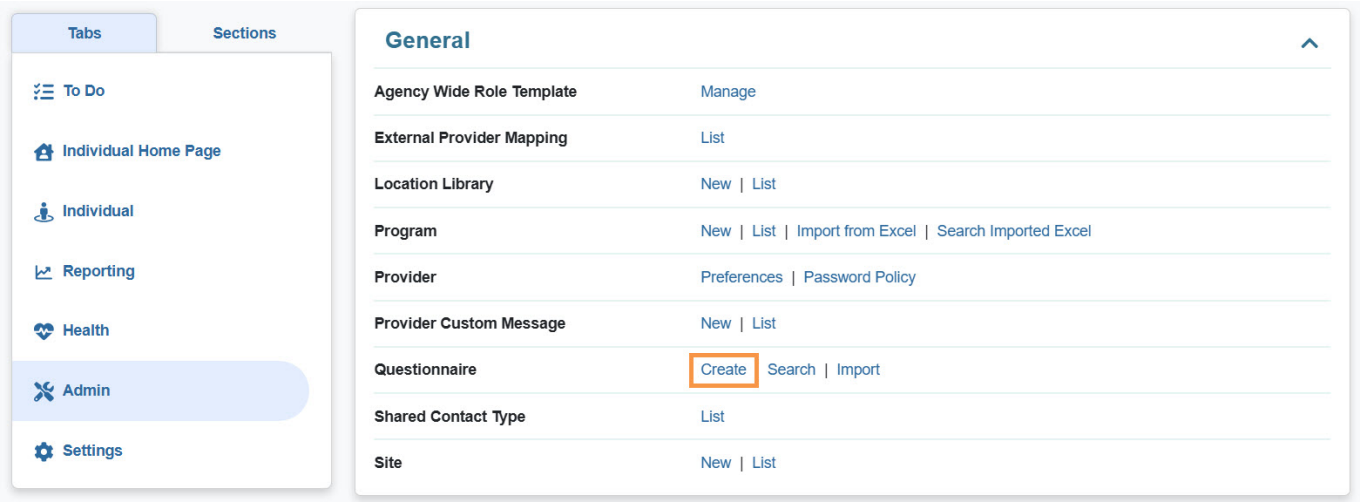
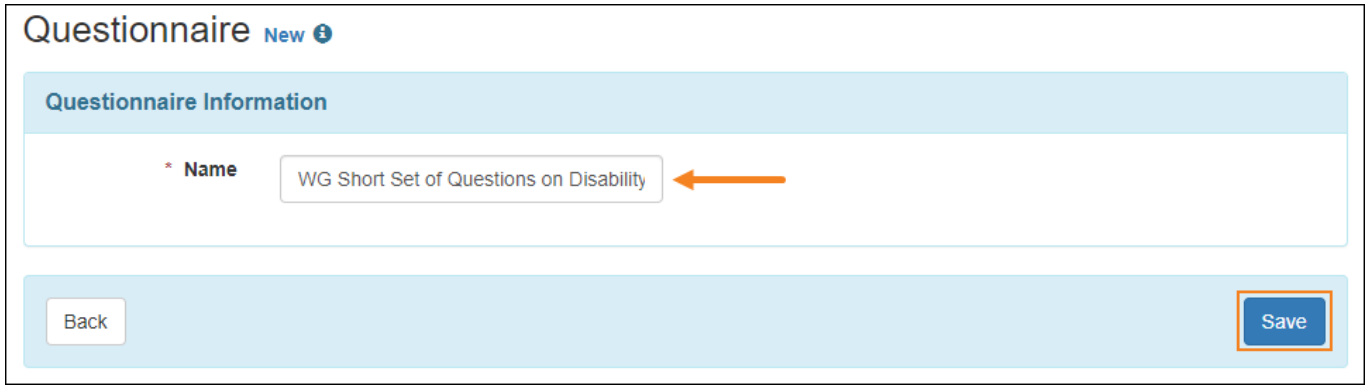
Questionnaire তৈরি করুন

Therap ব্যবহারকারীরা যাদের Clinical Admin এডমিনেস্ট্রেটিভ রোল আছে, তারা Questionnaire মডিউলটির মাধ্যমে জরিপ এবং অ্যাসেসমেন্টসহ বিভিন্ন প্রশ্নমালা তৈরি করতে পারবেন। পরবর্তীতে অ্যাপ্রুভড (Approved) Questionnaire ফর্মটি Casenote মডিউলটির মাধ্যমে পূরণ করা যাবে।

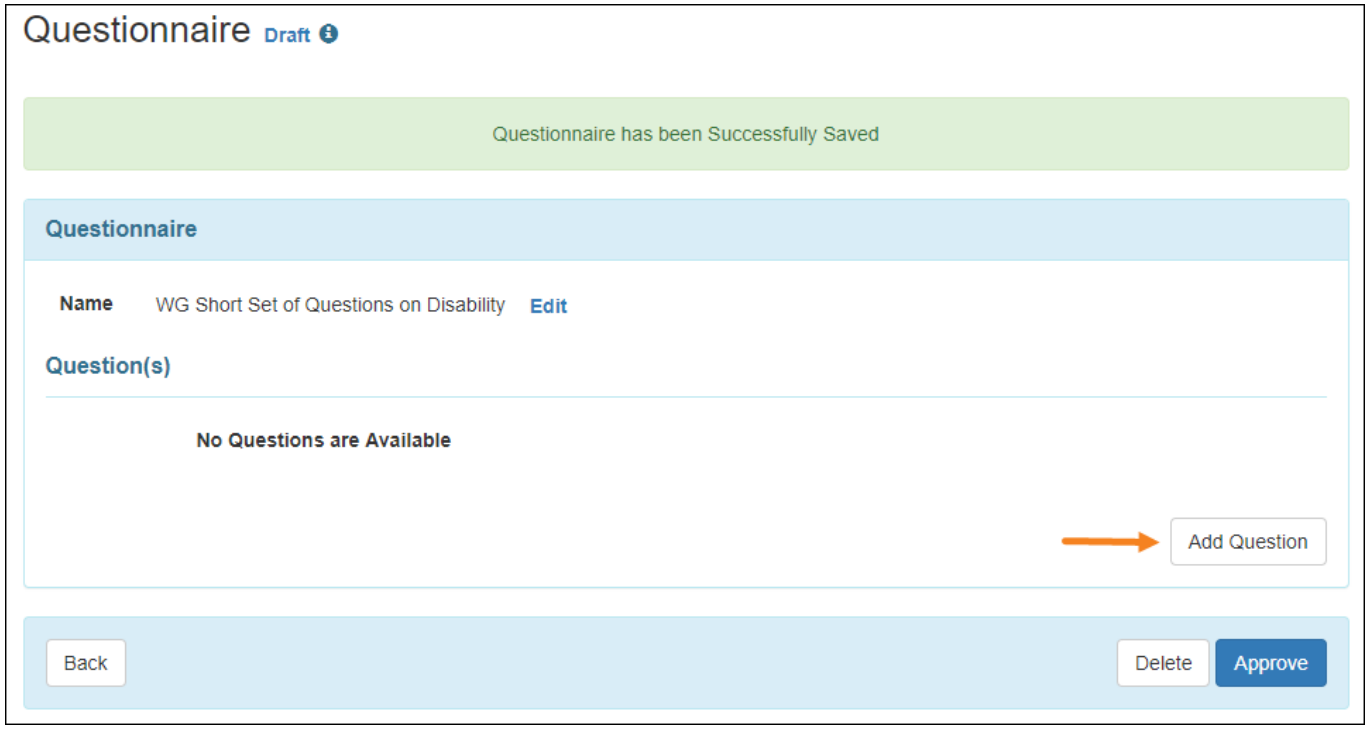
১. Admin ট্যাব থেকে Questionnaire অপশনটির Create লিঙ্কটিতে ক্লিক করুন।



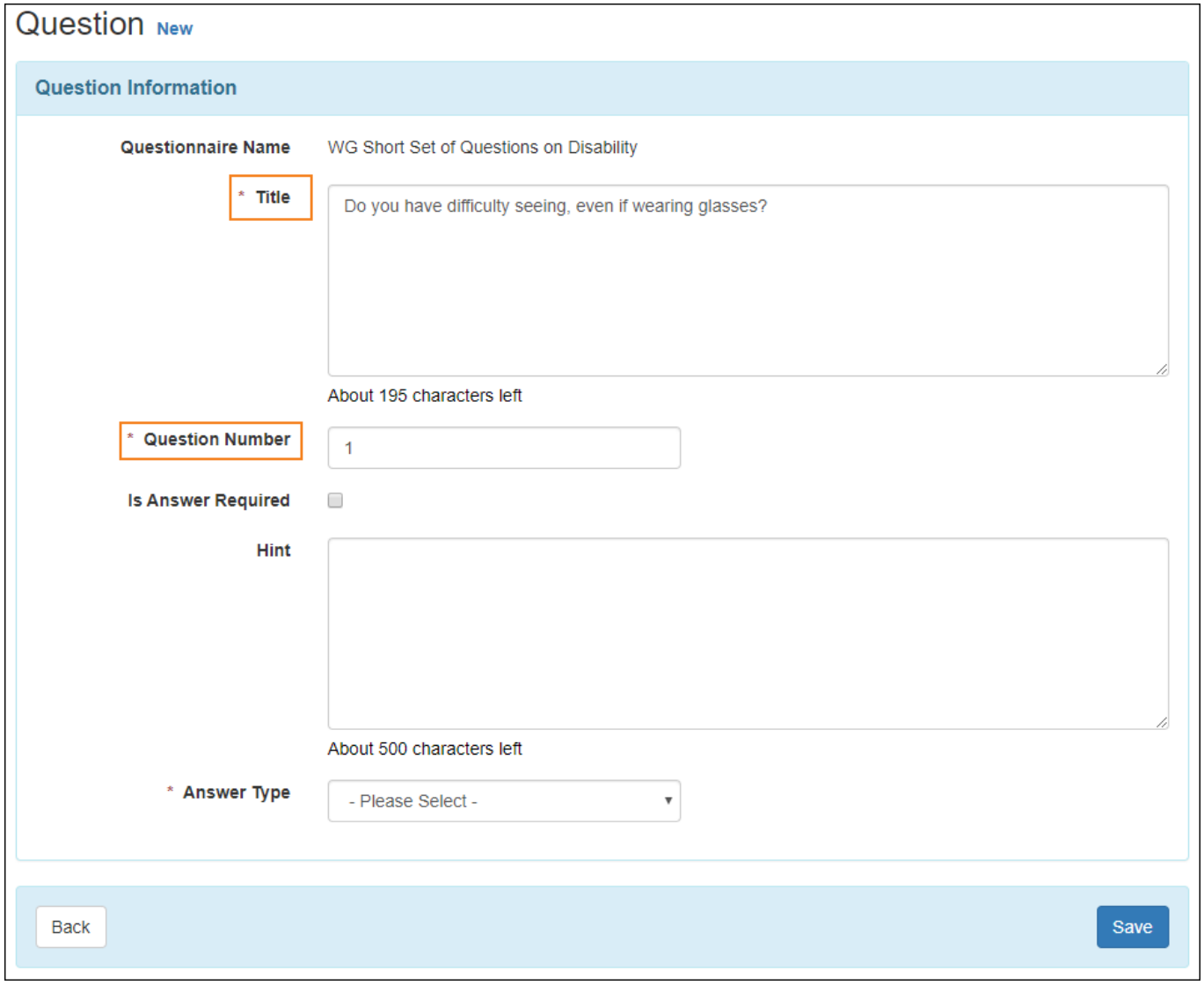
২. পরবর্তী পেজে, Questionnaire এর Name লিখে Save বাটনে ক্লিক করুন।



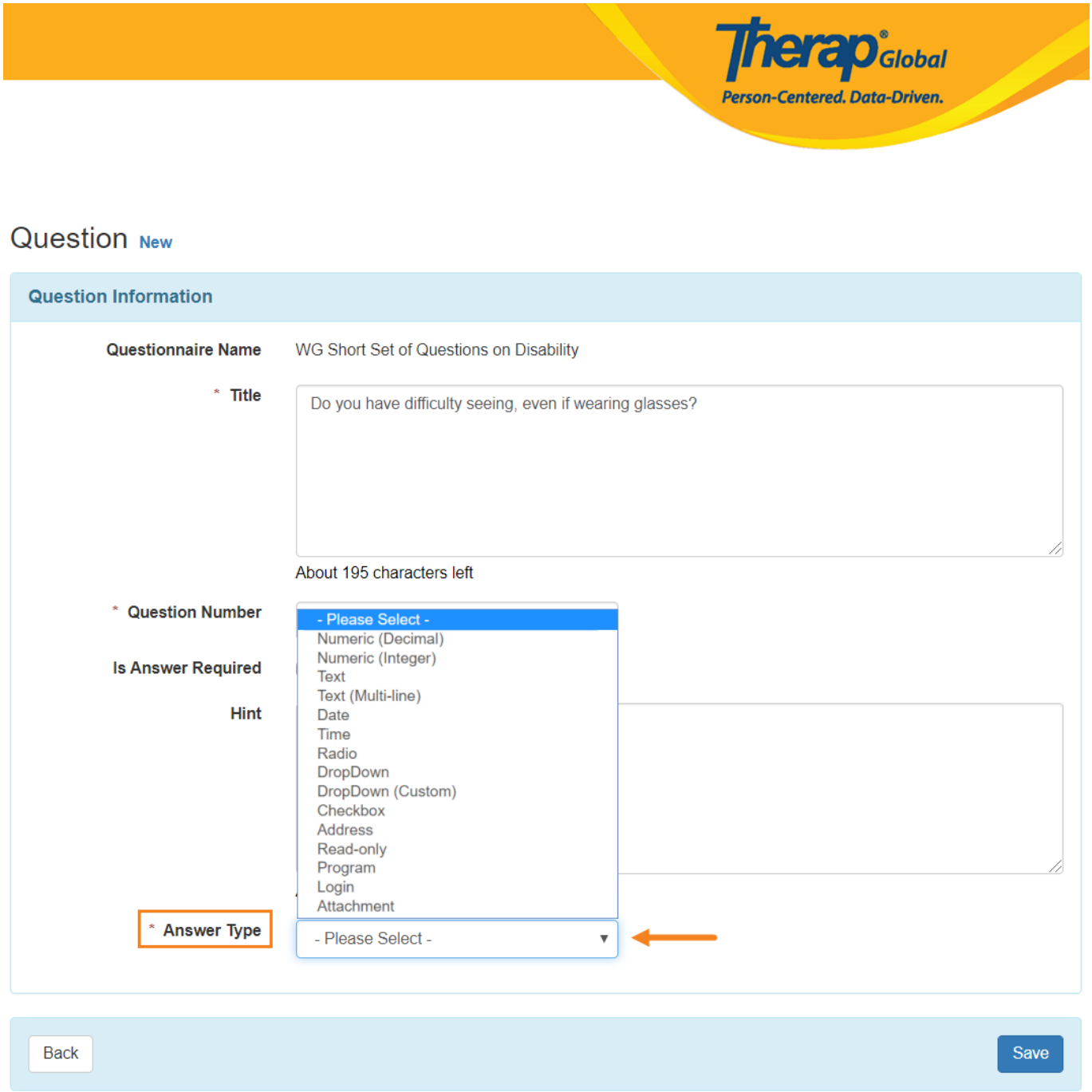
৩. Questionnaire ফর্মটিতে প্রশ্ন সংযুক্ত করার জন্য Add Question বাটনে ক্লিক করুন।



৪. প্রথমেই প্রশ্নের Title লিখুন। Question Number ফিল্ডটি স্বয়ংক্রিয়ভাবে পূরণ থাকবে এবং আপনি চাইলে তা পরিবর্তন করতে পারবেন।


Question New
Question Information
Questionnaire Name
WG Short Set of Questions on Disability
* Title
Do you have difficulty seeing, even if wearing glasses?
About 195 characters left
* Question Number
1
Is Answer Required
Hint
About 500 characters left
* Answer Type
- Please Select -
Back
Save

□. □□□□□ □□□□□□□□ □□□ □□□□□□□ **Answer Type** □□□□□□□□ □□□□□



নোট:

Answer Type ফিল্ডটির ড্রপ-ডাউন তালিকা থেকে আপনি নিম্নের টাইপগুলো সিলেক্ট করতে পারবেন:
Numeric (Decimal): উত্তর দেওয়ার সময় শুধুমাত্র ভগ্নাংশ প্রবেশ করতে পারবেন।
Numeric (Integer): উত্তর দেওয়ার সময় শুধুমাত্র পূর্ণসংখ্যা প্রবেশ
করতে পারবেন।
Text: উত্তর দেওয়ার সময় ২৫৫ পর্যন্ত ক্যারেক্টার প্রবেশ করতে পারবেন।

- Text (Multi-line): [illegible]
- Date: [illegible] MM/DD/YYYY [illegible]
- Time: [illegible] HH:MM [illegible]
- Radio: [illegible] Answer Type [illegible]
- DropDown: [illegible]
- Checkbox: [illegible]
- Address: [illegible] Street 1, Street 2, City, Postal Code,Country [illegible]
- Read-only: [illegible]
- Program:[illegible]
- Login: [illegible]
- Attachment:[illegible]

[illegible] **Save** [illegible]

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Question New

Question Information

Questionnaire Name: WG Short Set of Questions on Disability

* Title: Do you have difficulty seeing, even if wearing glasses?

About 195 characters left

* Question Number: 1

Code:

Is Answer Required:

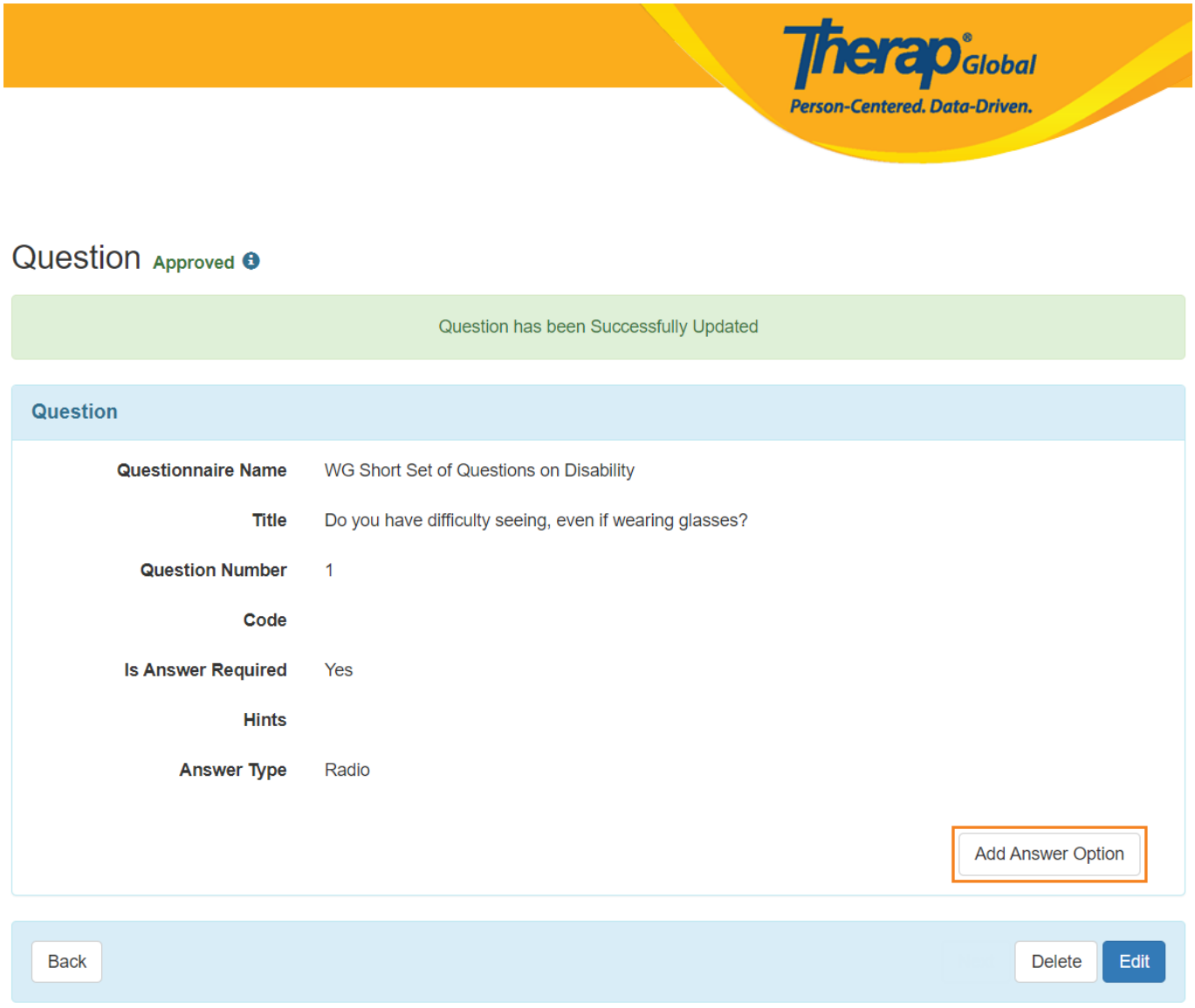
Hints:

About 500 characters left

* Answer Type: Radio

Back | Save

৫. □□□□□□□ □□□□, □□□□□□□□ **Add Answer Option** □□□□□□ □□□□□□□ □□□□□□□□ □□□□□□□ □□□□ □□□□□□□ □□□ □□□□□ **Add Answer Option** □□□□□ □□□□ **‘Answer Option’** □□□□ □□□□ □□□□ □□□□□□ □□□□ □□□□□□□□ □□□□□□ □□□□□ □□□□ □□□□□ □□□□ □□□□□□□



৮. ‘Answer Option’ পেজে, Label ফিল্ডটিতে অপশনটি লিখুন। Option Number ফিল্ডটি স্বয়ংক্রিয়ভাবে পূরণ থাকে। উত্তরটি সংরক্ষণ করতে Save বাটনে ক্লিক করুন।

Answer Option

Answer Option Info

Question Title: Do you have difficulty seeing, even if wearing glasses?

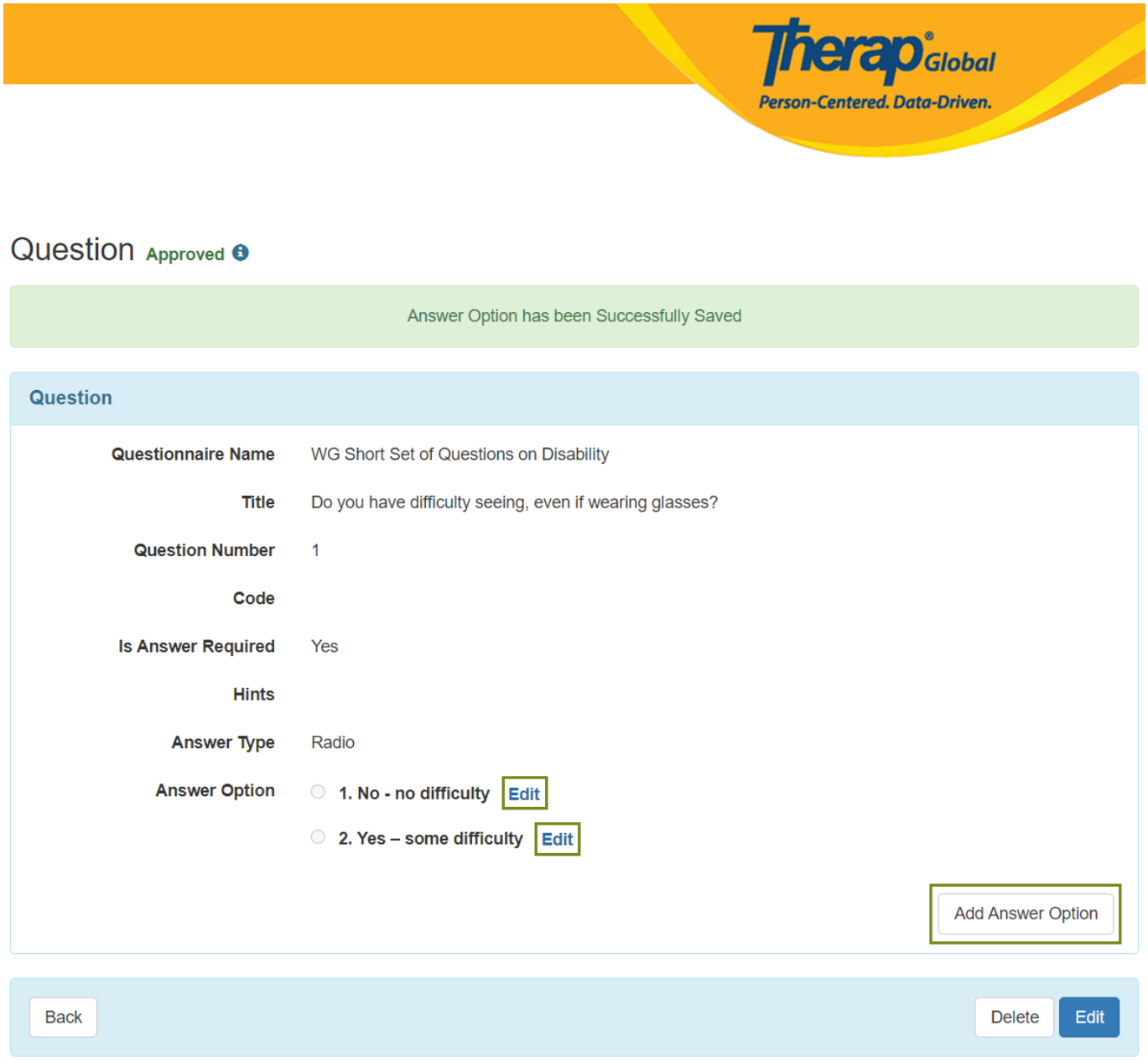
* Label: No - no difficulty

About 482 characters left

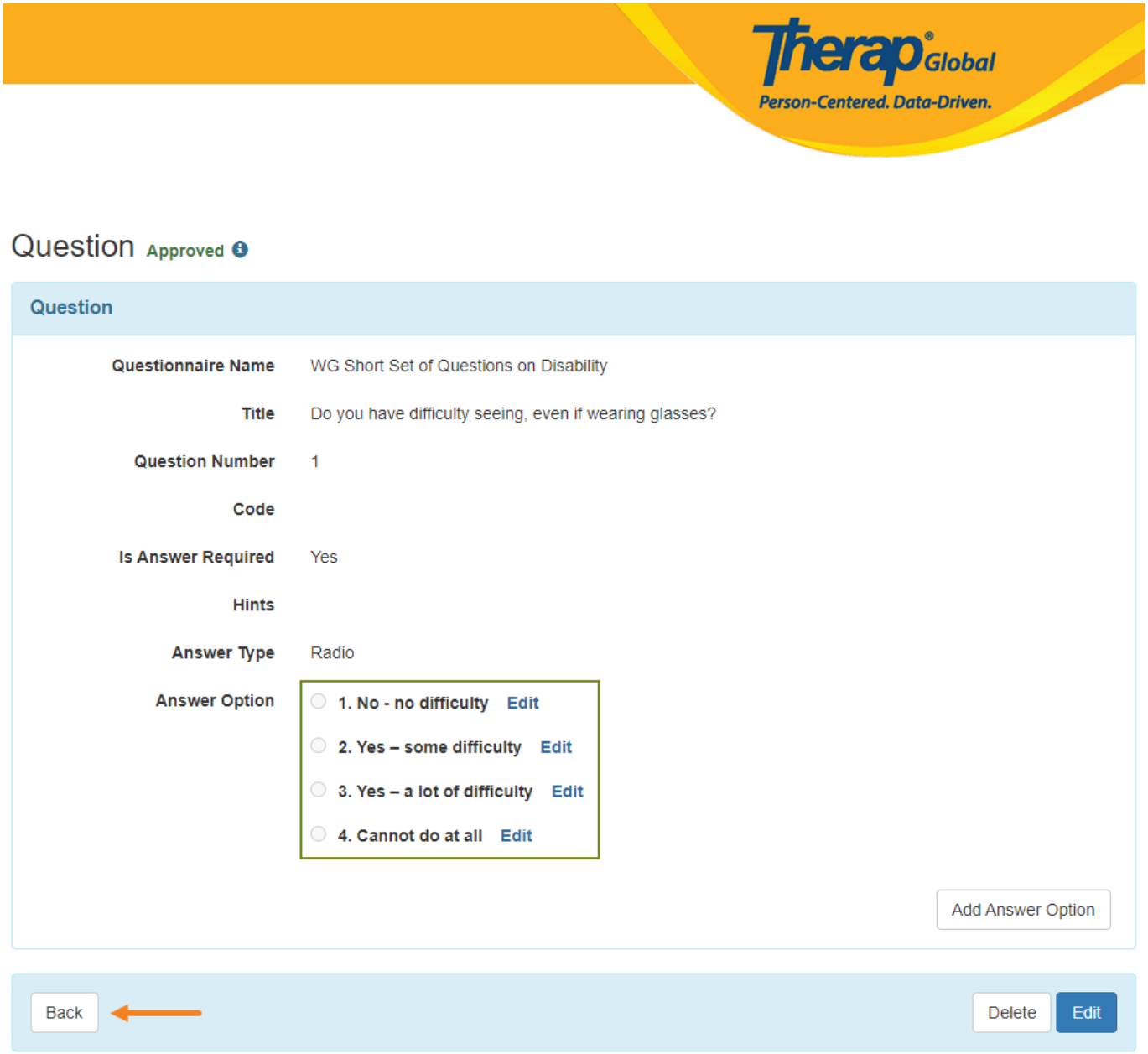
* Option Number: 1

Back | Save

□□□□□□□ □□□□ □□□□ □□□□□ □□□□□□□□ □□□□□□□ □□□□□□□ □□□□ □□□□□□□ □□□□ □□□□□□□ □□□□□□□□□ □□□□ □□□□□ □□□□□□□ □□□□□□□ □□□□ **Edit** □□□□ □□□□□□□



৯. Questionnaire ফর্মটি আপনার নির্বাচন করা প্রশ্নের Answer Type এর উপর নির্ভর করে প্রদর্শিত হবে। প্রয়োজন অনুযায়ী আপনি প্রশ্ন ও উত্তরের অপশনসমূহ Edit এবং Add Answer Option এর মাধ্যমে নতুন অপশন সংযুক্ত করতে পারবেন।Back বাটনে ক্লিক করলে আপনাকে Questionnaire পেজে নিয়ে যাবে।


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Question Approved
Question
Questionnaire Name
WG Short Set of Questions on Disability
Title
Do you have difficulty seeing, even if wearing glasses?
Question Number
1
Code
Is Answer Required
Yes
Hints
Answer Type
Radio
Answer Option
1. No - no difficulty Edit
2. Yes – some difficulty Edit
3. Yes – a lot of difficulty Edit
4. Cannot do at all Edit
Add Answer Option
Back
Delete
Edit

□□. □□□□□□□□□□ □□□□□□ □ □□□ □□□□□□□□□ □□□□□□□ □□□ □□□ □□□□ **Approve** □□□□□ □□□□□ □□□□□

Questionnaire Draft

Questionnaire

Name WG Short Set of Questions on Disability Edit

Question(s)

Add Question

1. Do you have difficulty seeing, even if wearing glasses?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

2. Do you have difficulty hearing, even if using a hearing aid?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

3. Do you have difficulty walking or climbing steps?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

4. Do you have difficulty remembering or concentrating?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

5. Do you have difficulty (with self-care such as) washing all over or dressing?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

Show Details

7. Comments (If any)

Show Details

Add Question

Back Delete Approve

নোট: ব্যবহারকারীরা অ্যাপ্রুভড (Approved) Questionnaire ফর্মটি Copy, Export or Discontinue করতে পারবেন। তবে অ্যাপ্রুভড (Approved) Questionnaire ফর্মটি এডিট করতে পারবেন না

Questionnaire Approved

Questionnaire has been Successfully Approved

Questionnaire

Name WG Short Set of Questions on Disability

View Layout Create/Edit

Question(s)

1. Do you have difficulty seeing, even if wearing glasses?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

3. Do you have difficulty walking or climbing steps?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

4. Do you have difficulty remembering or concentrating?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

- 1. No - no difficulty
- 2. Yes – some difficulty
- 3. Yes – a lot of difficulty
- 4. Cannot do at all

7. Comments (If any)

Back | Copy | Export | Discontinue