DONGOLA UNIVERSITY
FACULTY OF MEDICINE AND HEALTH SCIENCES
DEPARTMENT OF COMMUNITY MEDICINE

RESEARCH QUESTIONNAIRE

Prevalence and Associated Factors of Social Anxiety Among Medical Students at the University of Dongola, Northern State, Sudan, 2026

Researchers: Khansaa Khider Hassan Satti and Hibatalla Yahya Mohialdeen Ahmed

Supervisor: Dr. Kamal Abdualla

Participant information and consent

You are invited to participate in a study assessing social anxiety symptoms and associated factors among undergraduate medical students at the University of Dongola. Participation is voluntary. Do not write your name or student ID. Your answers will be treated confidentially and used for research purposes. You may stop at any time without academic consequences. This questionnaire is a research screening tool and does not provide a clinical diagnosis.

1. I have read the information above and agree to participate. ☐ Yes ☐ No

If No, please stop here.

Section A. Socio-demographic information

1. 2. Age (in completed years):

_____ years

2. 3. Sex:

☐ Male ☐ Female ☐ Prefer not to say

3. 4. Current academic level:

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐ Level 6

4. 5. Marital status:

☐ Single ☐ Married ☐ Other ☐ Prefer not to say

5. 6. Current place of residence:

☐ Urban ☐ Rural

6. 7. Current accommodation:

☐ Family home ☐ University accommodation/hostel ☐ Private rented accommodation ☐ Other

Section B. Academic characteristics

8. How would you describe your most recent academic performance?

☐ Excellent ☐ Very good ☐ Good ☐ Satisfactory/pass ☐ Below pass ☐ Prefer not to say

Note for researchers: if official GPA/grade categories are available and ethically appropriate, use those categories instead of self-rated performance, and define the categories before data collection.

Section C. Family and health characteristics

9. Has a close family member ever been diagnosed with a mental health condition?

☐ Yes ☐ No ☐ Do not know ☐ Prefer not to say

10. Do you have a chronic medical condition diagnosed by a healthcare professional?

☐ Yes ☐ No ☐ Prefer not to say

11. How would you describe your household's financial situation?

☐ Difficult to meet basic needs ☐ Just enough to meet basic needs ☐ Comfortable ☐ More than enough to meet basic needs ☐ Prefer not to say

Section D. Lifestyle and perceived social support

12. Do you currently use tobacco products?

☐ Yes ☐ No ☐ Prefer not to say

13. On how many days in a typical week do you do physical activity for at least 30 minutes?

☐ 0 days ☐ 1–2 days ☐ 3–4 days ☐ 5–7 days

14. How would you rate your sleep quality over the past month?

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor

15. Do you feel you have adequate emotional/social support from family, friends, or other people?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Researcher note: these single questions are study-specific indicators, not validated scales. If sleep quality or social support is a primary exposure, select a validated instrument, cite it, and follow its scoring instructions.

Section E. Liebowitz Social Anxiety Scale – Self-Report (LSAS-SR)

Insert the complete, authorized LSAS-SR version selected by the research team here. The LSAS contains 24 social or performance situations. Each situation is rated twice: fear/anxiety and avoidance. Use the exact wording, instructions, recall period, response labels, and scoring rules from the chosen validated version. Do not combine the scale with the study-specific questions above or alter its wording without a documented adaptation process.

Fear/anxiety response options: 0 = None; 1 = Mild; 2 = Moderate; 3 = Severe.

Avoidance response options: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Usually.

For each of the 24 official items, record one fear/anxiety rating (0–3) and one avoidance rating (0–3). Total fear/anxiety score: 0–72; total avoidance score: 0–72; combined total: 0–144.

Item no.	Official LSAS-SR situation/item (paste exact authorized wording)	Fear/anxiety (0–3)	Avoidance (0–3)
1	Making a telephone call in public إجراء مكالمة هاتفية في مكان عام	___	___
2	Participating in a small group المشاركة في مجموعة صغيرة	___	___
3	Eating in public تناول الطعام في مكان عام	___	___
4	Drinking with others in public الشرب مع الآخرين في مكان عام	___	___
5	Talking to an authority figure التحدث مع شخص ذي سلطة	___	___
6	Performing or speaking before an audience الأداء أو التحدث أمام جمهور	___	___
7	Attending a party حضور مناسبة اجتماعية	___	___
8	Working while being observed العمل أثناء مراقبتك	___	___
9	Writing while being observed الكتابة أثناء مراقبتك	___	___
10	Calling someone you do not know well الاتصال بشخص لا تعرفه جيدًا	___	___
11	Talking to someone you do not know well التحدث مع شخص لا تعرفه جيدًا	___	___
12	Meeting strangers مقابلة أشخاص غرباء	___	___
13	Using a public restroom استخدام دورة مياه عامة	___	___
14	Entering a room where others are seated دخول غرفة يجلس فيها الآخرون	___	___
15	Being the center of attention أن تكون محور اهتمام الآخرين	___	___
16	Speaking up in a meeting	___	___

	التحدث وإبداء الرأي في اجتماع		
17	Taking a written test إجراء اختبار تحريري	___	___
18	Expressing disagreement التعبير عن الاختلاف في الرأي	___	___
19	Making eye contact with unfamiliar people التواصل البصري مع أشخاص لا تعرفهم جيدًا	___	___
20	Giving a report to a group تقديم تقرير أمام مجموعة	___	___
21	Initiating a romantic relationship المبادرة بالتعارف بهدف إقامة علاقة عاطفية	___	___
22	Returning an item to a shop إرجاع سلعة إلى متجر	___	___
23	Hosting a party تنظيم مناسبة اجتماعية	___	___
24	Resisting a high-pressure salesperson مقاومة إلحاح مندوب المبيعات	___	___

Scoring and interpretation: protocol decision required

The proposal currently specifies LSAS total score ≥30 as the screening threshold. Before data collection, confirm that this threshold matches the exact version (self-report versus clinician-administered) and the cited validation evidence. Published research has examined cut-offs around 30 for screening and 60 for generalized social anxiety, but thresholds depend on version and purpose. Do not present an LSAS cut-off as a confirmed diagnosis.

The severity bands currently written in the proposal (30–40, 41–70, 71–90, >90) should not be used until the research team identifies a specific cited source validating those exact categories for the selected LSAS version. If no suitable source is identified, report the score distribution and use only justified categories, rather than inventing severity bands.

Before launch: obtain supervisor/ethics approval; verify permission and use conditions for the scale; decide on one validated language version; if translating, follow a documented translation/cultural adaptation process and pilot-test the full questionnaire. Do not collect names, student numbers, or email addresses unless explicitly approved.

End of questionnaire

Thank you for your time and participation.