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**Materials & Methods**

**3.1 Selection criteria:**

Normal healthy females (n=80) from age group 18-24 years were selected.

They were chosen as female students from several departments at our university, such as the biochemistry department. 12.5% of the females were chosen in the first year, followed by 20% in the second, 25% in the third, and 31.25% in the fourth. Girls made up 11.25% of the chemistry department's selection.

**3.2 Exclusion Criteria:**

The study eliminated any females with any type of illnesses or follow-up appointments with doctors.

**3.3 Procedure:**

* Used five different questionnaires for prevalence study of anxiety levels indications.
* Spread questionnaires randomly in Students of Jinnah University for women.
* Scoring each of the survey form according to the criteria of their ranking among ranges.
* Categorized scores obtained from each performa in different group among mild to moderate to severe.
* Observe the stress levels indication from these scores and determine the stress copping ability to each individual.

**3.4 Materials:**

* On a questionnaire, our research was conducted. Five distinct types of questionnaires were used. We received the questionnaire from several sources.
* The DASS-21 (depression,Anxiety,Stress Scale-21) was the first questionnaire.
* Three self-report scales known as the DASS-21 were developed to assess the emotional states of stress, anxiety, and depression.The dimensional rather than categorical conceptualization of psychological pathology is the foundation of the DASS-21. The underlying presumption for the DASS-21 development (which was supported by the research findings) is that the differences in depression, anxiety, and stress between healthy persons and clinical groups are mostly variations in intensity. Therefore, the DASS-21 has no ramifications for the assignment of patients to certain diagnostic groups suggested by classification schemes like the DSM and ICD.
* The anxiety self-rating scale was the second questionnaire.
* The 10-item anxiety self-rating scale was a self-report tool that covers a range of physical and psychological anxiety symptoms. Responses were scored from 0 (none) to 4 (Most or all of the time) on a 5-point scale. Participants are told to base their responses on the previous week's experiences. Positive and unpleasant events are also included in the list.
* The third survey used the Leibowitz Social Anxiety Scale (LSAS).
* This test evaluates the impact social anxiety has on your life in a range of contexts.An overall score with a maximum of 144 points is produced by adding the total scores for the Fear and Avoidance components.
* The self-administered test does not feature four additional subscale scores, however the clinician-administered test does. These extra four subscales are: aversion to social interaction, aversion to performance, aversion to social interaction, and aversion to aversion of social contact. Typically, the final score is calculated by adding the total scores for fear and avoidance.
* Research suggests that SAD is rare to occur after the age of 30.
* The next cut-off is 60, at which SAD is likely to occur. People who are starting treatment for the non-generalized variety of SAD typically have scores in this range.
* Scores of 60 to 90 suggest a high likelihood of SAD. People who are starting treatment for the generalised kind of SAD typically have scores in this range.
* Scores greater than 90 imply a high probability of SAD.
* Patient health questionnaire (PHQ-9) was the fourth survey.
* The nine self-report items on the two-page PHQ were completed by participants.
* An individual must first admit to having "had an anxiety attack, suddenly feeling fear or panic" within the previous four weeks in order to receive a diagnosis of panic disorder. They must also admit that such attacks have occurred in the past, that some of them "came out of the blue," that they disturb them a lot, and that they are concerned about the possibility of further attacks. Finally, individuals must confirm that four of the eleven somatic symptoms were present during their most recent assault.
* the final questionnaire, or the fifth, was Generalized anxiety disorder (GAD-7)
* A seven-item test called the Generalized Anxiety Disorder Assessment (GAD-7) is used to gauge or gauge the severity of generalised anxiety disorder (GAD). Each question asks the respondent to rate how severe their symptoms have been throughout the previous two weeks. "Not at all," "a few days," "more than half the days," and "almost every day" are all acceptable responses.
* The GAD-7 has been approved for use with patients in primary care, the general public, and GAD-affected adolescents.
* It takes roughly 1-2 minutes to finish the self-administered GAD-7 patient questionnaire.