

PERCEIVED STRESS SCALE SCORING

Name _____ Date _____

PSS Question	Patient Response	Scoring Legend	Score
1	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>
2	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>
3	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>
4	<input type="checkbox"/>	0=4, 1=3, 2=2, 3=1, 4=0	<input type="checkbox"/>
5	<input type="checkbox"/>	0=4, 1=3, 2=2, 3=1, 4=0	<input type="checkbox"/>
6	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>
7	<input type="checkbox"/>	0=4, 1=3, 2=2, 3=1, 4=0	<input type="checkbox"/>
8	<input type="checkbox"/>	0=4, 1=3, 2=2, 3=1, 4=0	<input type="checkbox"/>
9	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>
10	<input type="checkbox"/>	0=0, 1=1, 2=2, 3=3, 4=4	<input type="checkbox"/>

TOTAL PSS SCORE

0-40