1. **Anxiety Level**   
   *How frequently do you experience anxiety in daily life?*

*Never → 2*

*Rarely → 7*

*Sometimes → 10*

*Often → 14*

*Very Often → 19*

1. **Self-Esteem**   
   *How would you rate your self-esteem and confidence in yourself?*

*Very Low → 2*

*Low → 8*

*Below Average → 13*

*Average → 18*

*High → 23*

*Very High → 28*

1. **Mental Health History (0-1)**  
   *Have you ever been diagnosed with or experienced any mental health issues?*
   * 0 - No
   * 1 - Yes
2. **Depression**  
   *How often do you feel symptoms of depression, such as persistent sadness, hopelessness, or lack of interest in activities?*

*Never → 2*

*Rarely → 7*

*Sometimes → 12*

*Often → 17*

*Very Often → 22*

*Almost Always → 26*

1. **Headache (0-5)**  
   *How frequently do you experience headaches?*
   * 0 - Never
   * 1 - Rarely
   * 2 - Sometimes
   * 3 - Often
   * 4 - Very Often
   * 5 - Always
2. **Blood Pressure (1-3)**  
   *What best describes your blood pressure levels?*
   * 1 - Low
   * 2 - Normal
   * 3 - High
3. **Sleep Quality (0-5)**  
   *How would you rate your sleep quality?*
   * 0 - Very Poor
   * 1 - Poor
   * 2 - Fair
   * 3 - Good
   * 4 - Very Good
   * 5 - Excellent
4. **Breathing Problem (0-5)**  
   *How often do you experience breathing problems or shortness of breath?*
   * 0 - Never
   * 1 - Rarely
   * 2 - Sometimes
   * 3 - Often
   * 4 - Very Often
   * 5 - Always
5. **Noise Level (0-5)**  
   *How much noise do you experience in your environment?*
   * 0 - No Noise
   * 1 - Very Quiet
   * 2 - Quiet
   * 3 - Moderate
   * 4 - Loud
   * 5 - Very Loud
6. **Living Conditions (0-5)**  
   *How would you rate your current living conditions?*

* 0 - Very Poor
* 1 - Poor
* 2 - Fair
* 3 - Good
* 4 - Very Good
* 5 - Excellent

1. **Safety (0-5)**  
   *How safe do you feel in your current environment?*

* 0 - Very Unsafe
* 1 - Unsafe
* 2 - Neutral
* 3 - Somewhat Safe
* 4 - Safe
* 5 - Very Safe

1. **Basic Needs (0-5)**  
   *To what extent are your basic needs (food, water, shelter, healthcare) met?*

* 0 - Not at all
* 1 - Barely
* 2 - Somewhat
* 3 - Mostly
* 4 - Completely
* 5 - More than Enough

1. **Academic Performance (0-5)**  
   *How would you rate your academic performance?*

* 0 - Very Poor
* 1 - Poor
* 2 - Fair
* 3 - Good
* 4 - Very Good
* 5 - Excellent

1. **Study Load (0-5)**  
   *How heavy is your study workload?*

* 0 - Very Light
* 1 - Light
* 2 - Moderate
* 3 - Heavy
* 4 - Very Heavy
* 5 - Overwhelming

1. **Teacher-Student Relationship (0-5)**  
   *How would you rate your relationship with your teachers?*

* 0 - Very Poor
* 1 - Poor
* 2 - Neutral
* 3 - Good
* 4 - Very Good
* 5 - Excellent

1. **Future Career Concerns (0-5)**  
   *How concerned are you about your future career?*

* 0 - Not at all
* 1 - Slightly Concerned
* 2 - Moderately Concerned
* 3 - Very Concerned
* 4 - Extremely Concerned
* 5 - Always Thinking About It

1. **Social Support (0-3)**  
   *How much social support do you receive from friends, family, or others?*

* 0 - None
* 1 - Very Little
* 2 - Some
* 3 - A Lot

1. **Peer Pressure (0-5)**  
   *How strongly do you feel peer pressure in your daily life?*

* 0 - Not at all
* 1 - Slightly
* 2 - Moderately
* 3 - Strongly
* 4 - Very Strongly
* 5 - Overwhelming

1. **Extracurricular Activities (0-5)**  
   *How actively are you involved in extracurricular activities?*

* 0 - Not at all
* 1 - Rarely
* 2 - Sometimes
* 3 - Often
* 4 - Very Often
* 5 - Always

1. **Bullying (0-5)**  
   *How frequently do you experience or witness bullying?*

* 0 - Never
* 1 - Rarely
* 2 - Sometimes
* 3 - Often
* 4 - Very Often
* 5 - Always

1. **Stress Level (0-2)**  
   *How would you rate your overall stress level?*

* 0 - Low Stress
* 1 - Moderate Stress
* 2 - High Stress