

"Stress in Focus: A Cross-Sectional Study on University Students' Perceived Stress Levels"

Section 1: Consent

1. Do you want to participate in this study?

Dear Participant, We invite you to join our study on university student stress. This research aims to gather data on the stress levels experienced by university students to understand better the factors contributing to student stress and identify potential interventions. Your insights are invaluable and will help us understand and address student stress. Participation involves completing a short questionnaire, which will take about 5-7 minutes. Your participation is completely voluntary, and you can withdraw at any time without any consequences. Rest assured, all your responses will be confidential and used only for research purposes. Your identity will remain anonymous. There's no risk in participating, and while there may not be a direct benefit to you, your input will contribute to important findings that could benefit the student community. By signing below or clicking "Agree," you consent to participate in our study. Thank you for your participation

☐ Agree ☐ Disagree

Section 2: Participant's Information

2. What is your name?

3. What is your age?

4. What is your gender?

(Select one please)

☐ Female ☐ Male

5. What is your academic major?

6. What year of study are you currently in?

(Select one please)

- ☐ First year
- ☐ Second year
- ☐ Third year
- ☐ Fourth year
- ☐ Postgraduate

Section 3: Academic Achievement

7. How would you rate your current GPA (Grade Point Average)?

(Select one please)

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

8. How satisfied are you with your academic performance?

(Select one please)

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

9. Are you regular in attending classes?

(Select one please)

☐ No ☐ Yes

Section 4: Perceived Stress Scale (Kessler 10)

10. How often did you feel tired out for no good reason?

(Select one please)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

11. How often did you feel nervous?

(Select one please)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

12. How often did you feel so nervous that nothing could calm you down?*(Select one please)*

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

13. How often did you feel hopeless?*(Select one please)*

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

14. How often did you feel restless or fidgety?*(Select one please)*

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

15. How often did you feel so restless you could not sit still?*(Select one please)*

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

(Select one please)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

(Select one please)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

(Select one please)


- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

(Select one please)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

20. How does the academic workload affect mental health and overall well-being?

(Select one please)

21. How do the financial concerns affect mental health and overall well-being?*(Select one please)*

Low Moderate High

22. How do the relationship issues affect mental health and overall well-being?*(Select one please)*

Low Moderate High

23. How do family responsibilities affect mental health and overall well-being?*(Select one please)*

Low Moderate High

24. How do assignment deadlines and thesis pressure affect mental health and overall well-being?*(Select one please)*


Low Moderate High

25. How do the health concerns affect mental health and overall well-being?*(Select one please)*

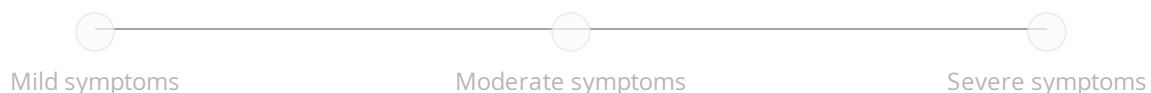
Low Moderate High

Section 6: Perceived Physical Health**26. Have you been diagnosed with any medical illnesses?***(Select one please)*

No Yes

27. Do you perceive yourself as currently experiencing any medical symptoms?*(Select one please)*

No Yes

28. How would you rate the severity of any medical symptoms you're currently experiencing?*(Select one please)*

Mild symptoms Moderate symptoms Severe symptoms