

# Impact Study of COVID-19 Spread Control & Improvement of Endurance Against Public Health Conditions

(This form is NOT FOR INDONESIAN if you Indonesian please go to [s.id/covid-puinovakesmas](https://s.id/covid-puinovakesmas)).

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Greetings,

We are from the Center for Science and Technology Excellence (PUI) for Public Health Technology Innovation (NOVAKESMAS), Polytechnic of Health of the Ministry of Health, Yogyakarta Indonesia (Poltekkes Kemenkes Yogyakarta), currently conducting the studies intending to find out the extent of the impact of efforts to control the spread of COVID-19 and increase the body endurance on the public health condition.

This questionnaire consists of 8 sections in short questions that require approximately 15 minutes. There is no right or wrong answer to fill into the questionnaire so that We would like to appreciate your honest (instead of honesty) answer. Responden age from 20 years old up to 64 years old.

We will conduct April 03 until June 30, 2020, with the main target in Indonesia, and several countries abroad including Philippine, Thailand, Pakistan, Malaysia, Japan, United Kingdom. Your information will be kept confidential and is only used for scientific purposes.

For your participation and time given, we thank you. If you have any questions, you can contact my email: [furaida.khasanah@poltekkesjogja.ac.id](mailto:furaida.khasanah@poltekkesjogja.ac.id)

Dr. Najma Malik (Pakistan)

Desy N (United Kingdom)

\* Required

1. Email address \*

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## 1. Characteristics of Respondents

2. 1. Country \*

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3. 2. Province or its level \*

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4. 3. Status of Province \*

*Mark only one oval.*

Lockdown

Not Lockdown

5. 4. District \*

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6. 5. Status of District \*

*Mark only one oval.*

Lockdown

Not Lockdown

## 7. 6. Gender \*

*Mark only one oval.*

- Man
- Female
- Not answer

## 8. 7. Age \*

in years

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## 9. 8. Education \*

*Mark only one oval.*

- Didn't graduate from elementary school
- Graduate from Elementary school or its equal
- Graduate from Junior high school or its equal
- Graduate from Senior high school or its equal
- Graduate from vocational school or its equal
- Graduate from Bachelor Programme
- Graduate from Magister Programme
- Graduate from Doctoral Programme

## 10. 9. Profession \*

*Mark only one oval.*

Government Official

Private Sector

Army / Police

Businessman

Retired

Farmer

Housewife

Student

Other: \_\_\_\_\_

## 2. Status of General Health

This data is filled in at your current condition

## 11. 1. Temperature \*

on Celsius

\_\_\_\_\_

## 12. 2. Height \*

on Centimeter

\_\_\_\_\_

## 13. 3. Weight \*

on kilogram

\_\_\_\_\_

## 14. 4. History of Diseases \*

Allowed choose more than one choice

*Check all that apply.*

Respiratory Diseases

Diabetes mellitus

Hearth Disases

Hypertention

Other:  \_\_\_\_\_

## 15. 5. Health Status Related to COVID-19 \*

A PeUS is someone who has a history of travelling to a country or region that has been infected with the coronavirus or making contact with a person infected with the coronavirus. However, he has not shown any symptoms of being infected. PaUS is a patient who shows symptoms of being infected with the coronavirus. These symptoms include fever, cough, runny nose, and shortness of breath. Positive COVID-19 is a medically proven patient who has been infected with the coronavirus through a laboratory testing process.

*Mark only one oval.*

Fit

People under Surveillans (PeUS)

Patient under Surveillans (PaUS)/Suspect

Positive COVID-19

Recover from COVID-19

## 16. If you recover from COVID-19, how long (days) is the recovery process taking?

\_\_\_\_\_

## 17. 6. Have you ever been examined using Rapid Test \*

Rapid test related to Examination COVID-19

*Mark only one oval.*

Yes

No

18. If number 6 answers "Yes", where did you get the Rapid Test service?

*Mark only one oval.*

- Primary Health Care
- Hospital
- Volunteer / Non-Profit Organization / professional organization
- Laboratory
- Check it yourself

3. Physical Health  
Conditions (Regarding  
COVID-19)

Answer the following questions in accordance with the  
physical condition that you feel in the last 14 days.

19. 1. Have you had a fever? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

20. 2. Have you experience sneezing? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

21. 3. Have you had a cough? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

22. 4. Have you had cold? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

23. 5. Have you experienced headaches? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

24. 6. Have you had a sore throat? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

25. 7. Have you experienced lethargic? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual

26. 8. Have you experienced shortness of breath? \*

*Mark only one oval.*

- Never
- Sometimes
- More than usual



69. 43. I feel worried about the COVID-19 pandemic \*

*Mark only one oval.*

- Never
- Ordinary
- Worry
- Very worried

## 5. Contact History

70. 1. Did you meet up with relatives/friends who had just returned from abroad \*  
if your answer is "No" please direct to question number 2

*Mark only one oval.*

- Yes
- No

72. 2. Have you ever been outside of the house for the past 14 days? \*

if your answer is "No" please direct to question number 3

*Mark only one oval.*

Yes

No

73. If your answer of number 2 is "Yes", did you meet anyone outside the house?

*Mark only one oval.*

Yes

No

74. If your answer of number 2 is "Yes", did you shake your hands?

*Mark only one oval.*

Yes

No

75. If your answer of number 2 is "Yes" did you meet someone having COVID-19 symptoms (sneezing / coughing / runny nose / sore throat/fever)?

*Mark only one oval.*

Yes

No

76. 3. Do you have any family members at home having COVID-19 symptoms (sneezing / coughing / runny nose / sore throat/fever)? \*

if your answer is "No" please direct to NEXT section

*Mark only one oval.*

Yes

No

77. If your answer of number 3 is "Yes", does he/she use a mask?

*Mark only one oval.*

Yes

No

78. If your answer of number 3 is "Yes", do you take a meter distance from him?

*Mark only one oval.*

Yes

No

79. If your answer of number 3 is "Yes", did you wash your hands after making contact with him?

*Mark only one oval.*

Yes

No

80. If your answer of number 3 is "Yes", have your family member got health services?

*Mark only one oval.*

Yes

No

## 6. COVID-19 Transmission Control

81. 1. Did you travel out of town in the past 14 days? \*

if your answer is "No" please direct to question number 2

*Mark only one oval.*

Yes

No

82. If your answer in number one is "Yes" Please tell the name of the town

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83. 2. Did you travel abroad in the past 14 days? \*

if your answer is "No" please direct to NEXT section

*Mark only one oval.*

Yes

No

84. If your answer in number two is "Yes" Please tell the country

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## 7. Personal Hygiene

85. 1. How many times in one day do you wash your hands? \*

write in number

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86. 2. How many steps of hand-washing do you know? \*

Write in number

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87. 3. How many times in one day do you usually use hand sanitizer? \*

Write in number

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88. 4. When do you use a mask? \*

Allowed choose more than one choice

*Check all that apply.*

When leaving the house

When feeling unwell

When in the crowd

Other:  \_\_\_\_\_

89. 5. Which part of your face do you touch the most? \*

Allowed choose more than one choice

*Check all that apply.*

Eyes

Nose

Mouth

Other:  \_\_\_\_\_

90. 6. How many times a day did you disinfect the house / clean from germs? \*

Write in number

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## 91. 7. What parts of the house did you clean? \*

Allowed choose more than one choice

*Check all that apply.*

- Door handles
- Telephone handles
- Handphone
- Window handles
- Light switch

Other:  \_\_\_\_\_

## 8. Efforts to Increase Immunity

## 92. 1. Eat vegetables and fruits \*

*Mark only one oval.*

- Never
- Sometimes
- Often

## 93. 2. Drinking water \*

*Mark only one oval.*

- Never
- Sometimes
- Often

## 94. 3. Exercise \*

*Mark only one oval.*

- Never
- Sometimes
- Often

95. 4. Take a rest \*

*Mark only one oval.*

Never

Sometimes

Often

96. 5. Smoking \*

*Mark only one oval.*

Never

Sometimes

Often

97. 6. Sunbathe \*

*Mark only one oval.*

Never

Sometimes

Often

98. 7. Consumption supplements/vitamins \*

*Mark only one oval.*

Never

Sometimes

Often

99. 8. If standard masks are difficult to find in the market, what do you do to replace it? \*

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100. 9. If standard hand sanitizers are difficult to find in the market, what do you do to replace it? \*

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101. 10. If disinfectants are difficult to find in the market, what do you do to replace it? \*

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Hopefully, this data will be useful for overcoming COVID-19 Pandemic. Thank You

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