A STUDY OF ROLE OF PERFECTIONISM ON MENTAL HEALTH OF COLLEGE STUDENTS

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SUPERVISOR'S CERTIFICATE

This is to certify that **Ms. Palvinder Kour** student of **B.A. Honours Psychology Semester V, Session 2021-2024**, bearing **Roll No 2108024** has worked under supervision of **Dr. Taniya Raina** on Project entitled **"A STUDY OF ROLE OF PERFECTIONISM ON MENTAL HEALTH AMONG COLLEGE STUDENTS"**. Her mini project is fit for submission, in partial fulfillment of their requirements for the award of the Degree in **B.A. Honours Psychology**.

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I have had so many rich experiences and opportunities that I personally believe will forever shape and influence my professional life while fostering personal growth and development. It would not have been possible to successfully complete my project work without the contribution and collaboration of some important personalities. First and foremost, praises and thanks to The God, The Almighty, for His showers of blessings throughout my research work to complete the research successfully. I would like to thanks to the MIER college of education, Head School of social science for his unprecedented help and scholarly skills that he imbibed in me and whose guidance was a remarkable force that enabled me to successfully complete the mini project. Special thanks and appreciation to my supervisor Dr. TANIYA RAINA to whom I am grateful for her ongoing mentorship and never- ending supply of fascinating tasks. Her guidance and advice carried me through all the stages of writing my project. I fully acknowledge her enormous contribution in this work.

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CHAPTER I

INTRODUCTION

PERFECTIONISM:

Perfectionism is defined as the strong need to perform at a flawless level and to meet highly excessively high standards. Although perfectionism is multidimensional and can have adaptive elements, it is considered a transdiagnostic factor associated with many forms of psychopathology. The type of perfectionism that contributes to psychopathology is known as maladaptive perfectionism, which is characterized by the pursuit of personally demanding standards and the basing of self-worth on performance outcomes in one or more important life domains, despite negative consequences. People with perfectionism hold themselves to impossibly high standards. They think what they do is never good enough. Some people mistakenly believe that perfectionism is a healthy motivator, but that's not the case. Perfectionism can make you feel unhappy with your life. It can lead to depression, anxiety, eating disorders, and self-harm. Eventually, it can also lead you to stop trying to succeed. Even mild cases can interfere with your quality of life, affecting your personal relationships, education, or work. Perfectionism can affect young people as well as adults. Children and teenagers are often driven to be overachievers in their school work as well as activities such as sports, clubs, community service, and jobs. This can lead to an obsession with success. Ultimately, it can interfere with the ability to achieve it.

More broadly, perfectionism gives rise to high levels of stress and worry, behavioral impairments, physical health problems, impaired daily functioning, inferior academic performance, and interpersonal problems (Ward & Wheaton, n.d.)

SYMPTOMS OF PERFECTIONISM

You may be experiencing perfectionism if you:

- Feel like you fail at everything you try

- Procrastinate regularly you might resist starting a task because you're afraid that you'll be unable to complete it perfectly
- Struggle to relax and share your thoughts and feelings
- Become very controlling in your personal and professional relationships
- Become obsessed with rules, lists, and work, or alternately, become extremely apathetic (Heitz, 2014)

MENTAL HEALTH

However, this link also works in the other direction. Factors in people's lives, interpersonal connections, and physical factors can contribute to mental ill health.

Mental health can affect daily living, relationships, and physical health. Mental health is all about how people think, feel, and behave. Mental health specialists can help people with depression, anxiety, bipolar disorder, addiction, and other conditions that affect their thoughts, feelings, and behaviors.(Rachel Ann Tee-Melegrito, 2020)

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case. The state of mental health implies that the individual has the ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and

thoughts as well as to manage emotions such as sadness. Mental health gives an individual the feeling of worth, control and understanding of internal and external functioning. The Society for Health Education and Promotion Specialists suggests that mental health also involves feeling positive about oneself and others, feeling glad and joyful and loving. Mental health, like mental illness, is also affected by biological, social, psychological and environmental factors. The individual at the core of functioning is surrounded by the social world – in the proximal world it will include family, kinship, employers, peers, colleagues, friends and, in the distal context, society and culture Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

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COLLEGE STUDENTS

A college student is an individual who is enrolled in a university or college for a particular course. They are a part of the institution while they pursue the course and then become the part of the alumni association once they complete the course. The college student learns various things during the college days like, discipline, better ways of communication, preparing project reports, hosting fests, etc. Students should surely give their best while they are still in college because the college years play a

major role in the growth & development of students. College students are expected to be hardworking, disciplined, dedicated, and goal-oriented.(teachmint@wp, 2022)

CHAPTER II

REVIEW OF LITERATURE

ROLE OF PERFECTIONISM ON COLLEGE STUDENTS

(Fernández-García et al., 2022) researched to examine how perfectionism affects psychological health and suicidal thoughts during the past year. A total of 1.287 students from various degree programs answered questions about academic perfectionism, psychological health, and suicide thoughts in the past year, as well as about how well they had done academically the year before. Additionally, there is a favorable correlation between psychological well-being and the relationship between perfectionism and academic performance but not with suicide ideation. These results imply that perfectionism levels are related to students' mental health in different ways**.**

(Lee & Anderman, 2020) studied on the different subgroups of perfectionists and how perfectionism group-membership is related to achievement goals and to five educational outcomes. The sample comprised 667 undergraduate students 63.3% female, 36.6% male, and 0.1% gender unidentified. Results of a latent profile analysis indicated that a four-group model of perfectionists provided the best fitting model; the four groups represented: adaptive perfectionists, maladaptive perfectionists, mixed perfectionists, and non-perfectionists. Hierarchical linear regression analyses were performed to examine the relations between membership in the subgroups of perfectionism and achievement goals, in predicting educational outcomes. Interactions of perfectionism group-membership by achievement goals also were examined. This study highlights the importance of considering both students' perfectionism and achievement goals when designing programs to increase their well-being and academic success during their time at college. membership in the mixed perfectionism group with mastery-avoidance goals predicted compensation, whereas the interaction of membership in the mixed perfectionist group with performance-approach goals predicted weariness. This examined whether different levels of achievement goals moderate the relations between perfectionism group membership and educational outcomes.

(Barbayannis et al., 2022) analyzed the academic stress which can be the single most dominant stress factor that affects the mental well-being of college students. They surveyed 843 college students and evaluated whether academic stress levels affected their mental health, and if so, whether there were specific vulnerable groups by gender, race/ethnicity, year of study, and reaction to the pandemic. Using a combination of scores from the Perception of Academic Stress Scale and the Short Warwick-Edinburgh Mental Well-Being Scale, we found a significant correlation between worse academic stress and poor mental well-being in all the students, who also reported an exacerbation of stress in response to the pandemic. In addition, SWEMWBS scores revealed the lowest mental health and highest academic stress in non-binary individuals, and the opposite trend was observed for both the measures in men. These results indicate that academic stress in college is significantly correlated to psychological well-being in the students who responded to this survey. In addition, some groups of college students are more affected by stress than others, and additional resources and support should be provided to them.

(Wasil et al., 2022) conducted a study on the college student's mental health is becoming seen as a major public health problem. 141 Indian college students were given an open-ended survey; 65% of them were female and 19.47% of them were male. We asked the students to list three things: potential initiatives or strategies that could be used to improve mental health and wellness; issues that contribute to mental health problems among college students; and topics that students would like to learn about in a course about mental health and wellness. By using theme analysis, we were able to pinpoint the social and academic pressures that students mentioned as having a role in their mental health issues. This research demonstrates how open-ended surveys can be a practical and beneficial means of obtaining feedback from interested parties in low- and middle-income nations.

(Taylor et al., 2011) researched on insomnia and mental health symptoms which were then compared in a sample of 373 college students, 60.9% of whom were female and had an average age of 21. Self-report and sleep diaries were used to gauge insomnia, and the Symptom Checklist–90 was used to gauge mental health. When comorbid health issues were taken into account, some significant results were lost, but analyses

still showed that insomnia was common 9.4% and that these young adults had significantly more mental health issues than those who did not have insomnia.

(Yorgason et al., 2008). The objective of this study was to examine connections between university students' mental health and their knowledge and use of campus mental health services. In March 2001, a sample of undergraduate students which was around 266 completed a Web-based questionnaire, providing information related to their mental health, knowledge of mental health services, and use of those services**.** Students who were mentally distressed were more likely to know about and use services; however, some students who reported to be mentally distressed either did not know about services or knew about services but did not use them.

ROLE OF PERFECTIONISM AND MENTAL ON COLLEGE GOING STUDENTS

(Rice et al., 2006) examined the roles that categorical thinking and perceived stress play as moderators and mediators of the relationship between perfectionism and psychological health. The findings, which drew from a sizable sample of college students 364, showed a strong correlation between perfectionism and the variables related to academic, social, and psychological adjustment as well as the cognitive-affective variables. The adjustment indicators were also highly correlated with each of the cognitive-affective variables; however, none of the moderator models and only a portion of the mediator models received support. The findings are examined in relation to previous research on the adaptive-maladaptive theory of perfectionism. The results hint to potential areas of intervention that could be used to improve the qualities of adaptive perfectionism or lessen the negative impacts of maladaptive perfectionism.

(Lin & Muenks, 2022) analyzed whether there are any gender or racial/ethnic differences in perfectionism profiles, and whether growth mindsets moderated associations between perfectionism profiles and academic indicators. It did this by using a person-centered approach to examine associations between perfectionism profiles and academic indicators. 516 college students enrolled in math-related courses provided the data. Four different types of perfectionism: ambitious, concerned, perfectionist, and non-perfectionist were identified by latent profile

analysis. Overall, the Ambitious group showed the best academic markers, while the Concerned group showed the worst. In conclusion, this research emphasizes the significance of employing person-centered methodologies and integrating many academic markers to uncover the intricate characteristics of perfectionism.

(You et al., 2022)researched on college students who have an unhealthy need for perfection, these individuals may face greater levels of stress in their lives, which could lead to a higher appraisal of their potential. Thus, self-compassion was investigated as a potential protective factor for the mediation impact of life stress in the relationship between maladaptive perfectionism and suicidal ideation using structural equation modelling in this study, which involved 420 Korean college students as a sample. The results confirmed the theory, with students reporting less significant negative effects of maladaptive perfectionism on suicidal thoughts that are mediated by life stress. This effect was larger for students who had higher levels of self-compassion.

SIGNIFICANCE OF THE STUDY

The study of the role of perfectionism on the mental health of college students is significant as it can contribute valuable insights into understanding the potential impact of perfectionist tendencies on psychological well-being, thereby informing targeted interventions and support systems for this vulnerable demographic.

OBJECTIVES OF THE STUDY

The objective of research project summarizes what is to be achieved by the study. In view of the available literature & importance of the topic, the following objectives were set: -

1. To find out relationship between perfectionism and mental health among college students.

2. To find out difference between perfectionism and mental health among male and female college students.

HYPOTHESIS OF THE STUDY

1. There will be no significant relationship between perfectionism and mental health among college students.

2. There will be no significant difference between perfectionism and mental health among male and female college students.

SAMPLE

Sampling is the soul of scientific study. A good sample minimizes the error of estimation, is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the researcher has to be contented within the limited samples. The investigator randomly selected 80 students including both male and female from of colleges of Jammu District.

SAMPLING TECHNIQUE

In the present study the investigator used 'Random Stratified Sampling Technique' for data Collection.

RESEARCH TOOLS USED AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research:

- DASS For Mental Health
- Perfectionism

CHAPTER III

RESEARCH METHODOLOGY

INTRODUCTION

Research Methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out. Essentially, the procedure by which researchers go about their work of describing, explaining and predicting phenomenon is called research methodology. Its aim is to give the work plan of research a logical direction. It is necessary for the research undertaken but also methodology.

DESIGN OF THE STUDY

The design of the research is the actual blueprint of the procedure for the completion of various research steps and reaching valid conclusions.

METHOD

Descriptive survey method is used in the study after considering nature, need and purpose of present research. Descriptive survey studies are conducted to collect the data of existing phenomena with the view to employ data to justify current condition and practices or make intelligent plans description of the tools and the sample is given under.

POPULATION AND SAMPLE OF THE STUDY

POPULATION

In the course of our research, our targeted population comprised of college students, keeping in view the importance of studying this specific age group due to its unique developmental nuances and distinct perspectives the sample will be collected from Jammu districts only.

SAMPLE

Sampling is the soul of scientific study. A good sample minimizes the error of estimation, is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the researcher has to be contented within the limited samples. The investigator randomly selected 120 students including both male and female from of colleges of Jammu District.

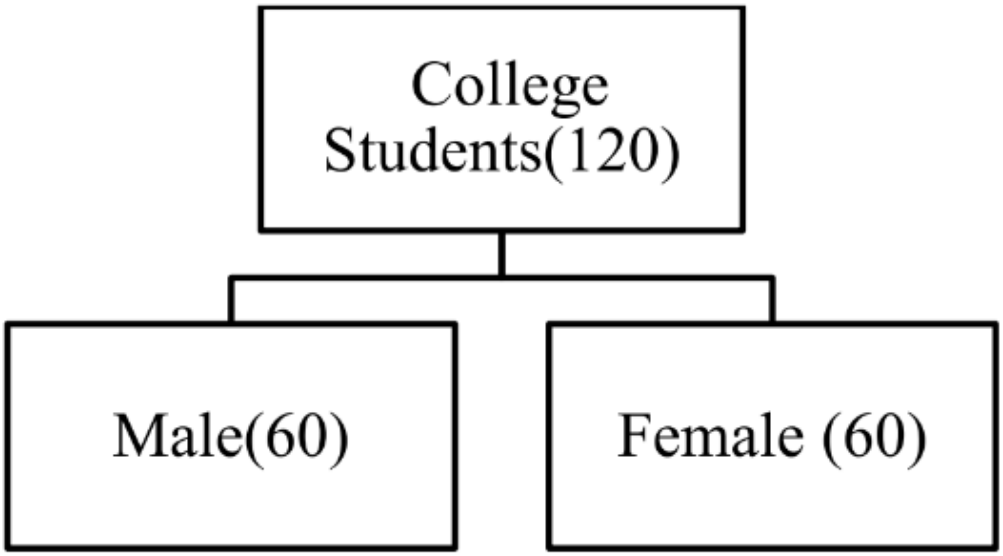


Table 1

Distribution of sample of college students

S.No.	Name of the College	No. of Students
1.	MIER College of Education	70
2	Science College	25
3	Commerce College	25
Total	3	120

SAMPLING TECHNIQUE

In the present study the investigator used 'Purposive Sampling Technique' for data Collection.

VARIABLES

The following variables has been involved for studies in the present research

A Dependent Variable

i. Perfectionism

ii. Mental health

B Independent Variable

i. College students

ii. Gender- Male and Female

RESEARCH TOOLS USED AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research

● **The Depression, Anxiety and Stress Scale – 21 items (DASS-21)**

It is a self-report instrument specifically designed to tap into stress and distress. In other words, it measures the emotional state of depression, anxiety, and tension/stress. DASS has two commonly

used versions; DASS-42 and DASS-21. The present study used DASS-21 developed by Lovibond and Lovibond (1995). For DASS-21, there are seven items in each of the subscales which were selected to be representative and sum as close to half of the respective full-scale scores as possible (Henry and Crawford, 2005). The depression subscale assesses symptoms such as dysphoria, hopelessness, self-worthlessness, and

lack of interest, whereas the anxiety scale contains items that assess somatic symptoms, situational anxiety, and subjective experience of anxious affect. The third scale, which is the stress scale, assesses a condition of persistent arousal and tension consisting of symptoms such as difficulty in relaxing, agitation, irritability, and impatience (Lovibond and Lovibond, 1995). Each item is scored on a 4-grade Likert scale from 0 to 3. All items can be added to a total score as a measure of general psychological distress. Higher composites indicate higher levels of stress and distress.

● **Perfectionism:**

Frost Multidimensional Perfectionism Scale (F-MPS: Frost et al.,1990): The 35-item F-MPS assesses individuals' levels of perfectionism. Items were rated on a 5-point Likert-type scale from ''1 = strongly disagree'' to ''5 = strongly agree.'' The F-MPS consists of six sub-scales: Concern over

Mistakes (CM), Personal Standards (PS), Parental Expectations (PE), Parental Criticism (PC), Doubts about Actions (DA), and Organization (O). Several studies provided evidence of acceptable reliability and validity estimates of the scale (Enns & Cox, 2002; Frost et al., 1990). A translated version by Lee and Park (2011) was used. In this study, the Cronbach alphas for the subscales of F-MPS were .81(CM), .71 (PS), .81 (PE), .77 (PC),.71 (DA), and .83 (O).

STATISTICAL TECHNIQUES EMPLOYED

In order to analyze the data, the investigator used the following statistical technique

1. Mean
2. Standard Deviation
3. T-test
4. Pearson's product moment correlation

CHAPTER IV

DATA ANALYSIS & INTERPRETATION

This chapter presents the analysis and interpretation of the data collected, integral to addressing the research questions and hypotheses set forth in this study. The data, both quantitative and qualitative, has been systematically processed and analyzed using appropriate statistical and thematic techniques. The results are presented in a structured manner, highlighting key patterns, relationships, and trends that emerged from the analysis,

Table 1

Demographic profile of the respondents

S.No.	Demographic Characteristics		Percentage (%)	Total
1.	Gender	Female	48.33%	120
		Male	51.67%	
2.	Locality	Rural	15	120
		Urban	105	

Note: N=120. Participants were on average 25 years old (SD=5.58)

The study was conducted on 120 college students from schools of Jammu District. As per table 1 the demographic characteristics of the sample indicate an equal gender distribution, with 48.33% female (n = 50) and 51.67% male (n = 50) participants. Additionally, 12.5% of the participants were from rural areas (n = 15), while 87.5% were from urban areas (n = 105). Following figures depict the same

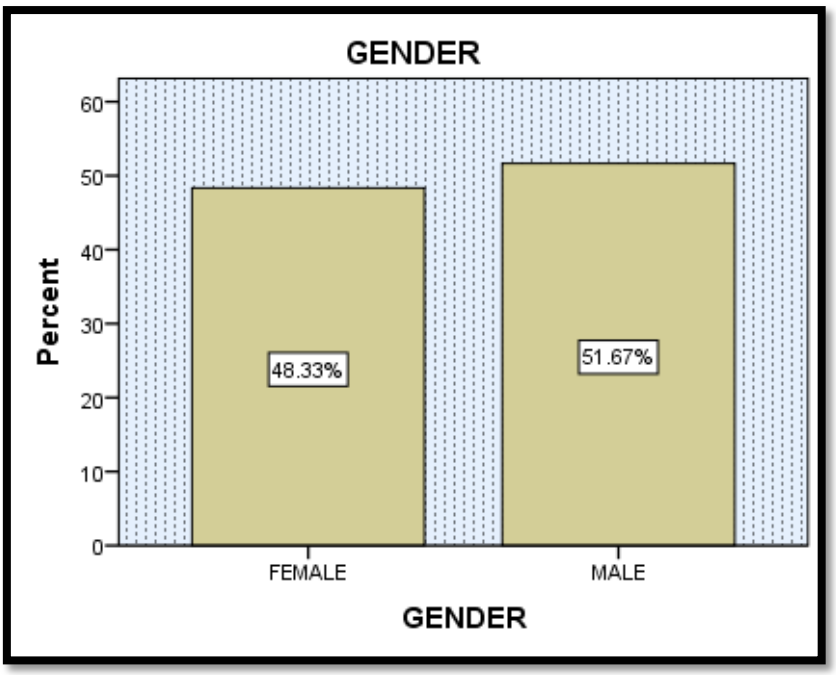


Figure 1 Sociodemographic Details

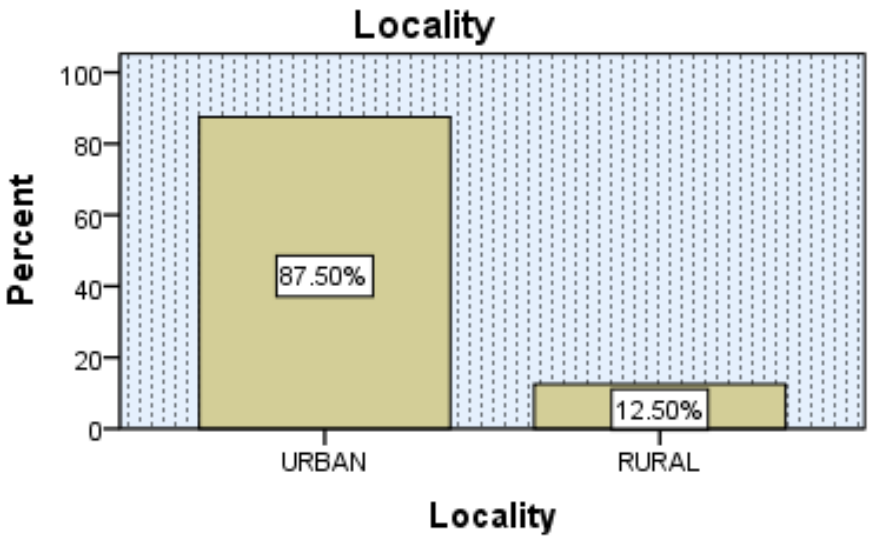


Figure 2 Sociodemographic Details

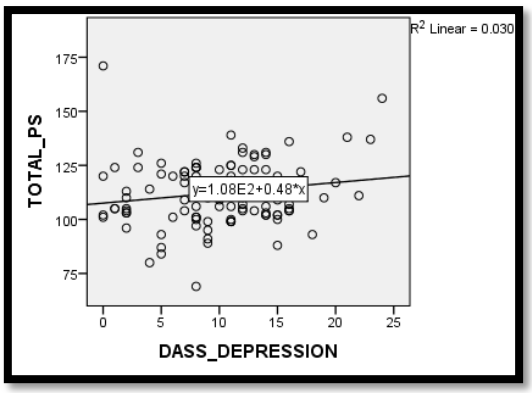
Table 2

Correlation Analysis

		Depression	Perfectionism	Stress	Anxiety
Depression	Pearson Correlation	1	.173	.693**	.583**
	Sig. (2-tailed)		.058	.000	.000
Perfectionism	Pearson Correlation	.173	1	.124	.070
	Sig. (2-tailed)	.058		.000	.000
Stress	Pearson Correlation	.693**	.124	1	.586**
	Sig. (2-tailed)	.000	.177		.000
Anxiety	Pearson Correlation	.583**	.070	.586**	1
	Sig. (2-tailed)	.000	.449	.000	
N=120					

**. Correlation is significant at the 0.01 level (2-tailed)

From Table 2 it is observed, significant positive associations between depression and both stress ($r = 0.693$, $p < .01$) and anxiety ($r = 0.583$, $p < .01$). Perfectionism exhibited a modest positive correlation with depression ($r = 0.173$, $p = .058$), while correlations with stress ($r = 0.124$, $p = .177$) and anxiety ($r = 0.070$, $p = .449$) were weaker. Stress demonstrated strong positive correlations with depression ($r = 0.693$, $p < .01$) and anxiety ($r = 0.586$, $p < .01$), as did anxiety with depression ($r = 0.583$, $p < .01$) and stress ($r = 0.586$, $p < .01$). These findings underscore the interconnected nature of these variables and provide insights into their implications for mental health research and clinical practice. The Correlation is also displayed with the help of a scatter plot as shown in Figure 3,4 & 5



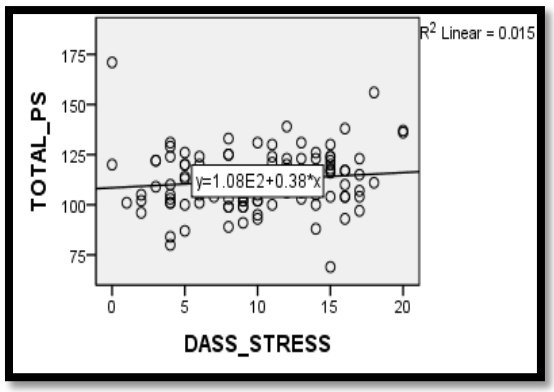


Figure 3 Scatter plot **Figure 3 Scatterpolt**

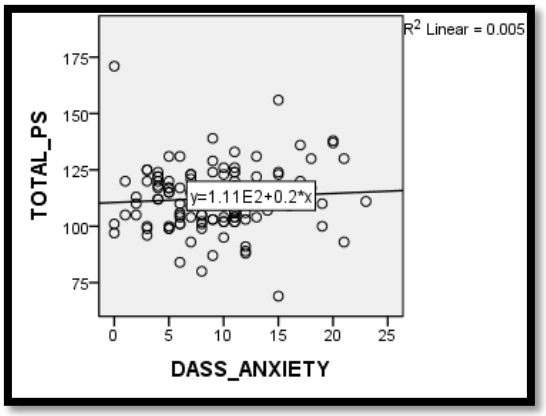


Figure 4 Scatterpolt

Table 3

Mean, S.D and t-test

VARIABLE	**MEAN**		**SD**		**t-test**	**P-Value**
	Male	Female	Male	Female		
Perfectionism	111.73	113.03	14.018	14.531	.502	.544
Depression	11.34	8.78	3.996	5.947	-2.78	.006
Stress	11.23	9.21	3.881	5.214	-2.41	.003
Anxiety	9.35	8.76	4.849	5.066	-.659	.849

To test the hypothesis that male and female differ significantly on Perfectionism and Mental Health including Depression, Stress and Anxiety, an independent t-test was performed. As can be seen in table 3, there was no statistically significant difference between both the genders on Perfectionism with t-value being .502 ($p > .05$), on

Depression with t-value being -2.78($p > .05$), on Stress with t-value being-2.41 ($p > .05$) and no statistically significant difference on Anxiety with t-value being .659 ($p > .05$).

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This chapter presents a summary of the information attained in the literature review. A critical analysis is included regarding the difference between the constructs of social media addiction, self-esteem and psychological well-being among young adolescents. The chapter concludes by mentioning the limitations of the study as well as recommendations for further research.

Findings of the Study:

1. There is no significant relationship between perfectionism and mental health among college students.

2. There is no significant difference between perfectionism and mental health among male and female college students.

Summary

The study aimed to investigate the role of perfectionism on the mental health of college students, testing two main hypotheses: (1) There is no significant relationship between perfectionism and mental health among college students; and (2) There is no significant difference in the relationship between perfectionism and mental health among male and female college students. Data were collected from a sample of college students through validated questionnaires assessing levels of perfectionism and various aspects of mental health, including anxiety, depression, and stress.

Conclusion

The analysis yielded several important findings. First, the results indicated a significant relationship between perfectionism and mental health among college students, thereby rejecting the first hypothesis. Higher levels of perfectionism were associated with poorer mental health outcomes, such as increased levels of anxiety, depression, and stress. This finding is consistent with previous research suggesting that perfectionistic tendencies can contribute to heightened psychological distress due

to the constant pressure to meet unattainable standards (Flett & Hewitt, 2002; Stoeber Otto, 2006).

Second, the study found no significant difference in the relationship between perfectionism and mental health among male and female college students, supporting the second hypothesis. This suggests that perfectionism similarly impacts the mental health of both genders, indicating that interventions aimed at addressing perfectionistic tendencies can be applied universally across male and female students.

Overall, the findings highlight the detrimental effects of perfectionism on the mental health of college students and emphasize the need for targeted strategies to mitigate these effects.

Recommendations

Based on the findings of this study, several recommendations are proposed:

1. **Mental Health Programs**: Colleges should implement mental health programs that specifically address perfectionism. These programs can include workshops, counseling sessions, and peer support groups aimed at helping students manage perfectionistic tendencies and reduce associated stress and anxiety

2. **Promote a Balanced Approach to Success**: Educational institutions should promote abalanced approach to academic and success. This includes fostering anenvironment where effort and improvement are valued over unattainable perfection and encouraging students to set realistic and achievable goals.

3. **Training for Faculty and Staff**: Faculty and staff should be trained to recognize signs of perfectionism and its impact on mental health. They should be equipped with strategies to support students who exhibit perfectionistic behaviors and refer them to appropriate mental health resources when necessary.

4. **Further Research**: Future research should explore the underlying mechanisms through which perfectionism impacts mental health and investigate effective interventions for reducing perfectionism-related distress. Longitudinal studies could provide insights into how perfectionism develops over time and its long-term effects on mental health.

5. **Policy Implications**: Educational policymakers should consider the findings of this study when designing curricula and student support services. Policies that promote mental well-being and address perfectionism can contribute to healthier, more balanced student experiences. By implementing these recommendations, educational institutions can better support the mental health of their students, fostering environments where individuals can thrive without the detrimental pressure of perfectionism.

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APPENDIX

Demographic Details:-

1.NAME

2.AGE

3.GENDER

4.LOCALITY

5.EDUCATION QUALIFICATION

QUESTIONNAIRE

DASS21

Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3

12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation.

Frost Multidimensional Perfectionism Scale (FMPS)

Instructions: Please answer the following questions in relation to how much they apply to you. Do not spend too much time on any one question.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	My parents set very high standards for me.	1	2	3	4	5
2	Organization is very important to me.	1	2	3	4	5
3	As a child, I was punished for doing things less than perfectly.	1	2	3	4	5
4	If I do not set the highest standards for myself, I am likely to end up a second-rate person.	1	2	3	4	5
5	My parents never tried to understand my mistakes.	1	2	3	4	5
6	It is important to me that I be thoroughly competent in what I do.	1	2	3	4	5
7	I am a neat person.	1	2	3	4	5
8	I try to be an organized person.	1	2	3	4	5
9	If I fail at work/school, I am a failure as a person.	1	2	3	4	5
10	I should be upset if I make a mistake.	1	2	3	4	5
11	My parents wanted me to be the best at everything.	1	2	3	4	5
12	I set higher goals than most people.	1	2	3	4	5
13	If someone does a task at work/school better than I do, then I feel as if I failed the whole task.	1	2	3	4	5
14	If I fail partly, it is as bad as being a complete failure.	1	2	3	4	5
15	Only outstanding performance is good enough in my family.	1	2	3	4	5
16	I am very good at focusing my efforts on attaining a goal.	1	2	3	4	5

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
17	Even when I do something very carefully, I often feel that it is not quite right.	1	2	3	4	5
18	I hate being less than the best at things.	1	2	3	4	5
19	I have extremely high goals.	1	2	3	4	5
20	My parents expect excellence from me.	1	2	3	4	5
21	People will probably think less of me if I make a mistake.	1	2	3	4	5
22	I never feel that I can meet my parents' expectations.	1	2	3	4	5
23	If I do not do as well as other people, it means I am an inferior being.	1	2	3	4	5
24	Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5
25	If I do not do well all the time, people will not respect me.	1	2	3	4	5
26	My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27	I try to be a neat person.	1	2	3	4	5
28	I usually have doubts about the simple everyday things that I do.	1	2	3	4	5
29	Neatness is very important to me.	1	2	3	4	5
30	I expect higher performance in my daily tasks than most people.	1	2	3	4	5
31	I am an organized person.	1	2	3	4	5
32	I tend to get behind in my work because I repeat things over and over.	1	2	3	4	5
33	It takes me a long time to do something "right".	1	2	3	4	5
34	The fewer mistakes I make, the more people will like me.	1	2	3	4	5
35	I never feel that I can meet my parents' standards.	1	2	3	4	5