

**ARCED FOUNDATION**  
**Impact of COVID-19 on Older Adults in Bangladesh**  
**Questionnaire**

Household ID     Date: 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Respondent's name: ----- Father's name: -----

Village/Camp: -----   Union: -----

Upazila: -----  Mobile:

**A. Respondent's socio-demographic characteristics**

Sl No	Questions	Answer	Code	Skip to
1.	How old are you now?	(Years)		
2.	Sex of respondent	Male Female	1 2	
3.	What is your current marital status?	Married Widow/Widower Divorced Separated Unmarried	1 2 3 4 5	
4.	Living arrangement	Alone Spouse Son Daughter Others, specify:	1 2 3 4 -96	
5.	Dependant on family for living	Yes No	1 0	
6.	Can read or write	Yes No	1 0	
7.	What is your source of COVID-19 related information? (Multiple responses)	Television Radio Mobile Internet Social media None	1 2 3 4 5 0	
8.	Family size	(Number)		

## B. Non-communicable chronic conditions

		Are you currently suffering from any chronic disease?  [ENUMERATOR: Ask for each of the disease separately]  Code: 1. Yes 2. No 3. Don't know	Are you taking medication for this?  Code: 1. Yes 2. No 3. Don't know
1.	Arthritis		
2.	Hypertension		
3.	Heart disease		
4.	Stroke		
5.	Raised total cholesterol		
6.	Diabetes		
7.	Chronic lung disease		
8.	Chronic kidney disease		
9.	Cancer		
10.	Other non-communicable disease		
11.	Cataract		
12.	Other visual problem		
13.	Auditory problem		
14.	Other non-communicable disease (please specify)		

## C. COVID-19 related information

1.	How often you are concerned about COVID-19?	1. Hardly 2. Sometimes/often
2.	How often you are overwhelmed by COVID-19?	1. Hardly 2. Sometimes/often
3.	How often do you feel loneliness during this COVID-19?	1. Hardly 2. Sometimes/often
4.	Compared to the months before the outbreak began, how has the frequency of your communication with close friends and family changed?	1. Same as previous 2. Less than previous
5.	Did you faced any difficulty obtaining food during COVID-19	1. No difficult 2. Faced difficulty
6.	Did you faced any difficulty getting medicine during COVID-19	1. No difficult 2. Faced difficulty

7.	Did you faced any difficulty receiving routine medical care during COVID-19	1. No difficult 2. Faced difficulty
8.	Do you think older adults are at highest risk of COVID-19?	1. Yes 2. No

#### **D. Fear of COVID-19 Scale**

1.	I am most afraid of coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
2.	It makes me uncomfortable to think about coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
3.	My hands become clammy when I think about coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
4.	I am afraid of losing my life because of coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
5.	When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
6.	I cannot sleep because I'm worrying about getting coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
7.	My heart races or palpitates when I think about getting coronavirus-19.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

**Thank You!**