

Fear of COVID-19 Scale

Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction*, 1–9. Advance online publication. <https://doi.org/10.1007/s11469-020-00270-8>.

1. I am most afraid of Corona
2. It makes me uncomfortable to think about Corona
3. My hands become clammy when I think about Corona
4. I am afraid of losing my life because of Corona
5. When I watch news and stories about Corona on social media, I become nervous or anxious.
6. I cannot sleep because I'm worrying about getting Corona.
7. My heart races or palpitates when I think about getting Corona.

Scoring

The participants indicate their level of agreement with the statements using a five- item Likert-type scale. Answers included “strongly disagree,” “disagree,” “neutral” “agree” and “strongly agree”. The minimum score possible for each question is 1, and the maximum is 5. A total score could be calculated by adding up each item score (ranged from 7 to 35).

Fear of COVID-19 Scale

Please respond to each item by ticking (√) one of the five (5) responses that reflects how you feel, think or act toward COVID-19.

Fear of COVID-19 Items		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am most afraid of Corona					
2	It makes me uncomfortable to think about Corona					
3	My hands become clammy when I think about Corona					
4	I am afraid of losing my life because of Corona					
5	When I watch news and stories about Corona on social media, I become nervous or anxious.					
6	I cannot sleep because I'm worrying about getting Corona.					
7	My heart races or palpitates when I think about getting Corona.					

3. Contact name and email to list should another researcher have questions

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4. Express permission to post publicly the information in 1-3 above

Yes

5. For NIH internal tracking, please also provide a brief description of the study sample characteristics (sociodemographics such as age range, gender, race/ethnicity, geographical region), basic study parameters (mode of administration, periodicity, cross-sectional vs. longitudinal, administered in an existing vs. newly selected sample), and what if any preliminary testing of these items was conducted (e.g., expert review, cognitive testing, pilot testing).

Sample characteristics (n = 717)

The sample comprised 717 Iranian participants. Specifically, an Iranian, aged 18 years and above (Mean±SD: 31.25±12.68), and able to understand spoken Persian or Farsi. On average, they had 8.9 years of education (SD ± 4.1). More than half of the participants were males (n = 416; 58%) and nearly one-fifth of the participants were current smokers (n = 139; 19.4%).

Participants were recruited from online advertisements, e-mail campaigns, blogs, social media, and SMS campaigns which covered the entire country. All procedures conducted were approved by the Ethics Committee of Qazvin University of Medical Sciences (IR.QUMS.REC.1398.375). Informed consent was obtained electronically before data were collected from the participants.

With respect to the scale's development, it went through four (4) rigorous stages as posited by McCoach et al. (2013). These stages, as used in our study, included:

- First, an extensive literature review was conducted to assess all general scales on fear. Thirty measures on fear were identified that assess fear on different populations and diseases. Relevant and possible items were pooled by two experienced researchers. After removing those items with similar content or expressions, 28 items were retained for further evaluation.
- Second, an expert panel (comprising a psychologist, virologist, health psychologist, psychiatrist, general physician, and nurse) evaluated the 28 items, and 11 items were deleted based on the suggestion from the expert panel.
- Third, the retained 17 items were sent out to a different expert panel (comprising a health education specialist, pulmonologist, social psychologist, and sociologist in Iran) to review. Seven items were further omitted based on the comments from the second expert panel.
- Finally, the 10-item scale was piloted on 46 individuals (26 males and 20 females, mean age 39.63 years, number of years in education = 9.38 years) to obtain initial assessment of the scale. A five-point Likert scale was used to test whether the individuals understand the item descriptions. The results showed that all respondents fully understood the item descriptions (mean 3.81, SD = 1.04). Additionally, an individual telephone-based cognitive interview was implemented on the same pilot participants to explore their thoughts about each scale item and their responses. No further changes were made because the pilot participants indicated no changes were needed.

For a more comprehensive report on this scale please refer to the citation below:

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