

PERCEIVED STRESS SCALE

Name _____ Date _____

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 *how often* you felt or thought a certain way by checking the box next to it.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

3. In the last month, how often have you felt nervous and “stressed”?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

5. In the last month, how often have you felt that things were going your way?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

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 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

7. In the last month, how often have you been able to control irritations in your life?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

8. In the last month, how often have you felt that you were on top of things?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

9. In the last month, how often have you been angered because of things that were outside of your control?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- 0 Never
- 1 Almost never
- 2 Sometimes
- 3 Fairly often
- 4 Very often