

## PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Gender (Circle): **M** **F** Other \_\_\_\_\_

**0 = Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often   4 = Very Often**

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|--|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly?                 | 0 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life?     | 0 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"?  | 0 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems?         | 0 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way?                                       | 0 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do?       | 0 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life?                              | 0 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things?  | 0 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control?           | 0 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 2 | 3 | 4 |