

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 |