## Depressive Symptoms During and After Examinations Among Medical Students in Palestine

## Purpose of the Study:

This questionnaire is part of a research study exploring the emotional and psychological experiences of medical students in Palestine **during and after examinations**. The aim is to assess the presence of depressive symptoms and the coping strategies students use to manage exam-related stress.

## Why You Were Invited:

You are invited to participate because you are a medical student currently enrolled in a Palestinian university. Your responses will contribute to a better understanding of how medical students are affected by academic stress and how they deal with it both while preparing for exams and in the period that follows.

## **Voluntary Participation & Confidentiality:**

Your participation is entirely voluntary. All responses are anonymous and confidential. You may withdraw from the survey at any time without any consequences.

\* Indicates required question

1.	By selecting "Yes" below, you confirm that: You have read the above description, and you agree to participate voluntarily. You understand that your responses will be kept anonymous and used only for research purposes.	*
	Mark only one oval.	
	Yes	
	○ No	
2.	What gender do you identify with? *	
	Mark only one oval.	
	Female	

Male

	Mark only one oval.
	First
	Second
	Third
	Fourth
	Fifth
	Sixth
	Internship
ŀ.	age *
	Mark only one oval.
	17 years old
	18 years old
	19 years old
	20 years old
	21 years old
	22 years old
	23 years old
	24 years old
	25 years old
	26 years old
	older than that
<u>.</u>	weight *

Symptoms and Feelings During Exams

This section focuses on how you felt **while preparing for or taking your exams**. Please answer the following questions based on your emotional and psychological state **during the exam period**, including the days or weeks leading up to and during the exams.

6.	Did you experience sadness or a depressed mood. During the exams? *
	Mark only one oval.
	Yes
	○ No
7.	During the exam period, did you experience a noticeable loss of interest or pleasure in activities you usually enjoy (e.g., socializing, hobbies, exercise, entertainment, or study-related tasks)?
	Mark only one oval.
	Yes
	◯ No
8.	Did you experience changes in sleep (either insomnia or hypersomnia)? *
	Mark only one oval.
	Yes
	◯ No
9.	Feelings of guilt or worthlessness? *
	Mark only one oval.
	Yes
	◯ No
10.	Decreased energy or fatigue? *
	Mark only one oval.
	Yes
	No

11.	Decreased concentration *
	Mark only one oval.
	Yes
	○ No
12.	Changes in appetite (increased or decreased) *
	Mark only one oval.
	Yes
	◯ No
13.	Psychomotor agitation or retardation *
	Mark only one oval.
	Yes
	◯ No
14.	Suicidal ideation *
	Mark only one oval.
	Yes
	◯ No

15.	If you answered "yes" to any of the items in questions 8 to 16 above, please indicate how long these symptoms lasted.	
	Mark only one oval.	
	<1 day	
	2 days	
	3 days	
	4 days	
	5 days	
	6 days	
	1 week	
	2 weeks	
	3 weeks	
	4 weeks	
	5 weeks	
	6 weeks	
	>6 weeks	
16.	If you answered "yes" to any of the items in questions 8 to 16, please select	*
	any coping mechanisms you used to deal with these feelings. You may select more than 1 answer. If you did not use any coping strategies, please select "none."	
	Check all that apply.	
	Social supports (spending time or talking with friends, family, and significant others)	
	Counseling  Physical activity (sports/exercise)	
	Hobbies/interests (art/music/shopping/retail therapy/travel/watching movies)	
	smoking	
	Other drug use	
	Alcohol use	
	None	

17.	Do you feel that your chosen coping mechanism helped you feel less depressed?	*
	Mark only one oval.	
	Yes	
	○ No	
Sy	mptoms and Feelings After Exams	
bas	nis section asks about how you felt <b>after completing your exams</b> . Please respond sed on your experiences in the <b>days or weeks following the exams</b> , including any otional changes or coping strategies you may have used during that time.	
18.	Did you experience sadness or a depressed mood after the exam? *	
	Mark only one oval.	
	Yes	
	No	
19.	After the exams, did you experience a noticeable loss of interest or pleasure in activities you usually enjoy (e.g., socializing, hobbies, exercise, entertainment, or study-related tasks)?	*
	Mark only one oval.	
	Yes	
	◯ No	
20.	Did you experience changes in sleep (either insomnia or hypersomnia)? *	
	Mark only one oval.	
	Yes	
	No	

21.	Feelings of guilt or worthlessness? *
	Mark only one oval.
	Yes
	◯ No
22.	Decreased energy or fatigue? *
	Mark only one oval.
	Yes
	◯ No
23.	Decreased concentration *
	Mark only one oval.
	Yes
	◯ No
24.	Changes in appetite (increased or decreased) *
	Mark only one oval.
	Yes
	◯ No
25.	Psychomotor agitation or retardation *
	Mark only one oval.
	Yes
	◯ No

26.	Suicidal ideation *
	Mark only one oval.
	Yes
	No
27.	If you answered "yes" to any of the items in questions 8 to 16 above, please * indicate how long these symptoms lasted.
	Mark only one oval.
	<1 day
	2 days
	3 days
	4 days
	5 days
	6 days
	1 week
	2 weeks
	3 weeks
	4 weeks
	5 weeks
	6 weeks
	>6 weeks

28.	If you answered "yes" to any of the items in questions 8 to 16, please select any coping mechanisms you used to deal with these feelings. You may select more than 1 answer. If you did not use any coping strategies, please select "none."	*
	Check all that apply.	
	<ul><li>Social supports (spending time or talking with friends, family, and significant others)</li><li>Counseling</li></ul>	
	Physical activity (sports/exercise)	
	Hobbies/interests (art/music/shopping/retail therapy/travel/watching movies)  smoking	
	Other drug use	
	Alcohol use	
	None	
29.	Do you feel that your chosen coping mechanism helped you feel less	*
	depressed?	
	Mark only one oval.	
	Yes	
	No	

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