***Objective***

The aim of the analyses which were conducted using this dataset was to examine the psychometric properties of the Social Response Biases in Loneliness for Young Adults scale (SRBL-YA). The SRBL-YA is a new questionnaire we have developed as an age-appropriate assessment tool for measuring one’s tendency to select threatening over benign interpretations of social situations, and social withdrawal over social approach behaviours. These cognitive and behavioural biases are proposed to be maintaining factors in chronic loneliness [(Qualter et al., 2015; Spithoven et al., 2017)](https://sciwheel.com/work/citation?ids=7511059,5670108&pre=&pre=&suf=&suf=&sa=0,0&dbf=0&dbf=0). Specifically, the analyses aimed to examine the factor structure of the SRBL-YA, and its association with measures of loneliness, depression, anxiety, and social anxiety.

***Sample***

The dataset comprises two samples of participants: 288 participants took part in a study specifically aiming to verify the factor structure of the SRBL-YA and examine its associations with other related constructs (named **Sample 1** in accompanying documents). This sample was supplemented with 128 participants who completed the study measures during a screening exercise for another study on the feasibility and acceptability of Cognitive Bias Modification Training for reducing youth loneliness [(Riddleston et al., 2023)](https://sciwheel.com/work/citation?ids=15257120&pre=&suf=&sa=0&dbf=0) (named **Sample 2** in accompanying documents).

Participants were recruited through research recruitment emails at UK-based Universities and via social media platforms. Inclusion criteria were (1) being aged 18-24 years, and (2) currently registered as a student at a university. Exclusion criteria were as follows: (1) inability to provide informed consent, (2) a diagnosed learning disability, significant head injury, neurological disorder, or epilepsy, and (3) struggling with communication in spoken or written English. Having a current or past diagnosis of a severe mental health disorder was an additional exclusion criterion for participants in Sample 2.

***Procedure***

Data were collected using online surveys, via Qualtrics. The survey completed by Sample 1 included reCAPTCHA verification. Participants completed a demographics form. All participants also completed the SRBL-YA and the UCLA-20 [(Russell, 1996)](https://sciwheel.com/work/citation?ids=4931387&pre=&suf=&sa=0&dbf=0). Participants in Sample 1 also reported on their depression symptoms using the eight-item Patient Health Questionnaire (PHQ-8) [(Kroenke et al., 2009)](https://sciwheel.com/work/citation?ids=743193&pre=&suf=&sa=0&dbf=0); anxiety symptoms using the Generalised Anxiety Disorder-7 (GAD-7) [(Spitzer et al., 2006)](https://sciwheel.com/work/citation?ids=771330&pre=&suf=&sa=0&dbf=0); and social anxiety symptoms using the Straightforward Brief Fear of Negative Evaluation scale (BFNE-S) [(Rodebaugh et al., 2004)](https://sciwheel.com/work/citation?ids=891784&pre=&suf=&sa=0&dbf=0).

***Data processing***

Data cleaning involved removal of duplicate responses (n = 21), responses with no (n = 184) or incomplete (n = 5) SRBL-YA data, responses with short survey completion times (under approximately half the median survey duration, n = 25). This left a total sample of 416 participants (288 from Sample 1, 188 from Sample 2).

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