

COVID-19

Questionnaire/Soal Selidik

1. Do you have fever or experienced fever within the past 14 days? **YES / NO**
Adakah anda mengalami gejala demam dalam tempoh masa 14 hari ini? **YA / TIDAK**
2. Have you experienced a recent onset of respiratory problems such as cough or difficulty in breathing within the past 14 days? **YES / NO**
Adakah anda mengalami kesukaran bernafas kebelakangan ini (contohnya sesak nafas, sukar untuk menghembus atau menarik nafas) atau masalah batuk dalam tempoh 14 hari ini? **YA / TIDAK**
3. Have you within the past 14 days traveled or visited the neighborhood with documented COVID-19 transmission? **YES / NO**
Dalam tempoh 2 minggu lepas, adakah anda telah berkunjung ke kawasan berisiko tinggi COVID-19? **YA / TIDAK**
4. Have you come into contact with a patient with confirmed COVID-19 Infection within the past 14 days? **YES / NO**
Pernahkah anda berhubung rapat dengan seseorang yang pasti sudah dijangkiti COVID-19? **YA / TIDAK**
5. Have you come into contact with people who had come from affected area? **YES / NO**
Adakah anda bertemu dengan orang yang datang dari kawasan yang terjejas dengan COVID-19? **YA / TIDAK**

6. Are there at least 2 people with documented experience of fever or respiratory problems, within the last 14 days having a close contact with you **YES / NO**

Pernahkah anda berhubung rapat dengan individu yang mengalami gejala demam ataupun masalah sistem pernafasan (batuk, sesak nafas, selsema) dalam tempoh masa 14 hari ini? **YA / TIDAK**

7. Have you recently participated in any gathering, meetings or had close contact with unacquainted people ? **YES / NO**

Adakah anda telah mengambil bahagian dalam mana mana perhimpunan dalam tempoh 14 hari ini? **YA / TIDAK**

Thank you for your understanding and cooperation.

Terima kasih di atas kerjasama anda.

Name>Nama:

IC No/Passport no :

Nationality/Warganegara :