Assessment:

Perceived Stress Scale

These questions ask you about your feelings, thoughts and activities during the last month, including today.

In the last month, how often have you:

1. Been upset because of something that happened unexpectedly?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4

2. Felt that you were unable to control important things in your life?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4

3. Felt nervous and "stressed"?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4

4. Felt confident about your ability to handle your personal problems?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4

5. Felt that things were going your way?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4

6. Found that you could not cope with all things you had to do?
   - Never 0
   - Almost Never 1
   - Sometimes 2
   - Fairly Often 3
   - Very Often 4
7. Been able to control irritations in your life?
   Never 0
   Almost Never 1
   Sometimes 2
   Fairly Often 3
   Very Often 4

8. Felt that you were on top of things?
   Never 0
   Almost Never 1
   Sometimes 2
   Fairly Often 3
   Very Often 4

9. Been angered because of things that happened that were out of your control?
   Never 0
   Almost Never 1
   Sometimes 2
   Fairly Often 3
   Very Often 4

10. Felt difficulties were piling up so high that you could not overcome them?
    Never 0
    Almost Never 1
    Sometimes 2
    Fairly Often 3
    Very Often 4