

Student COVID 19 Stress Scale (Initial Items)

The questions ask you about your thoughts and feelings during the last month, particularly concerning the prevailing COVID-19 situation. In each case, you have to respond to how often you felt in a certain way. Please answer all of the questions. There are no right or wrong answers.

- 1- Never
- 2- Almost Never
- 3- Sometimes
- 4- Fairly Often
- 5- Very Often

Item No.	Items
1.	How often have you been upset due to fear of losing loved ones?#
2.	How often have you been upset while thinking that something awful might happen?#
3.	How often have you got scared by thinking that you cannot get in touch with your friends and lose them?
4.	How often are you worried that once the pandemic(covid-19) is over, the relationships with the people outside the family will not be the same as earlier?
5.	How often have you feared and worried about your health?
6.	In recent times, how often have you been upset for having conflicts with your family members?
7.	In recent times, how often have you felt scared from the thoughts of the death of near-ones?
8.	How often have you become fearful of interaction with strangers in your life?
9. *	How often have you felt frustrated for not being able to meet friends?
10. *	How often have you felt irritated for not being able to go out with your friends or family?
11.	How often have you felt agitated due to over-exposure to parents?
12.	In recent times, how often have you felt worried and stressed, thinking what might happen to my parents if I become infected?
13.	How often have you felt irritated because things were not under your control?
14. *	How often have you got nervous about getting infected while thinking of going out?
15. *	How often have you got worried after getting news and updates regarding the pandemic (Covid-19)
16.	How often have you felt stressed out for not completing studying due to overuse of social media (Facebook, Instagram, etc.)?
17. *	How often have you been upset while thinking about your future life?
18.	How often have you got bored of not having any work to do?
19.	How often have you been frustrated while adapting to distance learning technologies and internet connectivity issues?
20. *	How often have you felt nervous about not being able to meet the deadline for online submissions?
21. *	How often have you felt stressed out with online task submissions?
22.	How often have you been strained out due to a change in study pattern?
23.	How often have you been worried about thinking that you were not doing anything productive?
24.	How often have you felt nervous about not performing important tasks properly due to the pandemic (Covid-19)?
25. *	How often have you felt stressed due to the excess load of task completion?
26.	How often have you been worried about online submissions and not having proper network access?#
27.	How often have you been worried about not balancing the demands of the family with studying?
28. *	How often have you been worried about the impact of the pandemic on your career prospects?
29.	Due to the pandemic (Covid-19), how often have you felt anxious and “stressed”?
30.	How often have you been tensed and felt nervous due to preoccupied thoughts of the pandemic (Covid-19)?
31. *	How often have you become irritated because of social distancing maintained due to Covid-19?
32.	In recent times, how often have you noticed excessively worry about contamination, preoccupation with symptoms about sickness, and washing your hands?

33.	Once your day starts, how often do you check your social media platforms (WhatsApp, Facebook, etc.) to get an update on the pandemic (Covid-19)?
34.	In recent times, how often have you felt restless and were unable to sit still?
35.	How often do you check your body temperature or constantly notice body signs for illness or diseases?
36.	How often have you felt that the pandemic (Covid-19) is disrupting your ability to function normally?
37. *	How often you got disturbing nightmares or dreams?
38. *	How often have you complained about having headaches, body pain, and feeling of faintness or dizziness?
39. *	How often have you felt sleep disturbances?
40.	How often you felt nervous about not being able to do proper physical exercises?
Note: # = items removed due to the presence of similar items. * = items in final scale	