

Prevalence of Cyberchondria Among Students: Special reference to students of Bihar

Ritu Kumari^{1*}, Prof. Ravi Kant²

^{1 & 2}, Research Scholar & Professor in Department of Teacher Education, Central University of South Bihar, Gaya

Abstract

Cyberchondria is a growing psychological and behavioral problem among young adults in the digital age, characterized by excessive and anxiety-driven internet searches for health information. This study examined the prevalence of Cyberchondria and its differences by gender, academic discipline, and type of institution. 250 students from public, private, and semi-government universities participated in the cross-sectional study. The Cyberchondria Severity Scale (CSS) was used to collect the data, and one-way ANOVA, independent-samples t-tests, and descriptive statistics were used to evaluate it. A moderate level of Cyberchondria was found ($M = 29.61$, $SD = 9.28$). Gender, academic discipline, and type of institution did not differ significantly ($p > .05$). Regardless of institution or demographic, the results show that Cyberchondria is prevalent among college students. These results demonstrate the Cyberchondria is common among college students, irrespective of institutional or demographic factors. These results emphasize how crucial it is to advance digital health literacy and make trustworthy online health information more accessible. Future studies ought to involve larger, more varied samples and longitudinal methodologies. The study adds to the expanding literature regarding digital behaviour and mental health in developing areas of India.

Key words: Cyberchondria, University Students, Bihar

Introduction

The development of the Internet in recent years has drastically changed how people search for and retrieve information, changing many aspects of our life, including healthcare and health-related behaviours. According to a recent poll with 12,262 participants across 12 nations, a noteworthy range of 12% to 40% of people regularly use the Internet to obtain medical information. Furthermore, about half of these people use this online tool for self-diagnosis (McDaid D and Park A-L.,2011) Because of its speed, privacy, anonymity, and ease of use, the Internet is favoured for health information (Cotton and Gupta,2004) One significant effect of this is the development of a phenomenon called Cyberchondria. The phrase was first used in the mid-1990s by the UK press.

*Corresponding Author Email: ritu@cusb.ac.in

Published: 17 September 2026

DOI: <https://doi.org/10.70558/IJSSR.2026.v3.i5.301310>

Copyright © 2026 The Author(s). This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY 4.0).

The words "cyber" (referring to the Internet) and "hypochondria" (extreme concern about having a dangerous medical disease) are combined to form the phrase "Cyberchondria." (Loos A.2013) (It explains a phenomenon that is typified by the time-consuming and recurrent pattern of conducting online health research, frequently with a compulsive component. (Starcevic V.2017 & McElroy E, 2011) This behaviour eventually results in increased anxiety about one's health, which in turn drives people to seek assurance from the healthcare system due to anxiety-induced worries. (Menon V,2020) When Cyberchondria is linked to elevated levels of health worry, the seriousness of the issue becomes apparent. (MenonV,2020) While some research indicates a high correlation between the two (Fergus TA.,2014) others contend that health anxiety and Cyberchondria are two different conditions. (Starcevic V,et.al 2019)

Everyone, including college students, frequently uses different websites that offer online health information to look up medical disorders or allay health-related concerns (Aiken M. et al., 2012). On the other hand, an over-reliance on internet health information has increased anxiety (de la Cuesta J, et al., 2019). According to Starcevic and Berle (2013), Cyberchondria is the term used to describe people's health-related anxiety or suffering that results from or is exacerbated by their extensive online research on health-related topics. It is becoming common and has sparked worries about people's physical and mental health (Starcevic V, 2017). Online health information can cause anxiety and Cyberchondria (Selvi Y et al., 2018). The increased propensity to perceive bodily sensations connected to anxiety as hazardous and/or connected to possible unfavourable outcomes or harm is known as anxiety sensitivity (Norr AM et al., 2014).

However, obsessive-compulsive symptoms have been repeatedly linked to Cyberchondria.(Bajcar B,et.al,2019) People who suffer from Cyberchondria have compulsive fears about their own health and feel driven to use the Internet excessively to research medical topics.(Khazaal Y,2021) Additionally, a strong connection has been shown between intolerance of uncertainty about health symptoms and Cyberchondria.(Fergus TA.2013) People with Cyberchondria may become overly dependent on internet health information, which might deteriorate their health. Mental health, healthcare use, and general well-being are all impacted by this pressing public health concern. Concern over the frequency of Cyberchondriac behaviour, especially among students, is growing. Students at universities and colleges, in particular, are a tech-savvy demographic that uses the Internet extensively for a variety of objectives, including looking up health information.

Peer influence, academic anxiety, and the shift to maturity are a few of the unique psychological characteristics of this group that could engage with Cyberchondria and worsen its impacts. Furthermore, because medical and non-medical students have different educational backgrounds and work contexts, it is important to understand that their Cyberchondriac behavior may differ. Due to their extensive medical education and exposure to healthcare data, medical students may have distinct Cyberchondriac behavior tendencies as a result of their online health-related activities. Non-clinical students, conversely, may examine health-related information from various perspectives and with different levels of knowledge, which may influence the way they engage with online health assets.

On the other hand, Cyberchondriac behavior may also be a factor in smartphone addiction because the time-consuming and repetitive nature of looking for comfort through online health research can encourage obsessive smartphone use. (Vujić A, et.al 2023) Smartphone addiction and Cyberchondriac behavior may be sustained by the ease of access, instant reward, and continuous availability of health information. Although the precise nature and scope of the relationship between Cyberchondria and smartphone addiction are still unknown, investigating this possible connection is essential to developing focused interventions, preventative measures, and therapy approaches that deal with both issues at the same time. Numerous research have examined problematic smartphone usage and Cyberchondriac behavior in various demographic groups (Dagar D, et.al 2019).

In-depth research on the student demographic is limited, particularly regarding the distinctions between medical undergraduates and their non-medical counterparts. Given the specifics of their education, medical and non-medical students are anticipated to possess varying health-related insights (Leroy A, et.al, 2021), which likely influences their approach to seeking health-related information online. This cross-sectional study aims to assess the degree of Cyberchondriac behavior in different student groups, with a focus on how these factors impact these students' general well-being.

Conceptual framework

In online mental health research, Cyberchondria has grown in importance. It indicates an overflow of health-related internet searches that increase worry rather than reduce uncertainty. Cyberchondria, according to Starcevic and Berle, is typified by compulsive search behaviors, seeking reassurance, and recurrent symptom searching online. According to research, obsessive behaviors, excessive internet use, and anxiety disorders are positively correlated with Cyberchondria.

Several Cyberchondria severity categories were found in a recent latent profile study of college students, suggesting that female students and those with poor self-rated health were more likely to experience severe Cyberchondria symptoms. Similarly, a study conducted on Indian undergraduate students revealed a strong correlation between smartphone addiction and Cyberchondria.

Compulsive internet searches for health information dramatically raised suffering and reinforced ineffective reassurance-seeking behaviors, according to research on health anxiety among college students. These results corroborate cognitive-behavioral theories that contend that unclear information found online increases anxiety and uncertainty.

Cyberchondria is conceptualized by theoretical models like the cognitive-behavioral framework as a loop in which worry sets off online searches, coming across unsettling content heightens dread, and ongoing searches exacerbate compulsive behaviors. Numerous perspectives emphasize the significance of cognitive biases and emotion regulation in relation to online behavior, such as the Interaction of Person–Affect–Cognition–Execution (I-PACE) model. Cyberchondria has grown to be a serious psychological problem due to the increase in internet usage and the search for online health information. The term combines the words "cyber" and "hypochondria," denoting a rigorous search on the internet for medical information

related to elevated anxiety. White and Horvitz (2009) define Cyberchondria as the escalation of health issues caused by frequent internet searches for symptoms and illnesses. Starcevic and Berle (2013) define Cyberchondria as an obsessive, anxiety-driven behavior of searching for health information online, which makes discomfort worse rather than better.

The cognitive-behavioral approach provides a strong theoretical basis for Cyberchondria. This perspective holds that individuals with heightened health anxiety frequently interpret physical symptoms as signs of a dangerous illness. These explanations serve as a catalyst for online health searches in an attempt to reduce uncertainty. However, coming across disturbing or ambiguous content online increases anxiety, which leads to a vicious cycle of discomfort and persistent searching habits (Salkovskis & Warwick, 2001).

An additional important framework is the I-PACE model, which stands for Interaction of Person–Affect–Cognition–Execution, proposed by Brand et al. (2016). This model suggests that problems with internet-related behaviours stem from the interaction of cognitive biases, emotional states, personality characteristics, and executive functioning. Cyberchondria can therefore be viewed as an ineffective online coping mechanism shaped by anxiety and compulsive desires for validation.

Research results consistently indicate a strong link between health anxiety and Cyberchondria. Fergus and Spada (2017) found that those with higher health anxiety engaged more frequently in online symptom assessment and sought reassurance. Similarly, McElroy and Shevlin (2019) discovered that Cyberchondria is significantly associated with obsessive-compulsive behaviours and an intolerance of uncertainty.

Health anxiety plays a major role in amplifying Cyberchondria, since people consistently search for information to relieve doubts concerning their physical symptoms. However, instead of offering reassurance, online searches often uncover significant health concerns, increasing worry and unease. Research indicates that widespread internet usage and reliance on smartphones are major factors in the development of Cyberchondria. Young individuals are more susceptible to compulsive health-related searches since they spend a lot of time online. Research involving university students indicated that high levels of smartphone usage and dependence on social media were positively associated with the intensity of Cyberchondria (Khazaal et al., 2021).

Cannito et al. (2022) investigated how stress and temporal dissociation contribute to problematic internet behaviours, discovering that emotional stress and cognitive immersion heightened compulsive online activity. Comparable results were observed among Indian teenagers, indicating that heavy internet usage strongly forecasted issues. where high levels of internet usage notably forecasted problematic digital conduct (Goel et al., 2013).

University students are a susceptible demographic due to developmental challenges, academic demands, and continuous digital interaction. Students frequently look for health-related information online because it is convenient, economical, and they may not have access to professional advice. Nonetheless, over-searching may result in false information and mental anguish.

Research involving undergraduate students shows that female students experience greater levels of Cyberchondria compared to male students. Researchers link this disparity to heightened emotional sensitivity and a heightened concern about health-related matters. Additionally, students experiencing significant stress and anxiety tend to participate in repetitive online symptom checking.

Despite increased global interest in Cyberchondria, studies in India are still scarce. Current research mainly concentrates on urban populations or university students and seldom investigates regional educational settings like Bihar. Moreover, limited research examines Cyberchondria in general college students through standardized psychological assessments. Consequently, this study tackles a significant research void by investigating Cyberchondria in college students from Bihar.

Research Question

1. To assess the level of Cyberchondria among students.
2. To examine the normality of the dataset.
3. To analyse differences in Cyberchondria based on gender.
4. To examine differences based on type of institution.
5. To analyse differences across levels of course.

Hypothesis

H1: There is a significant difference in Cyberchondria between male and female students.

H2: There is a significant difference in Cyberchondria based on type of institution.

H3: There is a significant difference in Cyberchondria across levels of course.

Method and Procedure

The study included 250 undergraduate and postgraduate students from various universities in Bihar, representing a group of regular internet users. The group included 109 males and 141 females. Demographic factors such as gender, course of study, and type of institution were collected. A survey research method was employed to assess levels of internet addiction. The primary instrument used was the Cyberchondria severity scale, which comprises 12 items rated on a 5-point Likert-type scale (from '1=never' to '5=always'). All 12 items can be combined to create an overall score, and/or 5 distinct subscales: i) 'Excessiveness', ii) 'Compulsion', iii) 'Distress', iv) 'Reassurance'. The scores of each item can be added together to determine a total score that spans from 0 to 60. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. Descriptive statistics (mean, standard deviation, skewness, and kurtosis), normality tests, independent samples t-tests, and one-way ANOVA were among the statistical methods used.

Result and Discussion

The descriptive statistics for the variable TOTAL (Cyberchondria Severity score) are:

Table 1 Descriptive statistics

Sample size	Minimum Score	Maximum Score	Mean	Standard Deviation	Skewness	Kurtosis
250	12	59	29.61	9.278	.116	-.80

The participants' descriptive statistics regarding Cyberchondria are shown in Table 1. A total of 250 college students participated in the study. Participants' Cyberchondria scores varied from 12 to 59, with a mean of 29.61 (SD = 9.278), suggesting a moderate degree of Cyberchondria. Significant heterogeneity in the participants' Cyberchondria scores is shown by the comparatively high standard deviation.

Kurtosis and skewness measurements were used to analyze the score distribution. While the kurtosis of -0.80 indicates a slightly platykurtic (flatter than typical) distribution, the skewness of 0.116 indicates that the distribution is nearly symmetric. The data were roughly normally distributed and appropriate for doing parametric statistical analyses, as both values fall below acceptable bounds for normality.

Table 2 Normality Assessment

Statistics	Value	Standard error	Z value
Skewness	.116	0.154	0.75
Kurtosis	-.80	0.307	-2.61

The distribution of Cyberchondria scores was nearly symmetrical, according to the skewness measure (0.116, SE = 0.154; $z = 0.75$). Although the kurtosis value (-0.80, SE = 0.307; $z = -2.61$) indicated a slightly platykurtic distribution, the divergence from normalcy was minimal. The large sample size ($N = 250$), which was deemed to adequately satisfy the normality assumption, allowed for the use of parametric tests such as the independent-samples t-test and one-way ANOVA.

Table 3 Classification of level of Cyberchondria

Score	Level
0-20	Low
20-39	Moderate
More than 39	High

The research's grading system classified Cyberchondria into three groups: low (0–20), moderate (20–39), and high (above 39). The degree of participants' Cyberchondria was assessed by looking at their scores using this classification. The majority of participants fell into the intermediate range (20–39), according to the data, indicating that the majority of

students had a moderate degree of Cyberchondria. Few students fell into the high Cyberchondria range (>39), whereas a smaller percentage of participants reported low amounts (0–20).

The results indicate that the majority of college students have moderate degrees of Cyberchondria, with fewer showing extremely low or high levels. This suggests that although searching for health information online is widespread, most people do not experience significant levels of it.

Table 4. Level of Cyberchondria among Gender

Score	Male	Female
0-20	15	28
20-39	79	88
More than 39	15	25

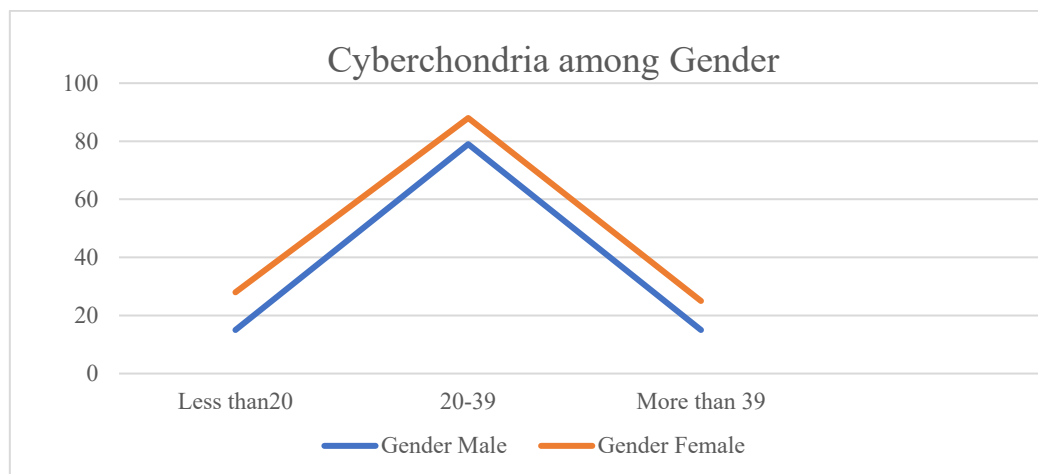


Table 5 Mean and standard deviation for Gender

Gender	N	Mean	Standard Deviation
Male	109	29.97	8.974
Female	141	29.33	9.529

Table 6: Independent Samples t-test for Gender

Variables	t-value	df	p-value (2-tailed)	Mean Difference
Score (Male vs Female)	.545	248	.586	.646

Male and female students' Cyberchondria scores were compared using a t-test for independent samples. The findings showed no statistically significant difference between male and female participants, $t(248) = 0.545$, $p = 0.586$. The average score for male students ($M = 29.97$, $SD = 8.97$, $N = 109$) was marginally greater than that of female students ($M = 29.33$, $SD = 9.53$, $N = 141$); nonetheless, the mean difference was small (0.646) and not statistically significant. These results imply that gender does not considerably affect Cyberchondria levels in college students, showing comparable patterns of online health information-seeking behaviour in both male and female participants.

2. Level of Courses

Table 7. Level of Cyberchondria among courses

	UG	PG
Less than 20	29	14
20-39	106	60
more than 39	25	16

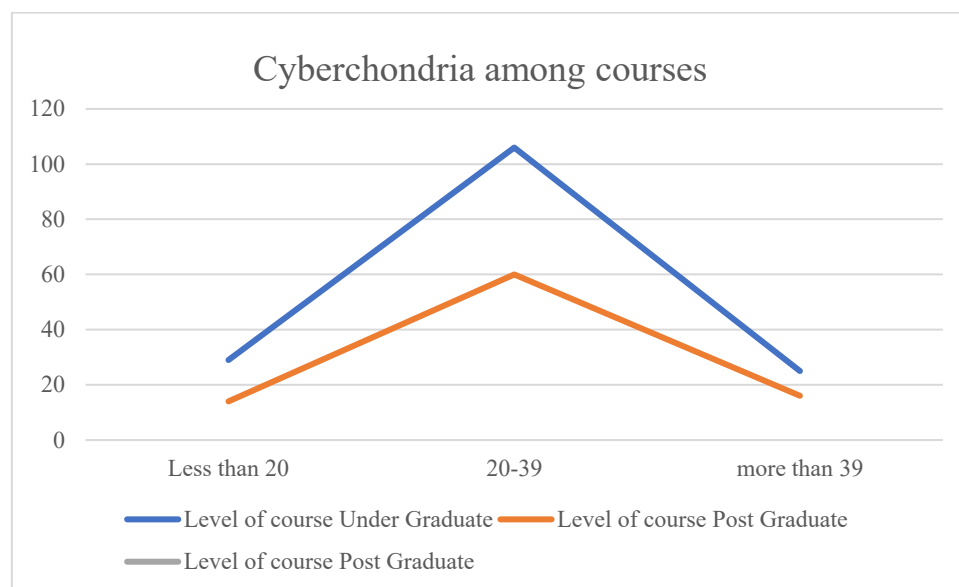


Table 8. Mean and standard deviation for Course

Group	N	Mean	SD
UG	160	29.18	9.475
PG	90	30.37	8.918

Table 9 Independent Samples t-test for Course

<i>Variables</i>	<i>t-value</i>	<i>df</i>	<i>p-value (2-tailed)</i>	<i>Mean Difference</i>
<i>Score (UG vs PG)</i>	<i>-.970</i>	<i>248</i>	<i>.333</i>	<i>-1.185</i>

A t-test for independent samples was performed to investigate differences in Cyberchondria scores between undergraduate (UG) and postgraduate (PG) students. The findings showed no statistically significant difference between the two groups, $t(248) = -0.970$, $p = 0.333$. Postgraduate students had a mean score ($M = 30.37$, $SD = 8.92$, $N = 90$) that was marginally higher than that of undergraduate students ($M = 29.18$, $SD = 9.48$, $N = 160$), resulting in a mean difference of -1.185 .

Although this variation, it was not statistically significant. The results indicate that college students' levels of Cyberchondria are not much influenced by their degree of education (undergraduate or graduate), indicating that online health information-seeking behavior is consistent across academic levels.

3. Type of institution

Table 10. Level of Cyberchondria among Types of institutions

Score	Government	Private	Semi-Government
Less than 20	37	3	3
20-39	134	17	16
More than 39	37	3	0

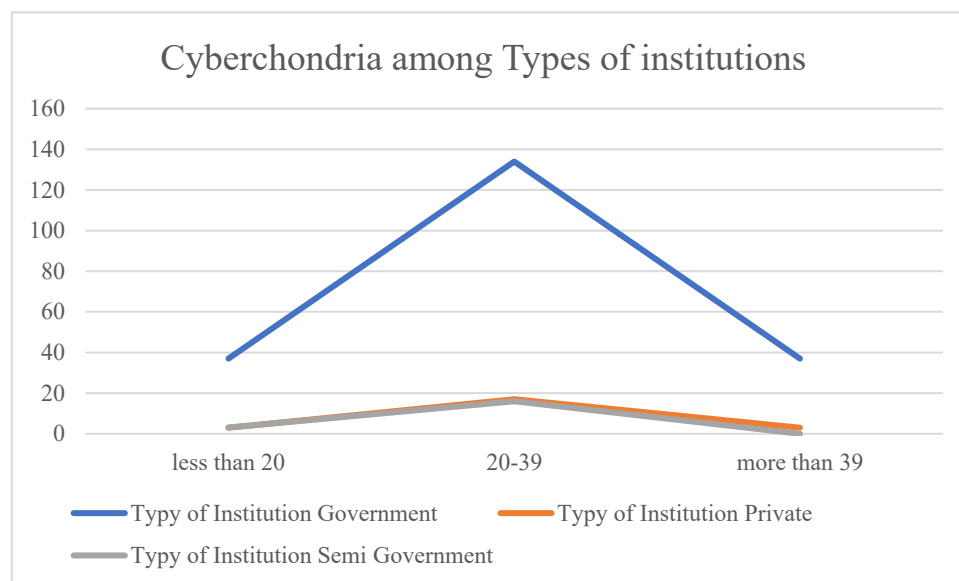


Table11: Mean and standard deviation for Type of institution

Group	N	Mean	SD
Government	208	29.942	9.4202
Private	23	28.304	9.5415
Semi Government	19	27.526	7.1365
Total	250		

Table 12 One-way ANOVA for Type of institution

Source	Sum of Squares	df	Mean Square	F	p-value Sig
Between Group	144.670	2	72.335	.839	.433
Within Group	21288.914	247	86.190		
Total	21433.584	249			

A one-way ANOVA was performed to investigate variations in Cyberchondria scores among students attending Government, Private, and Semi-Government institutions. The findings indicated that there was no statistically significant difference between the three groups, $F(2, 247) = 0.839$, $p = 0.433$. The average scores revealed that students attending Government institutions ($M = 29.94$, $SD = 9.42$, $N = 208$) exhibited marginally higher Cyberchondria scores than their counterparts from Private institutions ($M = 28.30$, $SD = 9.54$, $N = 23$) and Semi-Government institutions ($M = 27.53$, $SD = 7.14$, $N = 19$). Nonetheless, these variations did not reach statistical significance. These results indicate that the kind of institution has little impact on Cyberchondria levels in college students. The findings reveal a fairly uniform trend in online health information-seeking behaviour among various institutional contexts.

Discussion

This study examined levels of Cyberchondria among college students and analyzed variations based on gender, type of institution, and level of study. The results indicated an average level of Cyberchondria among students ($M = 29.61$, $SD = 9.28$), suggesting that college students frequently search for health-related information online. Although most students exhibited average levels of Cyberchondria, the data revealed significant variation, with some students displaying higher levels. This aligns with previous research findings identifying the growing reliance of young people on the internet for health information as a major factor contributing to Cyberchondria (Starcevic & Berle, 2013; McElroy & Shevlin, 2014).

Normality tests revealed that the data was largely normally distributed. Despite slight variations in kurtosis, the large sample size ($N = 250$) supported the validity of parametric statistical

techniques, consistent with recommendations favoring the use of t-tests. Minor deviations from normality in large samples can be accommodated by ANOVA (George & Mallery, 2020). Although the mean score for males was slightly higher than that for females, inferential analysis showed no significant gender-based difference in Cyberchondria levels. This suggests that individuals of both genders engage in health-related internet searches in a similar manner. This finding is consistent with recent studies indicating no significant association between gender and Cyberchondria (Starcevic & Berle, 2013).

Furthermore, no significant difference was observed between graduate and undergraduate students, indicating that academic degree level does not influence Cyberchondria. Although postgraduate students recorded slightly higher scores, the difference was not statistically significant. This may be because Cyberchondria-related behaviors do not differ significantly across academic levels, given the universal availability of online health information and a similar digital environment. The data revealed no significant differences between government, private, and semi-government institutions. Despite minor variations in average scores, the type of institution had no substantial impact on Cyberchondria. These findings suggest that the lifestyles, digital literacy experiences, and internet access of students across various educational institutions are becoming increasingly similar. Overall, the results indicate that Cyberchondria is a common issue among college students, observed at a moderate level regardless of institutional or demographic differences. This supports the view that behavioral and psychological factors exert a greater influence on Cyberchondria than demographic characteristics do. Previous research has identified health anxiety, intolerance of uncertainty, obsessive-compulsive behavior, and problematic internet use as key drivers of Cyberchondria (Fergus, 2014; McElroy & Shevlin, 2014; Starcevic, 2017). These findings are highly relevant; since Cyberchondria affects all student groups, interventions should not be limited to specific populations. Higher education institutions should focus on enhancing digital health literacy, promoting the use of reliable health information sources, and providing psycho-educational support (World Health Organization [WHO], 2022). Despite these contributions, the study has certain limitations. The reliance on self-reported metrics and the unequal distribution of participants across different types of institutions may hinder the broad generalizability of the findings. Furthermore, the cross-sectional design limits the ability to draw conclusions regarding cause-and-effect relationships. Future research should employ longitudinal designs, examine other psychological factors, and utilize larger, more representative samples to better understand how Cyberchondria develops over time. The study concludes that Cyberchondria is quite common among college students, with no significant differences observed based on gender, field of study, or type of institution. When addressing Cyberchondria in student populations, these findings highlight the importance of prioritizing psychological and behavioral aspects over demographic criteria.

References

- Aiken, M., & Kirwan, G. (2012). Prognoses for diagnoses: Medical search online and "Cyberchondria." *BMC Proceedings*, 6(Suppl. 4), P30. <https://doi.org/10.1186/1753-6561-6-S4-P30>

- Bajcar, B., Babiak, J., & Olchowska-Kotala, A. (2019). Cyberchondria and its measurement: The Polish adaptation and psychometric properties of the Cyberchondria Severity Scale (CSS-PL). *Psychiatria Polska*, 53, 49–60. <https://doi.org/10.12740/PP/81769>
- Brand, M., Young, K. S., Laier, C., Wölfling, K., & Potenza, M. N. (2016). Integrating psychological and neurobiological considerations regarding the development and maintenance of internet-use disorders. *Neuroscience & Biobehavioral Reviews*, 71, 252–266. <https://doi.org/10.1016/j.neubiorev.2016.08.033>
- Cannito, L., et al. (2022). Stress, cognitive absorption, and social network addiction among college students. *Computers in Human Behavior*, 128, 107123. <https://doi.org/10.1016/j.chb.2021.107123>
- Cotten, S. R., & Gupta, S. S. (2004). Characteristics of online and offline health information seekers and factors that discriminate between them. *Social Science & Medicine*, 59(9), 1795–1806. <https://doi.org/10.1016/j.socscimed.2004.02.020>
- Dagar, D., Kakodkar, P., & Shetiya, S. H. (2019). Evaluating the Cyberchondria construct among computer engineering students in Pune (India) using Cyberchondria Severity Scale (CSS-15). *Indian Journal of Occupational and Environmental Medicine*, 23(3), 117–120. https://doi.org/10.4103/ijjem.IJOEM_102_19
- de la Cuesta, J., Catedrilla, J., Ebarido, R., Limpin, L., et al. (2019). *Personality traits of future nurses and Cyberchondria: Findings from an emerging economy*. In *Proceedings of the 27th International Conference on Computers in Education* (Vol. 2, pp. 274–279). https://animorepository.dlsu.edu.ph/faculty_research/712
- El-Zayat, A., Namnkani, S. A., Alshareef, N. A., Mustfa, M. M., Eminaga, N. S., & Algarni, G. A. (2023). Cyberchondria and its association with smartphone addiction and electronic health literacy among a Saudi population. *Saudi Journal of Medicine & Medical Sciences*, 11(2), 162–168. https://doi.org/10.4103/sjmms.sjmms_595_22
- Fergus, T. A. (2013). Cyberchondria and intolerance of uncertainty: Examining when individuals experience health anxiety in response to internet searches for medical information. *Cyberpsychology, Behavior, and Social Networking*, 16(10), 735–739. <https://doi.org/10.1089/cyber.2012.0671>
- Fergus, T. A. (2014). The Cyberchondria Severity Scale (CSS): An examination of structure and relations with health anxiety. *Journal of Anxiety Disorders*, 28(6), 504–510. <https://doi.org/10.1016/j.janxdis.2014.05.006>
- George, D., & Mallery, P. (2020). *IBM SPSS Statistics 26 step by step: A simple guide and reference* (16th ed.). Routledge.
- Goel, D., Subramanyam, A., & Kamath, R. (2013). A study on the prevalence of internet addiction among adolescents in India. *Indian Journal of Psychiatry*, 55(2), 140–143. <https://doi.org/10.4103/0019-5545.111451>

- Khazaal, Y., Chatton, A., Rochat, L., Hede, V., Viswasam, K., Penzenstadler, L., et al. (2021). Compulsive health-related internet use and Cyberchondria. *European Addiction Research*, 27(1), 58–66. <https://doi.org/10.1159/000510397>
- Leroy, A., Wathelet, M., Fovet, T., Habran, E., Granon, B., Martignène, N., et al. (2021). Mental health among medical, healthcare, and other university students during the first COVID-19 lockdown in France. *Journal of Affective Disorders Reports*, 6, 100260. <https://doi.org/10.1016/j.jadr.2021.100260>
- Loos, A. (2013). Cyberchondria: Too much information for the health anxious patient? *Journal of Consumer Health on the Internet*, 17(4), 439–445. <https://doi.org/10.1080/15398285.2013.833452>
- McDaid, D., & Park, A.-L. (2011). *Online health: Untangling the web*. RAND Europe. https://www.rand.org/pubs/technical_reports/TR1306.html
- McElroy, E., Kearney, M., Touhey, J., Evans, J., Cooke, Y., & Shevlin, M. (2019). The CSS-12: Development and validation of a short-form version of the Cyberchondria Severity Scale. *Cyberpsychology, Behavior, and Social Networking*, 22(5), 330–335. <https://doi.org/10.1089/cyber.2018.0624>
- McElroy, E., & Shevlin, M. (2014). The development and initial validation of the Cyberchondria Severity Scale (CSS). *Journal of Anxiety Disorders*, 28(2), 259–265. <https://doi.org/10.1016/j.janxdis.2013.12.007>
- Menon, V., Kar, S. K., Tripathi, A., Nebhinani, N., & Varadharajan, N. (2020). Cyberchondria: Conceptual relation with health anxiety, assessment, management and prevention. *Asian Journal of Psychiatry*, 53, 102225. <https://doi.org/10.1016/j.ajp.2020.102225>
- Norr, A. M., Albanese, B. J., Oglesby, M. E., Allan, N. P., & Schmidt, N. B. (2015). Anxiety sensitivity and intolerance of uncertainty as potential risk factors for Cyberchondria. *Journal of Affective Disorders*, 174, 64–69. <https://doi.org/10.1016/j.jad.2014.11.023>
- Salkovskis, P. M., & Warwick, H. M. C. (2001). Meaning, misinterpretations, and medicine: A cognitive-behavioural approach to understanding health anxiety and hypochondriasis. *Journal of Psychosomatic Research*, 50(4), 177–184. [https://doi.org/10.1016/S0022-3999\(01\)00201-2](https://doi.org/10.1016/S0022-3999(01)00201-2)
- Selvi, Y., Gokce Turan, S., Asena Sayin, A., Boysan, M., & Kandeger, A. (2018). The Cyberchondria Severity Scale (CSS): Validity and reliability study of the Turkish version. *Sleep and Hypnosis*, 20(4), 241–246. <https://doi.org/10.5350/Sleep.Hypn.2018.20.0157>
- Starcevic, V. (2017). Cyberchondria: Challenges of problematic online searches for health-related information. *Psychotherapy and Psychosomatics*, 86(3), 129–133. <https://doi.org/10.1159/000465525>

- Starcevic, V., Baggio, S., Berle, D., Khazaal, Y., & Viswasam, K. (2019). Cyberchondria and its relationships with related constructs: A network analysis. *Psychiatric Quarterly*, 90(3), 491–505. <https://doi.org/10.1007/s11126-019-09640-5>
- Starcevic, V., & Berle, D. (2013). Cyberchondria: Towards a better understanding of excessive health-related internet use. *Expert Review of Neurotherapeutics*, 13(2), 205–213. <https://doi.org/10.1586/ern.12.162>
- Vujić, A., Volarov, M., Latas, M., Demetrovics, Z., Király, O., & Szabó, A. (2023). Are Cyberchondria and intolerance of uncertainty related to smartphone addiction? *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-023-01071-4>
- White, R. W., & Horvitz, E. (2009). Cyberchondria: Studies of the escalation of medical concerns in web search. *ACM Transactions on Information Systems*, 27(4), Article 23. <https://doi.org/10.1145/1629096.1629101>
- World Health Organization. (2022). *Infodemic management: An overview of infodemic management during COVID-19*. <https://www.who.int/publications/i/item/9789240048343>