

2. Do you have the history of foreign visit / visit to corona infection hotspots/Chances for contact with COVID positive patients? Yes/No/Specify _____
3. Do you have the history of using any Ayurveda/Homoeo/Unani/Sidha/ Naturopathy & Yoga intervention/practices in the last 3 months in the scenario of COVID outbreak Yes/No

S.No	Ayurveda/Yoga/ Sidha/Unani/Homoeo/ Others	Intervention/Practice Used	Duration of use

4. Are you following the Directives issued by Ministry of AYUSH for the prevention of Corona virus infection? Yes/No
If Yes, Specify _____)
5. In the below mentioned table, tick the regimen/interventions followed by you for maintenance of health and prevention of Corona infection?

s. No	Preventive Measures practiced	Yes/No /occasional	Duration of use	Frequency of use	Any remarks
1	Yogasana/Pranayama/Meditation				
2	Chyavanprasha				
3	Herbal tea with Tulsi, Dalchini, kalimirch/Sunti/Munakka				
4	Haldi-milk				
5	Nasal application of sesame oil/coconut oil/ ghee				
6	Gargling/oil pulling in mouth with sesame oil or coconut oil				
7	Drinking warm water				
8	Fumigation				
Other measures which you have been practicing					

6. Have you undergone testing for corona virus infection? Yes/No
If yes then COVID-19 test was positive/negative
7. Did you get afflicted with any other infections/symptoms during the period while you were under lockdown/Quarantine?

S.No	Symptoms	Yes/No	Duration of illness	Use of medicines for cure	Remarks
1.	Fever				
2.	Cough				
3.	Sore throat				
4.	Sneezing				

5.	Running nose				
6.	Breathing Difficulty				
7.	Headache				
8.	Loss of appetite				
9.	Constipation				
10.	Diarrhea				
11.	Abdominal Bloating				
12.	Anosmia				
13.	Fatigue				
14.	Muscle cramps				
15.	Urinary tract infection				
16.	Sleeplessness				
17.	Anxiety				
18.	Depression				
19.	If any other please specify				

8. Ayurvedic intervention issued for 30 days (Chyawanprash-12gm BD /Samsamni vati 2 tab BD /Sudarshan Ghan vati 2tab BD /Ashwagandha tablets 2tab BD/TabYastimadhu 2tab BD)

Name of the intervention	manufacturer	Batch No. and Date of manufacturing	Dose	Anupana	Time of medicine intake

9. General parameters for Evaluation

S.No	Parameters	Evaluate yourself in a scale of 10 (where 1 is poor and 10 is excellent)	Any Remarks
1.	Appetite		
2.	Bowel Habits		
3.	Micturition		
4.	Sleep		
5.	Physical Strength		
6.	Mental satisfaction		
7.	Mood		

10. Was there any noticeable change in your lifestyle disorders/ other Diseases after intake of AYUSH interventions/ following AYUSH regimen? Yes/No
If Yes, Specify

Assessment form 7/15/22/ 30 days

1. Date of Follow-up-----(box)

1. Did you get afflicted with any other infections/symptoms during last one week when you were taking the prescribed medicine (Chyawanprash/Samsamni vati/Sudarshan Ghan vati/Ashwagandha tablets/TabYastimadhu)

S.No	Symptoms	Yes/No	Duration of illness	Use of medicines for cure	Remarks (frequency of illness/result)
2.	Fever				
3.	Cough				
4.	Sore throat				
5.	Sneezing				
6.	Running nose				
7.	Breathing Difficulty				
8.	Headache				
9.	Loss of appetite				
10.	Constipation				
11.	Diarrhea				
12.	Abdominal Bloating				
13.	Anosmia				
14.	Fatigue				
15.	Muscle cramps				
16.	Urinary tract infection				
17.	Sleeplessness				
18.	Anxiety				
19.	Depression				
20.	If any other please specify				

20. General parameters for Evaluation (in last one week)

S.No	Parameters	Evaluate yourself in a scale of 10 (where 1 is poor and 10 is excellent)	Any Remarks
1.	Appetite		
2.	Bowel Habits		
3.	Micturition		
4.	Sleep		
5.	Physical Strength		
6.	Psychological well being		
7.			

21. Whether you have taken the prescribed medicine as per the recommendations yes/No

If yes, please mention the percentage of compliance:

- 100% (box)
- 76-99 %/

- 51-75%/
- 26- 50%/
- < 25%

If no reason for non-compliance

Covid like symptoms any other disease

ADR/AE

Not interested to continue the treatment

22. Have you undergone testing for corona virus infection in the last one week ? Yes/No (box)

If yes then COVID-19 test result -positive/negative box

If yes whether the hospitalized or not? Yes/no

23. Have you noticed any side effects /ADR/AE during last 30 days? yes/No

If yes, please specify-----

24. The investigator assessment as to whether the ADR/AE is related to the intervention prescribed?

yes/No

25. Was there any noticeable change in your lifestyle disorders/ other Diseases after intake of

AYUSH interventions/ following AYUSH regimen? Yes/No

If Yes, Specify

The data fields for collection of data in the app is available at <https://forms.gle/D515MJ4Cidvc9dbz6>

