



Government of Kerala Department of Homoeopathy

Homoeopathic Immunity Booster - Survey Form

Survey Form Number

(to be filled after Data Entry in AHIMS)

Instructions for filling this survey form

1. This form is to be filled by any adult who has completed the age of 18 years after giving valid informed consent to undertake the survey & giving permission to publish the data regarding the same.
2. Questions marked with * may be filled by putting ✓ against the appropriate response.
3. Questions marked with # may be filled by putting ✓ against multiple responses.

1. Name :

2. Age :

3. Gender * : a) Female b) Male c) Transgender

4. Phone (Mobile /Landline)

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5. Type of Job * :

- a) Health Care Workers
b) COVID-19 front line workers
c) Work in direct contact with the public
d) Work without direct contact with the public
e) Others

6. Place of residence :

- i) District : ii) Type of LSGI * : Corporation / Municipality / Panchayath
iii) Name of LSGI : iv) Ward Number :

7. Has the person taken Homoeopathic Immunity Booster for CoViD-19 ?* : a) Yes b) No

(→ If the response to Qn.7 is 'No', continue to Qn.8; if it is 'Yes', proceed to Qn.9)

8. Can the person explain why Homoeopathic Immunity Booster for COVID 19 was not taken? * :

- a) Was unaware about Homoeopathic Immunity Booster
b) Was aware about Homoeopathic Immunity Booster, but not interested to take it.
c) Was aware about Homoeopathic Immunity Booster, but it was not received.

(→ proceed to Qn.17)

9. How did the person come to know about Homoeopathic Immunity Booster for CoViD-19 # ?

- a) Had earlier knowledge b) Through friends / relatives c) Through Homeopathy Doctor / Staff
d) From visual / audio media e) From social media f) Others.

10. From where did the person get the Homoeopathic Immunity Booster for CoViD-19 ?* :

- a) Govt. Homoeopathic Dispensary b) Govt. Homoeopathic Hospital c) Homoeopathic medical Colleges
d) Private Doctors e) Others

11. Whether the directions for the intake of Homoeopathic Immunity Booster for CoViD-19 were given ?* :

- a) Yes b) No

12. How was the Homoeopathic Immunity Booster for CoViD-19 taken in most of the times ?* :

- a) Strip - 1 tablet each for 3 consecutive days, in the morning on an empty stomach
 b) Pills (in bottles) - 4 pills each for 3 consecutive days, in the morning on an empty stomach. c) other doses

13. Were the directions of other guidelines (social distance, wearing a mask, break-the-chain) along with taking a Homoeopathic Immunity Booster for CoViD-19 given? :

- a) Yes b) No

14. Did the person follow the general guidelines (social distance, wearing a mask, break the chain) along with taking Homoeopathic Immunity Booster for CoViD-19 ? :

- a) Yes b) No

15. In which month(s), the Homoeopathic Immunity Booster for CoViD-19 was taken? # :

- a) April 2020 b) May 2020 c) June 2020 d) July 2020 e) August 2020
 f) September 2020 g) October 2020 h) November 2020 i) December 2020 j) January 2021
 k) February 2021 l) March 2021 m) April 2021 n) May 2021 o) June 2021
 p) July 2021 q) August 2021

16. Has the person taken the Homoeopathic Immunity Booster for CoViD-19 while in quarantine? *

- a) Yes b) No c) Not applicable

17. Is the person under medication for any of the following illness ? # :

- a) Chronic cardiac disease b) Hypertension c) Chronic pulmonary disease d) Asthma
 e) Chronic kidney disease f) Chronic neurological disease g) Cancer h) Tuberculosis
 i) Diabetes mellitus j) Dyslipidaemia k) Others l) None

18. Has the person taken preventive medicines of any alternative therapies? # :

- a) Ayurveda b) Siddha c) Unani d) Others e) No

19. Was the person vaccinated against covid 19? * :

- a) First Dose b) Second Dose c) No
 Date : Date :

20. Was the person in contact with any covid positive cases? * :

- a) No contact b) Direct contact c) Indirect contact d) Unaware about contact status

21. Was the person tested CoViD positive? * :

a) Yes b) No
 (→ If the response to Qn.21 is No, the survey shall be completed at this level; if Yes proceed to Qn.22)

22. In which month, was the person tested CoViD positive? # :

- a) April 2020 b) May 2020 c) June 2020 d) July 2020 e) August 2020
 f) September 2020 g) October 2020 h) November 2020 i) December 2020 j) January 2021
 k) February 2021 l) March 2021 m) April 2021 n) May 2021 o) June 2021
 p) July 2021 q) August 2021

23. What all symptoms did the person experience while having CoViD-19? # :

- a) Fever b) Cough c) Running nose d) Body pain
 e) Sore throat f) Headache g) Weakness h) Diarrhoea
 i) Loss of smell j) Loss of taste k) Redness of eyes l) Nausea or vomiting
 m) Breathing difficulty n) Chest pain o) No symptoms p) Other Symptoms

24. What was the severity of CoViD-19 disease of the affected person ?* :

- a) Uneventful b) with Mild Symptoms c) with Moderate symptoms d) with Severe Symptoms
 e) with Severe Symptoms which required oxygen support f) Severe disease which required Ventilator

**25. Had the person suffered from any post COVID Symptoms? * :**

- a) Yes b) No

Signature (with name, date & time)				
	Respondent	Surveyor	Data Entry Volunteer	District Nodal Officer