEGE & HOSPITAL FARATHIYA, GARHWA, JHARKHAND

COVID - 19 Pandemic

(Mental Health Assessment Questionnaire)

Name: Address: Contact No.:		Age/Sex: Occupation:				
1. Are you aware of the current pandemic situation related to COVID–19?						
(a) Yes	(b) No		(c) Little bit			
	symptoms in the form					
(a) Fever(e) Any other	(b) Cough	(c) Cold	(d) Breathlessness			
3. Do you have any t	travel history in the re-	cent past?				
(a) Yes			(b) No			
(c) If Yes:		0				
(c.1) When?	(c.2) Where?		(c.3) With whom?			
4. Do you feel gover(a) Yes	mment effort to contai	n the infection in th	he form of lockdown is beneficial? (b) No			
5. Has this lockdown(a) Yes	n changed your everyd	lay routine?	(b) No			
6. Are you stringentl	ly following governme	ent advice on COV	ID–19 guidelines?			
(a) Yes			(b) No			
7. Do you have an id(a) Yes	lea of the proper usage	e of personal hygie	ne aids including face masks and gloves (b) No			
(u) 105						
•	cient information rega ead the disease proces	e 1 1 1	sal of face masks and gloves so as to			
(a) Yes			(b) No			
9. Are you aware of COVID – 19 stress?	practicing Yoga/Medi	tation can help in 1	nanaging any kind of stress including			
(a) Yes			(b) No			
10. How much time	you spend on internet	in a day?				
(a) 1 hr	(b) 2 hr	(c) 3 hr	(d) More than this			

11. Has your sleeping t(a) Yes	ime and pattern been alt	ered?	(b) No				
12. Are you involved in any kind of physical activity? (a) Yes (b) No							
(c) If yes, then, what ki(c.1) Sports	(c.2) Dance	(c.3) Yoga	(c.4) Any other				
13. In this lockdown, how much time you spend worrying about your physical health and emotional concern?							
(a) Most of the time	(b) Sometime	(c) Rar	rely (d) No major fear				
14. In this lockdown, have you thought of helping the needy?(a) Yes(b) No							
15. Quick review; now, while answering these questions, please think about how many days each of the following has occurred in the last two weeks?15.1. Over the last 2 weeks, how many days have you been nervous, anxious or, on edge?							
(a) 2-3 days		ore than a week	(d) Not felt so				
15.2. How many days have you not been able to stop or, control worrying?							
(a) Very often (b) Often (c) Don't have major concerns							
15.3. How many days have you worried too much about different things?							
(a) Quite often	•	ry often	(d) No such experience				
15.4. How many days have you had trouble relaxing?							
(a) Often	(b) Quite often	(c) Rarely	(d) Not felt so				
15.5. How many days have you been so restless that it was hard to sit still?							
(a) Once or twice	(b) Often	(c) Usually	(d) No such experience				
15.6. How many days have you been easily annoyed or, irritable?							
(a) Quite often	(b) Usually	(c) Rarely	(d) Able to maintain calm				
15.7. How many days have you felt afraid as if something awful might happen?							
(a) Rarely	(b) Quite often	(c) Can't say	(d) No such experience				